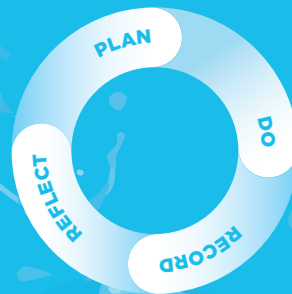


# PEER REVIEW INFORMATION AND GUIDANCE

---



**PHYSIOTHERAPY** NEW ZEALAND  
*Kōmiri Aotearoa*

## CONTENTS

Introduction	1
Overview	1
Guidance for the reviewee	2
1. Choose an appropriate reviewer	2
2. The briefing session	2
3. The review	4
4. The debriefing session	4
5. Encouraging critical reflection	4
Additional guidance for the reviewer	5
References	6
Appendix One: Examples of review areas and specific feedback sought	7
Management peer review examples	7
Clinical peer review examples	8
Research peer review examples	9
Teaching peer review examples	10
Appendix Two: Useful phrases for giving feedback	11
Appendix Three: Clinical peer review example A	15
Appendix Four: Clinical peer review example B	17

## INTRODUCTION

This document provides information and guidance about peer review. It aims to assist PNZ members to undertake this practice, and provides step-by-step instructions to do so. Guidance is given for the person being reviewed (the 'reviewee'), and for the person doing the review (the 'reviewer').

Peer review can focus on many aspects of clinical, management, research, and teaching practice. Examples of specific areas for review and feedback are provided in [Appendix One](#). [Appendix Two](#) offers further assistance to the reviewer by providing useful phrases for giving feedback. Finally, two examples of a completed template from clinical peer reviews are provided in [Appendix Three](#) and [Appendix Four](#) to illustrate how the template can be used.

This document and the associated peer review resources are designed to complement the [PNZ Professional Relationship resources](#) that are available on the PNZ website.

## OVERVIEW

Peer review is a term used to describe the wide range of supportive and evaluative practices that may be undertaken with colleagues. There are three key principles<sup>1</sup> that underpin peer review in the PNZ context: it is voluntary, collaborative, and done for the purposes of reflection, learning and growth. It is undertaken for improvement of practice, not judgement.<sup>2</sup>

In the context of PNZ, the peer review process is about supporting physiotherapists with ongoing professional development in all aspects of their physiotherapy practice (clinical, management, research, or teaching). It should help the physiotherapist (the reviewee) identify and meet ongoing professional development needs in a safe and supportive environment.

In the peer review process, the focus of the review and the specific areas of feedback are negotiated between the reviewee and the reviewer. It is not intended for employment performance reviews within the workplace, or Physiotherapy Board competency reviews. (For information about for competence reviews, please refer to [Physiotherapy Board](#) website: [www.physioboard.org.nz](http://www.physioboard.org.nz))

## GUIDANCE FOR THE REVIEWEE

The following steps are involved in setting up and engaging in peer review.

- 1 Choosing an appropriate reviewer
- 2 The briefing session: preparing for the review
- 3 The review itself
- 4 The debriefing session
- 5 Critical reflection

### 1. Choose an appropriate reviewer

Firstly, choosing the reviewer may be one of the most important decisions for you to make in the process. You may need to collaborate with a reviewer from your own area of specialisation. Alternatively, if you are dealing with more general issues of clinical practice, management, teaching, or research, then a peer from another discipline may be appropriate.

It is essential that the relationship you establish with your reviewer is built on mutual trust and respect, as the review process can feel threatening. Your chosen reviewer should be prepared to provide feedback for your work in a way that enhances your confidence and facilitates your critical thinking, reasoning and practical skills and, thereby, your professional development.

### 2. The briefing session

There are a number of decisions that need to be negotiated before the review occurs.

In the briefing session with your reviewer, discuss and agree on the following:

- The aims and focus of the review process
- Specific areas of feedback sought through the review
- The way in which the review will be conducted (the approach and data collection methods that will be used)
- Responsibilities (including confidentiality), any potential conflicts of interest, or other issues
- Patient information and consent, or student information
- Arrangements for the review and debrief.

Both of you need to be satisfied with, and agree about, all aspects of the brief. Ultimately, if peer review is to succeed, it will be necessary to adopt practices that suit both of you.

