Operational Guideline # 09: Peer Review and Self-Evaluation

**Purpose**
The primary purpose of peer review is to help ensure the quality of nursing care through safe deliverance of standards of care and evidence-based practices. PNSO members hold a professional responsibility to self and to colleagues to evaluate and continuously improve their individual and collective clinical practice. In part, this is accomplished via regular self-appraisal and peer review activities.

PNSO Bylaws call for the Professional Development of members through peer review opportunities (Article 2, #3) and state that peer review is a right and responsibility of all PNSO members (Article 3, Section 2, #3). The ANA Code of Ethics calls nurses to preserve integrity and safety, to maintain competence of self and others, and continue personal and professional growth. One of the tenets of Relationship-Based Care is caring for self and colleagues. Peer Review provides the opportunity to encourage and support professional development of ourselves and colleagues.

The following shall be conducted as part of the formal performance evaluation process by each health system RN:

- Written self-evaluation
- Written peer review and face to face review between a reviewer and recipient should occur at least two times each performance appraisal cycle.
- Annual goal setting

**Principles**

- The peer reviews should be completed by two different colleagues as is able within the practice area.
- Additional episodes of formal peer review throughout the year are recommended, with frequency determined by the local shared governance committee.
- Peer reviews should include specific examples demonstrating behaviors consistent with clinical career ladder level or job responsibilities for nonclinical career ladder positions.
- Allow adequate time for the face to face discussion, minimally thirty minutes.
- Face to face discussion of peer review should occur in a location protected from interruption.
- Individuals, who feel uncomfortable, concerned or lack confidence with peer review should seek coaching from managers or mentors prior to writing and discussing peer review.
- In additional to formal performance appraisal related peer review, each RN is expected to solicit and provide peer feedback during care delivery and during handover of care to promote adherence to professional practice standards.
- Candidates for advancement or performance appraisal related revalidation as a Clinician 3 or 4 on the Clinical Career Ladder will provide evidence of self-evaluation and solicited peer reviews as required in the Clinical Career Ladder Handbook.

**Processes**
The electronic “Employee Self-Service” system, accessed through Knowledgelink, contains the tools used for self-evaluation and peer review. Different system pathways exist for annual performance appraisal related peer review and clinical career ladder related peer review.

**Annual Performance Appraisal**
(Pathway: performance management, my performance documents, current documents)
Two peer reviews are included in the performance appraisal; one peer selected and one manager or shared governance committee selected.

- **One self-selected** peer review
  To request self-selected peer review:
  - The requestor nominates a colleague for input. Ideally the requestor would discuss the nomination with the reviewer to share information about activities, goals and any additional pertinent information.
  - The nomination is approved by the manager in the system and an email is generated to the reviewer.
  - The reviewer can accept or decline the nomination.
  - If accepted, the reviewer then completes the Job Responsibilities (Clinical Career Ladder Behaviors) and ASPIRE sections, including rating scores for each item. Feedback on Personal Goals is optional.
  - The reviewer needs to “Save” and “Print” peer review, and discuss the review with the requestor in a face to face meeting. At this point, the peer review is only visible to the reviewer in the system. The hard copy is given to the requestor since it will not be visible in the system to the requestor.
  - Following face to face review, the reviewer “submits” the peer review in the system to make it visible to the manager.

- **One non-self-selected** peer review. Two options are available to determine peer review pairs for non-self-selected peer reviews
  - Manager selection – The manager sends the request for colleague input through the system
  - Local shared governance committees select peer review pairs, and provide the list to the manager to send the requests in the system.

When assigning peer review pairs, consider the following:
- Years of experience
- Clinical Career Ladder level
- Unit roles (such as shift manager, preceptor, etc.)
- How frequently the pair work together (example: similar shifts)

To assign non-self-selected peer review
- The manager sends the request for colleague input through the system
- An email is generated to the reviewer.
- The reviewer can accept or decline the nomination.
- If accepted, the reviewer then completes the Job Responsibilities (Clinical Career Ladder Behaviors) and ASPIRE sections, including rating scores for each item. Feedback on Personal Goals is optional.
- The reviewer needs to “Save” and “Print” peer review, and discuss the review with the requestor in a face to face meeting. At this point, the peer review is only visible to the reviewer in the system. The hard copy is given to the requestor since it will not be visible in the system to the requestor.
- Following face to face review, the reviewer “submits” the peer review in the system to make it visible to the manager.

**PNSO Clinical Career Ladder**
(Pathway: Learning and Development)
Self-evaluation and peer review for advancement are completed according to standards published in the Clinical Career Ladder Manual.

**In-the-Moment Peer Review**
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Every RN is encouraged to seek peer feedback from colleagues, and to provide peer feedback in daily clinical settings. At a minimum, this should be happening at each handover of care. If an RN does not feel comfortable providing in-the-moment peer review, they have a professional obligation to identify a mentor or to seek educational opportunities to strengthen this skill.

Some local shared governance committees may choose to make this a more formal process, and to include data from clinical interactions in the formal annual evaluation. There is a sample tool for recording in-the-moment feedback on the PNSO website; this tool may be modified to fit the requirements of each clinical setting.

Resources:

- Preceptor Essentials and Preceptor Booster classes available through Nursing Professional Development Services, register on NetLearning. Both offer instruction on providing in-the-moment feedback and creating a culture of peer review.
- Articles:
  - The Advisory Board resources (UVA Health System is a member, so materials are available at no cost to HS staff. You must create account and log in to access)

- Peer Review resources on PNSO website:
  - Peer review resources
  - Preceptor resources

- CE Direct Application – Contact Nursing Education Services to apply for CE Direct seat access
- Peer Review in Nursing, an Evidence-Based Approach

1 “Resources” section may be amended/updated as needed without Cabinet approval.
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- The Difference between Comprehensive Peer Review and Peer Evaluation