Peer observation: a tool for continuing professional development

Introduction

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Peer observation is a form of peer review within teaching; a partnership in which colleagues observe each others' practice, provide feedback and engage in a discussion aimed to promote reflection (Bell, 2002). Other objectives include the identification of strengths and developmental needs, and the formulation of an action plan for further improvement (Hammersley-Fletcher and Orsmond, 2005). Depending on the wishes of the person being observed, feedback may focus on general performance or more specifically on teaching and learning strategies, assessment or the achievement of learning outcomes (Hatzipanagos and Lygo-Baker, 2006). A further observation can be used to assess if intended improvements have been achieved. The process has potential benefits for both parties, since observers may incorporate observed good practice into their own teaching (Bell, 2002).

Peer support and review

Peer support is not a new concept and is a recognised model of supervision (Best and Rose, 1996). Warne (2002) defined it as a general term that may encompass any form of mutual support between people who provide useful feedback to each other. It may be used to monitor caseloads (Bannigan, 2000), review clinical reasoning skills (Clifford-Brown and Segal, 2004), and foster self-confidence and self-directed learning.

Chapter 6

Relevance to practice

In the United Kingdom, the Health Professions Council (HPC) requires all health professionals to update their knowledge and skills in order to practise effectively and to protect the health and wellbeing of service users. There is much flexibility in how this can be achieved, e.g. supervision, mentoring, appraisal, student supervision, peer review and reflective practice (HPC, 2006).

Reflection is arguably the most widely-used self evaluation strategy for continuing professional development (CPD) (Reid and McKay, 2001) and, while this teaches self-awareness and self-correction, others argue that it lacks rigour (Best and Rose, 1996) and is subjective (Jasper, 2003). Peer observation provides the opportunity for staff at all levels to work in pairs with the aims of eliminating ritualistic practice, directing personal development and ensuring that a safe, ethical and effective service is offered to service users. Feedback from service users involved in the session may provide further objectivity to the process.

An approach to peer observation

This article will provide a format for the process of peer observation, based loosely on a variety of models used in teaching, such as that used by the University of New South Wales (2006). This process comprises the following stages, which are described in more detail below:

- Selecting an observer
- Agreement on aspects of practice to observe
- Observation
- Reflection on the experience
- Feedback
- Follow-up.

1. Selecting an observer

The observer should be a non-threatening individual, who has sufficient understanding of the other's role. Ideally this should be a more experienced colleague but could also be someone of broadly similar expertise and discipline

(Claveirole and Mathers, 2003). Alternatively, an observer from a different professional background may provide an opportunity for inter-professional development and learning. Ultimately, the ability to give constructive feedback is the most helpful supervisory behaviour, regardless of seniority. However, the choice of observer [ok?] may be dictated by staff resources or by the specific aspect of performance to be observed. The pair may decide to observe each other's performance or it can be a unilateral arrangement.

2. Agreement on aspects of practice to observe

The peer pair should agree in advance on what aspects of practice will be evaluated. A date should be arranged and consent gained if the session involves service users. If not already agreed at departmental level, the peer pair should set mutually agreed ground rules regarding the expectations, confidentiality and responsibilities of each party (Swain, 2007). There should however, be an agreement that any issues of concern or poor performance will be dealt with openly, especially if there are ethical implications. If formal feedback is desired, then a form can be designed or alternatively, feedback can be verbal or note form — the emphasis is on content rather than the form of delivery.

3. Observation

The observer does not take an active role during the session but may make notes to aid feedback or complete an agreed form. [ok?]

4. Reflection on the experience

Feedback can be provided immediately following the session, but it may be more beneficial to allow some intervening time for further reflection and evaluation by both parties.

5. Feedback

This should be a private and confidential meeting, allowing time for both parties to present their reflections and to consider strategies for further development. The potential for negative feedback and its implications for positive working relationships must be considered. With this in mind, feedback should be nonjudgemental and respectful, supportive but challenging (Hunter and Blair, 1999) and fair and honest. The process should never be punitive and to best support future performance, it should focus on behaviour rather than the person. It is important to get the right balance, to ensure that the evaluation is not a threatening experience (Bannigan, 2000). [ok?]

Having reflected on the session, the observer may recognise an opportunity to change and improve his or her own practice. It is recommended that some form of confidential record of the process be kept, and this can be used as evidence for CPD purposes.

6. Follow-up

A truly accurate judgment is unlikely to be achieved on the basis of a single observation and as the aims of peer observation are to learn and to improve practice, further opportunities are recommended to evaluate whether changes have taken place (Best and Rose, 1996). The time frame for follow-up evaluations can be entirely flexible to suit the needs and constraints of the peer pair.