#### Aim, focus, and specific areas of feedback sought

In the briefing session define the area in which feedback is sought (patient assessment, research paper, management issue, or teaching session), negotiate the aims and focus of the review, as well as *up to five* areas of specific feedback that you are seeking through the review.

The PNZ **Peer Review Template** or the **Professional Relationship Record** may be used to record areas for review and what specific feedback is sought. (See **Appendix One** for suggestions in each field).

---

### Responsibilities (including confidentiality)

Discuss and agree on the responsibilities of each of you in the peer review process. It may be helpful to use the PNZ **Professional Relationship Contract** template to guide this discussion. Ensure that both of you understand that the reviewer will have no involvement in any session observed, but is obligated to intervene in the case of an imminent safety issue. Clarify issues of confidentiality. Determine whether there are any conflicts of interest, and if so, how to manage these. A contract between yourself and your reviewer is recommended. (PNZ's **Professional Relationship Contract** template is provided for this purpose.)

### Method for data collection, and sources of data

Agree on the method for the collection of data. Some possible options include:

- Live observation by your reviewer (sometimes called peer observation);
- Recordings of your performance (video, audio);
- Direct reviews of materials (clinical records, manuscripts, teaching materials, policies and procedures)

Agree also on the sources of data to be drawn on for the review. Some possible sources include:

- The reviewer's insights, resulting from observation, reviewing recordings, or looking at written material;
- Your own and your reviewer's insights from separately reviewing recordings or written material, prior to the debriefing session;
- A recording of the situation or provision of written materials, for collaborative investigation in the debriefing session;

Agree on the context for the review (e.g., musculoskeletal assessment and treatment in a private practice; laboratory teaching in a university setting; research proposal prior to ethics application).

### Patient information and consent, Student information

If your chosen peer review process involves patients or students (live or recorded observation), you will need to consider issues of informed consent. For clinical peer review, the policies and procedures of the clinic may guide the consent process. Alternatively a written consent form may be filled in to be included in the patient file. (See the **Peer Review – Patient Consent form**, downloadable from the PNZ website). For an observation involving students, depending on the situation, it may be appropriate just to inform them of the review. However, if patients are involved, a written informed consent is required.

### Arrangements for the review and debrief

Confirm practical matters including when and where the review will occur. If your reviewer is to be present when you are assessing, treating or teaching, then agreement should be reached about issues such as positioning of the reviewer in the room, note taking during the session, and that there will be no reviewer involvement in the session except in extraordinary circumstances.

At this stage it is also useful to decide when and where the debriefing session will take place (stage 4 below).

For further summary information about setting up professional relationships (including peer review), refer to the [PNZ Guidance to setting up professional relationships](#) document.

### 3. The review

The review itself consists of the collection of data via the method as agreed previously at the briefing session. It is important that specific strengths as well as areas for development are identified through the review.

### 4. The debriefing session

Debriefing is a conversation about the peer review experience. It could occur immediately after the review session, or at a later stage. Focus the conversation on the specific areas for feedback as agreed in the briefing session. You or your reviewer may also have observations which fall outside the agreed areas and it is your decision as to whether you wish to discuss these further. The debriefing session is not the place to bring up the possibility of extending the original agreement, although additional ideas will be generated during discussions and these can form an important part of professional learning.

A peer reviewer is not there to instruct, but rather to explore issues with you in the form of non-judgmental mutual enquiry.

### 5. Encouraging critical reflection

After the review, it is important for both parties to consider:

- What have you learned from the review process?
- What action will you take as a result?
- What changes will you make to the peer review process for the next time you use it?

Peer review is a reciprocal process, and it is expected that both the reviewee and the reviewer will gain from it.

Writing reflectively about what you have learned helps to consolidate ideas and provide a permanent record of what occurred during the event. (Ensure that this maintains appropriate confidentiality.) Either party can write a summary of the outcomes and of their learning, which is included on the [Peer review template](#). Recording an action plan describing what changes, if any, you will make to your practice as a result of your learning, is useful. Goals in your action plan should be SMART (specific, measureable, achievable, relevant, and time-bound).

