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Say Yes to Peer Review

A Collaborative Approach to Faculty Development

Margaret J. Blauvelt, MSN, RN, CNE • Cheryl L. Erickson, MA, FNP-BC, RN, CNE
Nancy C. Davenport, MSN, RN, CNE • Mary L. Spath, PhD, RN, CNE

Student evaluations are relied on heavily to provide feedback for teaching improvement and professional growth. However, their use as the primary source of performance feedback may be limiting. To add another dimension to faculty evaluation, a peer-review process for both clinical and didactic teaching was implemented. The authors describe the initiation and development of a peer-review process as a means to ensure comprehensive and multidimensional evaluation.

Quality teaching is central to achieving program outcomes and effectively preparing competent nursing graduates. Embedded in comprehensive program assessment and evaluation plans, mentoring programs, and promotion and tenure expectations, the assessment of teaching effectiveness is an expected component of the educator role. The acceptance of Boyer's[1] model that includes scholarship of teaching as a rigorous component supports multiple methods of evaluating faculty teaching performance and practices.[2] Using peers to assess teaching skills, knowledge, and attitudes and to determine quality improvement continues to challenge nurse educators.

At the forefront of today's nursing profession are multiple calls to reform and transform nursing education. Reflecting on recommendations from the Institute of Medicine report, *The Future of Nursing*, faculty recognize the ever increasing responsibility to prepare a better educated workforce and, with that responsibility, the need to be better educators.[3] The study of Benner et al,[4] supported by The Carnegie Foundation for the Advancement of Teaching, concluded that nursing programs have many deficits including weak classroom pedagogy, lack of integration of class and clinical content and experiences, and poor development of students' clinical reasoning and inquiry skills. The findings of Benner et al[4] support initiatives to strengthen the nurse educator's teaching performance.

Student evaluations of faculty are a primary source of feedback for improvement of teaching effectiveness. However, the reliability and validity of student evaluations for the purpose of improving teaching effectiveness remain inconclusive.[5] Concerns include students' level of knowledge in relation to evaluating faculty performance, the typical anonymous approach to faculty evaluation, and the lack of a complete picture of what actually happens in the classroom.[6] Ackerman and colleagues[7] compared student evaluation of teaching and peer evaluation of teaching in an exploratory inquiry. The influence of grading, student praise for faculty performance versus content, and faculty pressure to satisfy students were noted as disadvantages to student evaluation.

Peer evaluation is a recognized source of information that is useful in professional development. Various disciplines in academia, including nursing, incorporate this method as a legitimate source of data in reviewing faculty teaching effectiveness, along with student evaluations, self-evaluation and administrator evaluation, and the professional portfolio. Numerous reports attest to the use of peer review in nursing clinical practice settings; however, peer review in the evaluation of nursing faculty is scant.[8]

An optimal way to evaluate the teaching of nursing faculty by combining student evaluation with both peer evaluation and the professional portfolio was proposed early by Appling and colleagues.[2] They contend that the use of this tripartite system of evaluation provides a more comprehensive and balanced way to evaluate faculty teaching and that this 3-pronged method ensures evaluation that is evidence based, providing input from experts in teaching and content. This "blended" approach of evaluation of faculty teaching in nursing[9] continues to be advocated and supports the model of Appling et al as the criterion standard.

The literature reveals that faculty resistance to peer evaluation is not uncommon and may hinder its use. Lack of appeal is attributed to faculty perceptions that this type of evaluation may be biased, that one reviewer or one observation does not provide sufficient data, and that it is not appropriate for summative evaluation.[10] To reconcile these concerns, a culture conducive to peer observation is imperative for the success of its use. This implies that faculty be included in the planning of the process and the creation of the tools for measurement, recognize their contribution to the betterment of fellow colleagues, and

Author Affiliations: Associate Professors (Ms Blauvelt, Ms Erickson, Ms Davenport, Dr Spath), Associate of Science in Nursing Program Director (Ms Davenport), Department of Nursing, University of Saint Francis, Fort Wayne, Indiana.
The authors declare no conflict of interest.
Correspondence: Ms Blauvelt, University of Saint Francis, 2701 Spring St, Fort Wayne, ID 46808 (mblauvelt@sf.edu).
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welcome their own ongoing professional development.[11,12] Lomas and Nicholls[13] found that faculty feel supported in the peer-review process when there is a positive organizational culture.

The process or "how to" of conducting systematic peer evaluation, which includes measurement tools, is less discussed in the nursing literature than the need for it. Prior to 1990, discussion in nursing literature focused on foundational issues, which included defining the "peer" role, suggesting guidelines for developing reliable and valid measurement tools, and identifying potential barriers to the process.[11] An initial peer evaluation tool for nursing faculty in the classroom was developed in 1990 by Andrusyszyn,[14] which assessed faculty teaching behaviors in 3 categories: (*a*) content/presentation of material, (*b*) interaction and teaching strategies, and (*c*) personal characteristics conducive to student learning. To promote acceptance of this tool and the use of peer evaluation, faculty members were asked to provide feedback regarding the various behaviors listed in each category. Later, a tool designed for documenting peer observation using narrative open-ended comments rather than rating scales was described by Costello et al.[15] Structured interviews of peer reviewers and those reviewed revealed that initial negative perceptions by faculty became more positive at the conclusion of the process. These authors concluded that the change in perception was attributed to faculty involvement, the extent to which peer evaluation was planned, and faculty preparation regarding the process.