Further considerations

Peer review is a process that requires careful management. While it has the potential to be used as a developmental tool for both individuals and departments, staff may fear that it will be used in a judgmental way (Hammersley-Fletcher and Orsmond, 2005), or as part of [ok?] an agenda for managerial control. All forms of evaluation create stress, and it is likely that both parties will experience some degree of anxiety in any supervisory relationship (Sweeney *et al*, 2001). Although anxiety can be a helpful motivator in terms of realising one's potential (Bell, 2002), it can also generate resistance in staff who fear being deemed incompetent, especially if the process is imposed rather than available as a voluntary tool for improvement. The intentions behind the observation process must therefore be clear. The most beneficial approach is considered to be peer observation as a voluntary scheme for CPD purposes, with an emphasis on individual control and choice of observer (Swain, 2007). [ok?]

Benefits

The practice of peer observation may benefit the individual practitioner, service

and service user in various ways. Peer support and review are important influences in both the recruitment and retention of staff (Waygood *et al*, 2000). Sweeney *et al* (p.382, 2001) noted that newly-qualified staff in particular:

'appreciate a formal, structured and teaching-type approach to supervision.'

Therefore, the voluntary opportunity to be observed and receive feedback may be helpful in developing a sense of professional competency. This could be a natural development from the process of being supervised as a student, and indeed, could be used during education in student pairings or in educator/ student partnerships, enabling students to practise giving, as well as receiving, constructive feedback.

Peer observation may also be used to promote reflection on practice at all levels, serving to enhance self-awareness and meet individual developmental needs (Hammersley-Fletcher and Orsmond, 2005). This may have particular relevance for experienced practitioners, who may find that increased expertise brings fewer opportunities for direct supervision and specific feedback.

As the peer review process involves the reflection of a colleague whose view is detached and objective, this may stimulate more effective reflection-on-action (Schon, 1987) and practice could be improved as a result of this process.

Few healthcare professionals will progress through their careers without minor performance issues at some time. If this can be recognised and accepted, it will become easier to deal with and hopefully provide a better quality service (Bannigan, 2000). Therefore peer observation can be used to recognise standards of work that are less than ideal and foster a supportive environment in which to address any such issues; as well as helping to meet the requirement for enhanced skills in supervision and mentoring, assessment and communication (College of Occupational Therapists, 2002).

Challenges

With the introduction of any process that aims to enhance quality and standards, there are issues that require careful consideration to avoid undermining the potential benefits. Two sensitive areas to consider are the relationships between observers and observed individuals, and the provision of feedback. [ok?] If the observation and feedback process is diluted, it may simply become a mutually supportive praise session for friends (Hammersley-Fletcher and Orsmond, 2005). Swain (2007) claims that positive feedback alone is non-productive; it therefore needs to be objective and constructive, and it requires careful planning (Peel, 2005). Peer observation should focus on sharing and developing practice to the advantage of both parties and, ultimately, to the service user (Swain, 2007).

An additional concern for staff who participate in peer observation is that they may receive negative feedback of be deemed incompetent. [ok?]

According to Sweeney *et al* (2001) many therapists have a fragile sense of professional competence, which could affect their willingness to engage with such a process. This anxiety is likely to be increased if the process is imposed rather than voluntary. Some professionals consider peer observation to be undesirable, as it emphasises the issue of power balance between individuals (Hammersley-Fletcher and Orsmond, 2005). Clear guidelines and support are therefore necessary to reduce anxiety among staff and enable them to reap maximum benefit from the experience (Ellis, 2001). There is also a need for ground rules to deal with issues such as confidentiality (Swain, 2007). In addition, the provision of constructive feedback in a way that encourages and fosters improvement in practice is in itself a skill, and training in supervision is advocated for both parties (Ellis, 2001).

Time and resources

Although time and resources are the most frequently mentioned barriers to CPD, it is important to make time and set achievable short-term targets to attain or retain fitness to practice (Warne, 2002). In the equation of cost against benefit to all parties (Best and Rose, 1996), time is not a significant barrier: the peer observation process may be concluded within two hours (excluding time for personal reflection):

- Preparation: 30 minutes
- Observation: 30 minutes

• Feedback: 30–60 minutes
This equates to less than the half a day per month recommended for CPD by professional bodies such as the College of Occupational Therapists (2002). Although two members of staff are involved in the process, the use of peer observation is cost-effective and less disruptive to service provision than absence for course attendance. It also accommodates individual pace and style of learning. It is important however, to consider the amount of time required for thorough preparation, dissemination of instructions and the establishment of appropriate ground rules.