Engaging in the peer review process itself is part of professional development and peers can learn over time the best way to help each other. Sometimes peers enter a reciprocal agreement and each takes a turn at being reviewed. However, new peers should be sought from time to time.

---

## ADDITIONAL GUIDANCE FOR THE REVIEWER

The peer review process is about being pro-active in facilitating professional development. [This process is not an examination with a pass or fail](#). Your reviewee will determine what areas of their practice they would like feedback on prior to the review to allow you to know what to look for and to enable you to give constructive feedback. Your role is as a critical colleague, to both support and challenge.

Write feedback comments in the template provided so that your reviewee can take time to reflect on your feedback following your discussion. Ensure that you identify specific strengths in your reviewee's practice, as well as areas where they could develop.<sup>2</sup>

### General guidance about peer review feedback:<sup>3</sup>

Helpful feedback is:

- *Constructive* – provide explanation and examples of improvements
- *Specific* – provide examples
- *Balanced* – highlight strengths and weaknesses
- *Thorough* – detailed & focused on material
- *Respectful* – how would you feel if you received the feedback?

Unhelpful feedback is:

- *Unspecific* – criticisms are not justified or no examples provided
- *Unbalanced* – either too much praise or too much criticism
- *Disrespectful* – criticism is directed at reviewee, rather than content
- *Aggressive* – makes the reviewee feel 'attacked'

Examples of useful ways to phrase feedback, and ways to vary your comments when describing examples of professional practice, are provided in [Appendix Two](#).

## REFERENCES

1. University of Otago Higher Education Development Centre. Peer review and feedback about teaching and supervision. 2017 [Accessed from: <http://www.otago.ac.nz/hedc/evaluate/peer-review/index.html>]. Accessed 5th October 2017
2. Ministry of Health. Toward Clinical Excellence. An introduction to clinical audit, peer review and other clinical practice improvement activities Wellington, New Zealand 2002 [Accessed from: <http://www.health.govt.nz/publication/toward-clinical-excellence-introduction-clinical-audit-peer-review-and-other-clinical-practice>]. Accessed 20th October 2017.
3. University of Melbourne. Peer review: a student guide 2017. [Accessed from: <http://peerreview.cis.unimelb.edu.au/wp-content/uploads/2012/06/Student-handout-Colour-Final1>]. Accessed 5th October 2017.
4. New Zealand College of Physiotherapy. Peer review for NZCP Associate members and NZCP members. Wellington 2005.
5. Health and Disability Ethics Committees. Scientific peer review templates. 2014. [Accessed from: <https://ethics.health.govt.nz/home>]. Accessed 5th October 2017.
6. Queen Margaret University. Sharing excellence in teaching: peer observation, summary of the scheme. Edinburgh, 2009 [Accessed from: <https://www.qmu.ac.uk/current-students/cap/>]. Accessed 13th July 2015.
7. Canterbury District Health Board. Level of practice feedback suggestions 2007 [Accessed from: <https://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/pdrp/PDRP-Forms-Templates/Pages/Peer-Review-Forms.aspx>]. Accessed 5th October 2017.

## Authors

This guidance has been developed by Jillian McDowell and Dr Gisela Sole, on behalf of Physiotherapy New Zealand's Professional Development Committee.

Year of publication: 2017

Version	Publication date	Planned review date
1	November 2017	2020



## APPENDIX ONE: EXAMPLES OF REVIEW AREAS AND SPECIFIC FEEDBACK SOUGHT

Peer review can be conducted on management, clinical, research, and teaching practices. The following examples for each context are provided to assist your preparation for peer review by offering ideas for review areas and specific feedback to seek. The lists are not exhaustive. It is recommended that [only up to five specific feedback areas](#) are selected for each peer review.

