**Peer Review (Observed Practice) Document**

This peer review form is based on the New Zealand College of Physiotherapy Inc. Peer Review Form June 2009 and has been adapted for HTNZ purposes.

The form should be used by associate members applying for full membership of HTNZ.

The form may also be used by any member for peer reviews as part of continuing professional development.

The peer review process is about demonstrating ongoing professional development in hand therapy practice. Look for the positives in the process. It will not be used for a disciplinary purpose. It should help you to identify your ongoing professional development needs. The intention is to provide feedback on your practice and identify areas for development.

It is important to remember that self-reflection plays a particularly valuable part in the review process, along with the clinical reasoning discussion with the reviewer/supervisor, and the sharing of ideas for ongoing professional development.

This document and all that is written within it remains confidential to the two hand therapists participating in the peer review process, with the exception of its use for full HTNZ membership application. If the document is used for full HTNZ membership application, the reviewee will also share the document with their supervisor and the HTNZ executive. The completed document remains the property of the hand therapist who was reviewed.

**Note: Where this form is used for HTNZ full membership application, the reviewee must discuss the completed review with their supervisor prior to application submission. The supervisor will need to sign the form to state they have read the peer review and discussed any areas for development.**

**Guidelines for the Reviewee**

Ask your reviewer to read all the documentation carefully.

Arrange the appointment time with your reviewer. You will need to allow at least 1-2 hours to allow time for discussion at the end. You may prefer to arrange a follow up time for further discussion; this will allow time for more self-reflection and professional development planning.

Book in the selected client/patient/child for the agreed time, briefly explain to the client/patient/child/teacher/family/whānau about the reviewer's presence and obtain initial consent at the time of making the booking, for the reviewer to be present.

Read through the Peer Review Forms and become familiar with the criteria that will be observed.

On completion of the peer review process ask your reviewer and supervisor to sign the form that confirms the process has been undertaken and completed. The completed Peer Review document will form part of your application for full membership (or for CPD points).

**Guidelines for the Reviewer**

Please read all the information regarding the peer review process.

The peer review process is about being pro-active in facilitating professional development.

This process should not be viewed as an examination, it is not a pass / fail assessment of practice. The observation criteria are there as a guide of what to look for to enable you to give constructive feedback.

It will be useful to write feedback comments in the boxes provided so that your supervisee can take time to reflect on your feedback following your discussion.

On completion of the review process, you will be asked to sign, to state you have been the reviewer and have completed the whole process.

**Please Note: As a reviewer it is your professional responsibility to highlight any areas of concern with the reviewee. You will be able to comment on page 10 whether there were any concerns that the reviewee should discuss with their supervisor.**

**Peer review confidentiality document**

I (reviewer's name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have been asked by (reviewee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to review their hand therapy practice using this HTNZ approved Peer Review Form

* I have read all the documentation and understand the process
* I agree that I will not discuss the outcome with anyone else other than the participating hand therapist
* I will give all the documentation used in the peer review process back to the participating hand therapist
* I will not make any copies of any of the documentation used in the review process
* I will maintain confidentiality of all patient related information

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Reviewer:** Hand Therapy NZ full member |  |
| **Reviewee:** Hand Therapy NZ associate or full Member |  |
| Date of review |  |
| Patient’s presenting problems |  |

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| --- | --- |
| **Observation criteria** | **Reviewer comments** |
| 1. **Professional practice** | |
| Appropriate patient consent has been obtained for the review process |  |
| Informed consent gained for reviewer's access to patient information |  |
| Consent obtained from the patient to undergo assessment/treatment procedures |  |
| Appropriate interview setting |  |
| Demonstrates respect for patient's privacy and cultural needs |  |
| Recognises cultural and /whānau needs |  |

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| **Observation criteria** | **Reviewer comments** |
| 1. **Communicate effectively** | |
| Adequate explanations of assessment/treatment processes and procedures are provided to the patient |  |
| Clear instructions given throughout |  |
| Able to articulate assessment findings to the patient |  |
| 1. **Evaluate patient's health needs: Subjective interview** | |
| Appropriate interview setting |  |
| Questions appropriate for presenting diagnosis, asked in logical and methodical order |  |
| Listens to answers and responds appropriately |  |
| Records findings |  |
| Clarifies and recaps subjective findings |  |
| Establishes functional goals and the main problems |  |

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| **Observation criteria** | **Reviewer comments** |
| 1. **Objective examination** | |
| Demonstrates clinical reasoning process in action   1. Explains rationale for tests to patient/child, caregiver, whānau    1. Explains findings to patient/child, caregiver, whānau    2. Appropriate tests performed    3. Selects treatment choices appropriate to assessment findings/presenting problems |  |
| Documents test results |  |
| Outlines hand therapy treatment choices |  |
| Reconfirms functional goals with clinical goals, discusses probable time frames and confirms consent for treatment |  |
| Outcome measures discussed and performed if appropriate |  |

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| **Observation criteria** | **Reviewer comments** |
| 1. **Plan and implement safe and effective client management** | |
| Treatment choices applied effectively, with clear explanations and clarification of patient/child, caregiver, whānau understanding |  |
| Monitors and analyses clinical signs and response to treatment |  |
| Patient/child, caregiver, whānau treated with respect at all times |  |
| Patient safety maintained |  |
| Treatment outcomes re-assessed. Self-management advice given |  |
| Clear teaching skills with appropriate feedback/correction |  |
| Patient advised re further treatment |  |

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| **Discussion with reviewer following observation of practice** | |
|  | **Comments** |
| What went well?  What could be changed?  What have I learnt from assessing and treating this patient? |  |
| **Discuss hand therapy science base and clinical reasoning** | |
| Questions to stimulate discussion   1. What was your rationale for the chosen assessment tests? 2. What was your reasoning for the clinical interventions? 3. How did you identify the patient’s problems and decide on differential diagnoses? 4. What ideas do you have for further assessments or tests to be performed at subsequent visits? 5. Can you discuss any evidence from research that guided your treatment decisions? 6. How might you look for further evidence or information? |  |

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| **General comments from reviewer** | |
|  | **Comments** |
| **Strengths of the reviewee**  Assessment  Clinical reasoning  Safe practice demonstrated  Hand therapy techniques  Communication  Documentation  Rationale for treatment choice  Evidence based practice Professionalism |  |
| **Recommendations**  Feedback and discuss areas in which the reviewer can recommend areas for development |  |
| **Concerns**  The reviewer should comment on any observations that were of concern. These should then be discussed by the reviewee with their supervisor |  |
| Signature of Reviewee:  Signature of Reviewer:    Date: | |

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| **Self-Reflection following the Peer Review – to be completed by the reviewee** | |
|  | **Comments** |
| **Reflect on the whole peer review process:**  Your organizational skills  Your communication  Your assessment  Your clinical reasoning  Your treatment choice  Your rationale for your treatment choice  Your reference to current literature, best practice evidence  Your overall professionalism |  |
| Personal action plan following the peer review process  Professional development plan  Time frames |  |
| Signature of Reviewee:  Date: | |

**HTNZ Peer Review confirmation**

Name of person being reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer HTNZ membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by reviewer: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by reviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HTNZ Supervisor confirmation**

**Where peer review is undertaken for HTNZ full membership application, please complete:**

Name of reviewee’s supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HTNZ membership number of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have read the review, discussed any recommendations and areas of concern, and developed an action plan in collaboration with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of reviewee)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_