Example of peer observation in the clinical setting

Julie was an occupational therapist in a fast-paced outpatient musculo-skeletal service. Having recently supervised a student, she reflected on the contrast between the amount of feedback given to students and to experienced professionals and realised that the last time she had received any structured feedback was during her final placement, several years ago. Julie raised the idea of peer observation at a staff meeting and the team agreed to pilot it on voluntary basis for CPD and service enhancement. Julie asked Lisa, a similarly experienced occupational therapist colleague, with whom she felt comfortable, to observe her practice in a weekly hand clinic. While she was confident in her clinical techniques, Julie recognised that the frantic pace of the clinic required complex time-management skills and felt that the quality of her communication with patients sometimes suffered as a result.
Lisa and Julie spent approximately 20 minutes scheduling a date and time for the peer observation to take place, and decided to focus attention on the style, pace and wording used within the clinical intervention. They agreed on ground rules, which included confidentiality and constructive honesty.
On the day of the observation, Julie gave each client a brief explanation and sought their consent for Lisa to be present. Lisa did not contribute to the interventions but sat quietly in the room and made notes, focusing on what went well, what could be improved on, and making general comments.
A week later, having had time to reflect on the situation, they met to share their feedback. Julie was apprehensive because she had asked for Lisa's opinion about an aspect of practice that she felt needed a lot of improvement. Her own opinion was that she sometimes blocked conversations with clients because time was so limited, and that the appearance of some of her splints could be improved. Lisa's supportive feedback helped Julie to see that despite her concerns she was maintaining appropriate professional standards of practice. She also gave Julie some ideas for reorganising the splinting area, which would make production faster, and suggested that some tasks, such as explaining the purpose of therapy or splinting could be delegated to a trained assistant. Julie asked Lisa if they could repeat the exercise a few months later, to evaluate how her skills had improved, and they used each others' notes as the basis for a reflection within their CPD folder. They also agreed on a date and time for Julie to observe Lisa with a focus on providing feedback about a complex assessment with a new patient. [ok?]

Benefits

Lisa's feedback benefited Julie as an individual practitioner, and also the service and its clients: Julie felt her practice had been validated by the process, and was empowered to improve her work by the helpful and supportive nature of the feedback. The departmental team was able to implement simple, cost-effective measures that improved efficiency and client care. While Julie acknowledged that being observed in practice was stressful, her level of anxiety was lessened by the positive working relationship and ground rules set prior to the observation.

Example of peer observation in an educational setting

Jane and Peter are lecturers in radiography and physiotherapy, respectively, and both are responsible for admissions to their programmes. Each academic year, all staff are required to have their teaching practice observed by a peer and on the basis that he could understand her role and consider it from an independent perspective, Jane asked Peter to give her feedback on how she ran an open day for prospective students. [ok?]
The date and time of the observation were clarified and goals set — Jane

wanted feedback on her presentation style and the quality of publicity information that she provided, together with any general comments that Peter may note.
During the observation, after being introduced to the delegates and his presence explained, Peter sat quietly at the back of room. Using a template suggested by the university, Peter recorded some brief notes on the aims of the session, learning outcomes to be achieved, the learners' level of engagement and the overall session plan.
It was agreed that they would meet for a reflective discussion three days later.
In the meantime, Jane made her own notes using another agreed template to help her reflect on the session, including her overall evaluation of the session, aspects that went well, areas for improvement, her ability to keep to the session plan and a future action plan.
At the half hour-long feedback meeting, each gave a verbal summary of the session, following which they discussed Peter's written notes. While he thought Jane could improve the clarity and layout of one of her presentations, he positively reinforced her skills in verbal communication — particularly her ability to put the audience at ease and engage them.

Benefits

As the open day provided the first direct contact between prospective students and tutors, and its aim was to recruit students to a programme that was also offered by a neighbouring university, Jane was aware of the importance of making the best possible impression. Peter's feedback about her slides and documentation was helpful — while he understood the admissions process, the course-specific aspects were not familiar to him, and he was able to look at these from an independent viewpoint. He identified aspects that could be simplified for clarity, particularly in relation to course requirements and content. An unexpected benefit for Peter was that by observing Jane, he got ideas for how he might improve his own practice — Jane invited current students to field questions and he decided to make this a part of his own open day. In addition to benefitting the institution and potential students, a further positive outcome was that Jane and Peter were able to use the exercise as evidence of professional and academic CPD.
AQ: Please add a short conclusion/summary and some key points if you think they would be appropriate.

Conclusion

All health professionals registered with the HPC are expected to provide a high quality service, irrespective of their area of practice — be it clinical, managerial or educational. Therefore, health professionals need to take personal responsibility for monitoring the standard of their own work (Bannigan, 2000). Peer observation of practice has potential benefits for all practice settings and can be used as a tool for professional development for both the observed individual and the observer.
The concept of peer observation is not a new one — it is used to varying degrees across all health professions but it most frequently relates to education.
[ok?] The process can be beneficial to all grades of staff who have undergone some training in supervision, who are able to provide each other with constructive feedback, encouraging learning through reflective practice. The process should not be imposed and it is important that the choice of pairing is left to the individuals.
Used constructively, it is a valuable means of demonstrating CPD.
The benefits of adopting a policy of peer observation within a department may include increased confidence and skill for observed individuals and the opportunity for observers to implement good practice into their own work settings. Additionally, there could be positive implications for the recruitment and retention of staff, and the provision of a supportive environment in which staff can actively promote their own development and that of their colleagues.

Key Points

- This article presents a brief background to peer observation of practice, peer review and peer support
- The relevance of peer observation of practice to health-care professionals working at different levels within diverse contexts of practice as discussed
- A practical process to assist in the implementation of peer observation of practice is outlined
- Critical analysis of some of the issues surrounding peer observation of practice is presented

- Time and resource implications of this process are reviewed

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