### Management peer review examples

Examples of areas for review	Examples of specific feedback sought: any of the following
<b>Leadership skills</b>	<ul style="list-style-type: none"><li>delegation, ownership, responsibility, vision, listening, approachability, coaching, decision making, change management, delegation, risk taking, service</li></ul>
<b>Communication skills</b>	<ul style="list-style-type: none"><li>listening, clarity, speaking, networking, non-verbal behaviours, open-ness, negotiation, energy, giving feedback, receiving feedback</li></ul>
<b>Team skills</b>	<ul style="list-style-type: none"><li>listening, questioning, helping, participation, peer feedback, and reliability</li></ul>
<b>Organisational skills</b>	<ul style="list-style-type: none"><li>project, financial, personal time, logistics, and attention to detail</li></ul>
<b>Creativity skills</b>	<ul style="list-style-type: none"><li>problem solving, problem identification, inventiveness, brainstorming, and making connections</li></ul>
<b>Interpersonal skills</b>	<ul style="list-style-type: none"><li>empathy, confidence, stress management, positivity, negotiation, group work, approachability, enthusiasm, and personal appearance</li></ul>
<b>Organisational alignment</b>	<ul style="list-style-type: none"><li>alignment and understanding of: community, values, mission, vision, strategic plan, and processes</li></ul>

## Clinical peer review examples

Examples of areas for review <sup>4</sup>	Examples of specific feedback sought <sup>4</sup>
<b>Professional practice</b>	<ul style="list-style-type: none"> <li>• Process and method of obtaining informed consent</li> <li>• Cultural safety and appropriateness</li> <li>• Patient and Whānau Centred Care competencies</li> <li>• Patient confidentiality and privacy</li> <li>• Establishes patient health literacy</li> <li>• Communication skills – appropriate language, instructions and explanations</li> <li>• Whānau collaboration</li> <li>• Creates environment in which patient feels safe and comfortable</li> </ul>
<b>Subjective assessment</b>	<ul style="list-style-type: none"> <li>• Questioning – open and closed questions, sequencing</li> <li>• Active listening and clarification with paraphrasing</li> <li>• Appropriately exploring patient history and establishing a timeline for the presentation</li> <li>• Establishing patient's functional goals</li> <li>• Documentation of findings</li> </ul>
<b>Objective assessment</b>	<ul style="list-style-type: none"> <li>• Selection of appropriate tests</li> <li>• Performance of assessment tests</li> <li>• Patient testing to an appropriate degree (consideration to irritability, constitution)</li> <li>• Documentation of findings</li> </ul>
<b>Clinical reasoning and treatment planning</b>	<ul style="list-style-type: none"> <li>• Establishing a concept of the presentation/problem with differentiation in evidence, and health-related conditions</li> <li>• Consideration of contra-indications and precautions for assessment and management; red and yellow flags and appropriateness of physiotherapy intervention</li> <li>• Definition of abilities and limitations in terms of Body Function &amp; Structure; Function and Participation.</li> <li>• Consideration of work, environmental and personal factors that affect management and potential outcomes;</li> <li>• Development of a rehabilitation plan in collaboration with patient's goals and assessment findings</li> <li>• Explanation to the patient based on findings including timelines and treatment options</li> <li>• Evidence based practice incorporated into the therapeutic intervention</li> </ul>
<b>Patient interaction</b>	<ul style="list-style-type: none"> <li>• Consideration of the patient's personal individual illness/injury experience, beliefs, coping strategies, support systems and workplace.</li> <li>• Modification of assessment to fit patient</li> <li>• Protection of patient modesty</li> <li>• Clear teaching skills with correction</li> <li>• Appropriate treatment provided</li> <li>• Education and advice and support for self-management</li> </ul>

## Research peer review examples

Examples of areas for review <sup>5</sup>	Examples of specific feedback sought <sup>5</sup>
<b>Relative merit of the research</b>	<ul style="list-style-type: none"> <li>• Important, worthwhile and justifiable.</li> <li>• Addresses a health issue that is important for health and/or society.</li> <li>• Aims, research questions and hypotheses build on and address gaps in existing knowledge.</li> </ul>
<b>Design and methods</b>	<ul style="list-style-type: none"> <li>• Quality of study design</li> <li>• Robustness of the methods used</li> <li>• Includes a description of sample recruitment and characteristics (including number, gender and ethnicity where relevant) proposed methods of data analysis</li> <li>• Ethics</li> <li>• Timelines for the research included</li> </ul>
<b>Feasibility of the research</b>	<ul style="list-style-type: none"> <li>• Overall strategy, methodology and analyses are well reasoned and appropriate to achieve the specific aims of the project</li> <li>• Likely to improve scientific knowledge, concepts, technical capacity or methods in the research field, or of contributing to better treatments, services, health outcomes or preventive interventions</li> <li>• Achievable within the specified timeframe</li> <li>• Researcher/research team has the appropriate experience and expertise</li> </ul>
<b>Reviewer Independence / objectivity</b>	<ul style="list-style-type: none"> <li>• Objectivity</li> <li>• No conflict of interest</li> <li>• If the peer reviewer is connected to the study please explain what measures are taken to mitigate conflict of interest.</li> </ul>