Recognizing the need for peer review of clinical teaching, Ludwick and colleagues[16] created and implemented a peer-review process for undergraduate clinical nursing educators. They concluded that peer review was valuable in enhancing professional growth of this population and promoted faculty collegiality. Similarly, Berk and colleagues[10] constructed the first tool found in the literature that can be used to evaluate clinical teaching in nursing education.

Development of the Peer-Review Process

Although peer review is a recognized source of information in both clinical practice and faculty evaluation methods, there remains a lag in its use in nursing faculty evaluation. At our institution, a standardized faculty evaluation tool is used each semester in theory courses to gather student input. Clinical teaching performance is measured by students using a department-developed evaluation tool. Both sources provide extensive student feedback; however, faculty question if student input alone is sufficient to assist them in improving their teaching skills. Looking for a more comprehensive approach to faculty evaluation, an initiative to develop a peer-review process took root. As a department with faculty stability, a mix of experienced and novice faculty, and a strong sense of collegiality, the stage was set for the opportunity to use peer review.

Nursing is the largest department in a small, private, nonunionized Midwestern university. Offering associate, baccalaureate, and graduate programs in nursing at 2 campuses, the department enrolls over 800 students, approximately one-third of the total university enrollment. There are 32 full-time and 2 half-time faculty at the main campus and 6 full-time faculty at the satellite campus. Although adjunct faculty are used on both campuses, the peer-review initiative includes only full- and part-time faculty.

A number of factors, in addition to the concern regarding student ratings as the primary method of faculty evaluation, influenced faculty to pursue peer review. Factors included few formal opportunities to provide or receive feedback from peers, limited fiscal resources to promote faculty development, and the need to continually meet accreditation standards. Accountability to the National League for Nursing (NLN) Core Competencies of Nurse Educators also supports rationale for guiding faculty via peer review in development as master nurse educators.[17]

In the nursing department, a positive, open environment exists. Faculty members are accustomed to working across programs and participating in curriculum teams. Assistance in test construction and critique of course materials among faculty are common activities. Faculty provide monthly presentations on various scholarships of teaching subjects to the nursing department. These presentations encourage interaction regarding teaching and learning strategies and further promote a collegial atmosphere for a thorough examination of peer review.

Through a collaborative process between administration and faculty, an initiative was established to develop policy and procedure for a peer-review program (Figure 1). A faculty committee composed of administration and faculty overseeing the program evaluation plan began discussions of additional ways to measure effective teaching, including peer review. This led to the decision to investigate formal use of peer review. The department chair established 2 committees: one to address didactic peer review and another to address clinical peer review. The department chair appointed a faculty member to lead each committee. Each committee was composed of 3 additional faculty who volunteered to represent undergraduate and graduate programs. Each committee was charged with creating policies and tools for didactic and clinical peer review, respectively. The use of 2 committees not only assisted in distributing the workload, but also provided the opportunity for additional faculty participation in the development process. As a starting point, the program evaluation committee conducted an examination of literature on peer review; information was shared between committees.

Committees collaborated throughout the development phase. Examining evaluation methods and tools used by other nursing programs confirmed the importance of developing a realistic peer-review process. After analysis of other tools, using a comprehensive and well-established framework of educator competencies was determined as essential. The NLN Core Competencies of Nurse Educators[17] was selected as a foundation for the proposed peer-review tools (Table 1).

Faculty ranked both clinical and didactic behavioral objectives relative to effective teaching using a survey approach. Based on survey results, 10 behaviors were selected for inclusion in each tool. The committees then developed tools that were realistic in length, addressed key teaching competencies, and provided a consistent means of peer review in the department (Figure 2). Using the nurse educator competencies[17] as a framework, behavioral objectives were specifically adapted to clinical

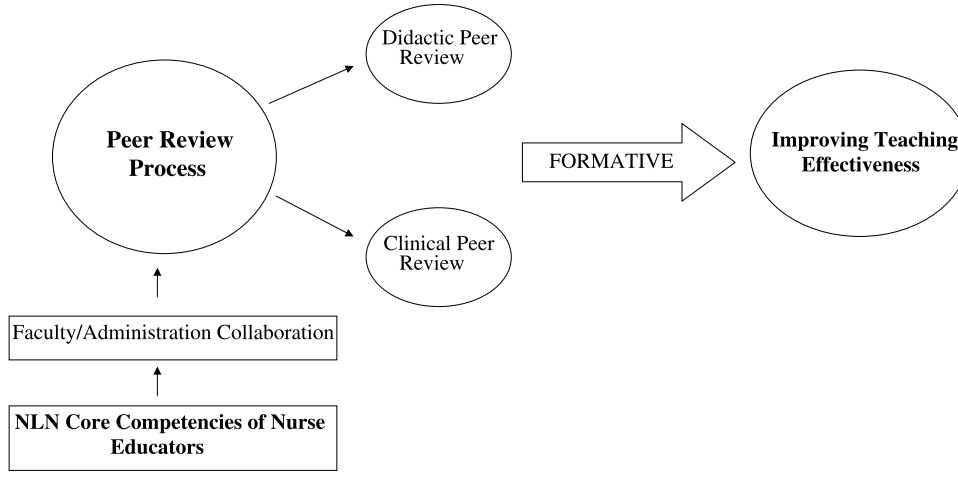

Figure 1. A plan for peer-review process.