## Teaching peer review examples

Examples of areas for review <sup>6</sup>	Examples of specific feedback sought <sup>6</sup>
<b>Content</b>	<ul style="list-style-type: none"> <li>• Logical organisation of content</li> <li>• Appropriate level for audience</li> <li>• Met clearly defined objectives</li> <li>• Integration of theory, research and clinical practice</li> <li>• Appropriate tools used for assessment of learning</li> </ul>
<b>Verbal and practical demonstration skills</b>	<ul style="list-style-type: none"> <li>• Ability to communicate ideas and information effectively</li> <li>• Clear articulation of content</li> <li>• Effective demonstration of clinical skills</li> <li>• Facilitation of attendees active participation</li> <li>• Ability to facilitate problem solving skills</li> <li>• Ability to integrate new information with established knowledge/big picture and clinical examples</li> </ul>
<b>Resources (e.g., Power-point slides, hand-outs, course material)</b>	<ul style="list-style-type: none"> <li>• Appropriate resources to enhance understanding</li> <li>• Structured to facilitate learning</li> <li>• Relevant references</li> </ul>
<b>Professional attitude</b>	<ul style="list-style-type: none"> <li>• Encouragement of different viewpoints</li> <li>• Respect for individuals</li> <li>• Sensitive to cultural differences</li> </ul>
<b>Feedback provided</b>	<ul style="list-style-type: none"> <li>• Encouragement of active involvement of attendees/participants</li> <li>• Provision of constructive feedback to attendees</li> </ul>

## APPENDIX TWO: USEFUL PHRASES FOR GIVING FEEDBACK

The following suggestions of useful phrases are provided to prompt reviewer feedback, and assist in varying your comments when describing examples of professional practice.<sup>7</sup>

### Competent level phrases

..... seeks guidance and support with / by / through ....

..... is becoming more confident with ....

..... is developing knowledge / skills / the ability to..... which they have demonstrated by / through .....

..... has developed the knowledge / skills / the ability to ..... which they have demonstrated by / through .....

..... has demonstrated the ability to.....and is taking responsibility for ..... which they have demonstrated by / through .....

..... is able to manage / access / identify ..... which they have demonstrated by / through .....

..... demonstrates increasing efficiency in .....

..... has consolidated his/her knowledge / skills relating to ..... which they have shown by / through ...

..... is consolidating his / her knowledge relating to ..... which they have shown by / through ...

..... has demonstrated they are effective with / in .....

..... recognises and values ..... which they have shown by / through ...

..... will ask for advice/ support / guidance / consult with .... which has supported / enhanced their practice / knowledge / skills by .....

..... has completed..... which has supported / advanced their practice / knowledge / skills by ..... OR and incorporates this into practice through / by .....

..... utilises.....to enhance / develop / promote..... which they have shown by / through ...

..... demonstrates accountability for own practice by .....

..... recognises the importance of ... and ensures this is incorporated into practice by

..... works in collaboration with ..... by .....

..... participates effectively by .....

..... contributes to ..... by .....

..... has an awareness of ..... and incorporates this into practice through / by ...

..... recognises when he/she need support / advise which has ..... supported / enhanced their practice / knowledge / skills by .....

..... is proactive in seeking support / advice which has ..... supported / enhanced their practice / knowledge / skills by .....

## Proficient level Phrases

..... is a resource for..... which has supported / advanced own (and others') practice / knowledge / skills by .....

..... acts as a role model for their colleagues by .....

..... participates in changes in the practice setting that recognise and integrate the principles of the Te Tiriti O Waitangi by .....

..... participates in changes in the practice setting that recognise and integrate the principles of Cultural Safety by .....

..... demonstrates collaboration by .....

..... guides colleagues / junior / new staff by .....

..... advocates for patients by .....

..... regularly participates in quality improvements by .....

..... enjoys supporting others in ..... which has supported / advanced own / & others practice / knowledge / skills by .....

..... able to work both autonomously and collaboratively to promote evidence based practice by .....

..... (actively) participates in ..... and supports others by .....

..... practice is holistically focused which is demonstrated by / through .....

..... (actively) contributes to clinical learning .....

..... takes responsibility for self and others by.....

.....recognises the importance of ..... and is proactive by.....

..... demonstrates accountability for own and others practice by .....

..... demonstrates leadership qualities within a healthcare team by .....

..... minimises risk to self and others by .....

..... demonstrates in-depth understanding and is able to manage complex situations that contribute to client health outcomes by .....

## Expert level Phrases

..... acts as a role model by .....

..... guides others to apply the principles of Te Tiriti o Waitangi by ...

..... guides others to implement culturally safe practice by .....

..... is a strong patient advocate which is demonstrated by .....

..... demonstrates responsibility of clinical learning / development of colleagues by...

..... has extensive knowledge / experience in ..... which is reflected in / by ...

..... engages in post graduate level education through.....

..... commitment to .... which is very evident in / by .....

..... acts as an advocate in the promotion of nursing within the healthcare team by...

..... initiates / guides quality improvements by.....

..... initiates / guides changes in practice setting by.....

..... acts as a leader in nursing work unit/facility by .....

..... provides leadership to others by / through.....

..... delivers quality client care in unpredictable challenging situations by .....

..... shows innovative practice by .....

..... has influence at a service, professional or organisational level through .....

.....has contributed to speciality knowledge by / through .....

..... mentors/coaches colleagues in .....

..... is involved in resource decision making / strategic planning by .....

---

## General feedback phrases

The following phrases can also be useful when providing feedback.

directs attention to ...	participates in ....
articulates ...	qualifies ...
broadens the understanding of ...	demonstrates ... to show ...
defines ...	illustrates, portrays, depicts ...
assists with ....	uses frameworks ...
clarifies ...	contributes to ...
summarises ...	understands ...
maintains ...	promotes ...
interprets ...	applies ...



## APPENDIX THREE: CLINICAL PEER REVIEW EXAMPLE A

Date: 27/2/2017

Peer Reviewer Name: *I. Observer*

Peer Reviewee Name: *M.E. Appraised*

Context of review: *Private practice – musculoskeletal assessment and treatment*

Practice type reviewed	Clinical <input checked="" type="checkbox"/>	Management <input type="checkbox"/>	Research <input type="checkbox"/>
	Teaching <input type="checkbox"/>	Other	

Method	Direct observation <input checked="" type="checkbox"/>	Video <input type="checkbox"/>	Audio recording <input type="checkbox"/>
	Teaching materials <input type="checkbox"/>	Other	

**Reviewee to complete		*Reviewer to complete
Areas to review**	Specific Feedback sought on the following**	Reviewer's Comments*
<i>Professional practice</i>	<i>Communication skills – appropriate language, instructions and explanations</i>	<i>Confidence is increasing with patient interactions, specifically in ability to answer patient questions. Able to put the concepts into layman's terms to give a hypothetical model to explain symptoms and therefore why the therapeutic exercises are recommendations are made. Shows an awareness of the danger of a structural anatomical diagnosis and the negative connotations of a slipped disc and patient fears of "will it ever come right". Good use of statistics to allay fears.</i>
<i>Subjective assessment</i>	<i>Documentation of findings</i>	<i>Another therapist could reproduce the treatment recorded. Documentation would be medico-legally acceptable for review of patient care. Functional limitations were subjectively established.</i>
<i>Objective assessment</i>	<i>Performance of assessment tests</i>	<i>The McKenzie method of assessment was utilized. Repetitive movements were appropriately used to identify a directional preference and clearly checked neurological tests. Still needs to further develop an appreciation of irritability and how much testing can be achieved in the first session without risking exacerbation. Ties into time management during appointment.</i>
<i>Clinical reasoning and treatment planning</i>	<i>Development of a rehabilitation plan in response to patient goals and assessment findings</i>	<i>Demonstrated the ability to develop a treatment plan with time-framed goals linked to functional difficulties identified in the subjective assessment and centralisation.</i>
<i>Patient interaction</i>	<i>Clear teaching skills with correction</i>	<i>The teaching was slightly hurried due to time already taken in history and assessment. Good use of handouts as additional reinforcement of exercises prescribed. Clear patient warnings on signs requiring urgent review.</i>

Please modify template spacing to meet your needs.

*Sound assessment and treatment given. Session ran late due to time spent in history and assessment making the education slightly rushed at the end of the session.*

*Utilization of fewer repetitive movement testing directions in one session could also help prevent irritability.*

*I will work on my time management within the treatment session. I will allow the patient to talk for the first few minutes freely before starting to specifically interrupt to seek further clarification on subjective history.*

*Find, enrol and complete an appropriate CPD course June 2017.*

*Present at one hour inservice in November 2017 for fellow staff on establishing irritability when different nerve conditions are presenting.*

*Practice trying to get subjective assessment completed in 10 minutes in uncomplicated first presentations of acute backs. Reflect on success at next peer support session in 4 weeks.*

Signature of the reviewee *M.E. Appraised*

## APPENDIX FOUR: CLINICAL PEER REVIEW EXAMPLE B

Date: 27/2/2017

Peer Reviewer Name: A. Colleague      Peer Reviewee Name: U. Reviewee

Context of review: *Private practice – neurological assessment and treatment*

Practice type reviewed	Clinical <input checked="" type="checkbox"/>	Management <input type="checkbox"/>	Research <input type="checkbox"/>
	Teaching <input type="checkbox"/>	Other	

Method	Direct observation <input checked="" type="checkbox"/>	Video <input type="checkbox"/>	Audio recording <input type="checkbox"/>
	Teaching materials <input type="checkbox"/>	Other	

**Reviewee to complete		*Reviewer to complete
Areas to review**	Specific Feedback sought on the following**	Reviewer's Comments*
Professional practice	Communication skills – appropriate language, instructions and explanations	Displays confidence and comfort in communicating with patient, in explaining significance of findings and rationale for NMES parameters set up for shoulder, finger flexors treatment selection. Is able to collaborate with the patient, taking into account his preferences, priorities and knowledge when deciding on treatment
Subjective assessment	Documentation of findings	Another therapist could reproduce the treatment recorded. Documentation would be medico-legally acceptable for review of patient care. Functional limitations were subjectively established.
Objective assessment	Performance of assessment tests	An organised follow up assessment of upper limb ROM (active, passive) was conducted, noting the changes from the last assessment. Appropriate timing of re-assessment to help determine if the current treatment appears to be of benefit. Noting areas that have changed/improved, and those that are still of concern.
Clinical reasoning and treatment planning	Development of a rehabilitation plan in response to patient goals and assessment findings	Demonstrates the ability to develop a treatment plan that reflects both clinical reasoning based on the assessment findings while also balancing patient's desire for higher volume/dose of training to ensure he is not too fatigued. There is also a reasonable review plan to follow up on areas of concern surrounding his finger extension PROM
Patient interaction	Clear teaching skills with correction	The patient has a good understanding of his independent programme. He has been reminded of pacing and provided with information of how to progress or modify his programme as required.

Please modify template spacing to meet your needs.

## Reviewer summary\*

*Reasonable follow-up assessment and treatment provided. Patient and therapist have a good working relationship and problem solve well together.*

### Reviewee Summary\*\* (What I have learned from this review)

*I will continue to work with my patient collaboratively. I will explore splinting and mobilisation as treatment options.*

**Reviewee Action Plan\*** (The changes, if any, I will make as a result, with SMART goals included)

*Source splinting reading resources: equipment catalogues, colleagues, systematic review?*

*Present information to my patient within next month for discussion.*

*Present at one hour inservice in December 2017 for fellow staff on upper limb splinting options.*

*Reflect on success at next peer support session in 4 weeks.*

Signature of the reviewer      *A. Colleague*

Signature of the reviewee *U. Reviewee*