and didactic instruction. As suggested by Brown and Ward-Griffin[11] to involve faculty in planning, the proposed review process and key behavioral objectives were presented to the faculty for discussion and feedback.

In reviewing various methods of peer evaluation, the didactic and clinical committee members considered the following questions: (*a*) Would faculty perceive the review process as supportive? (*b*) What would make the review process less threatening and more helpful for educational development? (*c*) How could consistency of scoring be ensured? A Likert scale was initially proposed to evaluate the level of behavior attainment. However, the terms "evident" or "not evident" versus a Likert scale were chosen to assess faculty behaviors[14] of the items in Figure 2. The use of this wording, rather than an evaluative ranking scale, allows the reviewer the opportunity to provide constructive feedback with a focus on formative evaluation. The intent was to promote growth and development of faculty through the peer-review process, rather than provide a means of summative evaluation as supported in the literature.[10]

Based on faculty survey feedback, key policy elements were identified. These elements included peer-review frequency, selection and qualification of reviewers, preparation of reviewers, competencies to be evaluated, and method of evaluation. Engaging the faculty and gaining "buy-in" regarding the peer-review initiative was also seen as a priority.

Table 1. NLN Core Competencies of Nurse Educators[a]

- Facilitate learning
- Facilitate learner development and socialization
- Use assessment and evaluation strategies
- Participate in curriculum design and evaluation of program outcomes
- Function as a change agent and leader
- Pursue continuous quality improvement in the nurse educator role
- Engage in scholarship
- Function within the educational environment

[a]Available at http://www.nln.org/profdev/corecompetencies.pdf.

A realistic time frame was proposed to ensure periodic review of all faculty. Experienced faculty are expected to complete a peer review every 5 years; however, faculty may use the process more often than prescribed. New faculty are reviewed more frequently and early in their employment, providing feedback to succeed in the faculty role. Peer review occurs at years 2 and 5 of employment and every 5 years thereafter.

Faculty members select their own peer reviewer. This option was chosen to facilitate a collaborative process and promote trust among the review participants. There was lively discussion and varying opinions regarding reviewer qualifications. The committees recommended that peer reviewers have at least 3 years of full-time teaching experience and clinical reviewers be currently teaching a clinical course. This decision was based on faculty input and examination of NLN's eligibility criteria for certification of a nurse educator.[18] Reviewers are encouraged to serve no more than twice in an academic year to prevent undue burden on experienced faculty. Resources were compiled to prepare reviewers for their role, including pertinent articles and the NLN Core Competencies of Nurse Educators with task statements.[17]

The review process is based on a 3-stage model.[19] The preobservation session consists of participants becoming familiar with the tool and establishing expectations and roles that will occur during the observation session. In addition, the participants review teaching methods, course objectives, assignments, and the expected skill level of students in the course. The peer-review tool (clinical or didactic) is used to collect data during the observation session regarding the faculty member's ability to demonstrate the established behaviors. The reviewer is encouraged to remain in the observer role and not intervene in any instructional processes. The time frame for the observation session is a maximum of 1 hour for the didactic review and 3 hours for clinical review.

The postobservation session occurs within 7 days of the review. During this session, the reviewer shares insights and examples of how the faculty member addressed particular objectives. The reviewer attempts to assist the faculty to identify means of improvement by examining the observed teaching through the lens of the core competencies. After

Competencies[a] (Descriptive portions are guides to understanding the intent of the competencies and are not necessarily all inclusive)	Evident	Not Evident/ Not observed
1. Shows enthusiasm for clinical teaching and being with students. *Comments/Examples:*		
2. Models professional behaviors. • *Demonstrates professional dress, appearance and behavior* • *Shows respect for clients, students and staff.* *Comments/Examples:*		
3. Communicates expectations and outcomes for students to students and staff. *Comments/Examples:*		
4. Discusses application of classroom theory with learners in the clinical learning environment. *Comments/Examples:*		
5. Implements and revises clinical learning activities based on course objectives, learner needs, and societal/health care trends. *Comments/Examples:*		
6. Facilitates decision-making or critical thinking appropriate to student level. *Comments/Examples:*		
7. Provides feedback after assessing the students' cognitive knowledge and psychomotor skills. • *Verbal* • *Written* • *Provides corrective feedback in an appropriate setting* *Comments/Examples:*		
8. Demonstrates clinical skill competence. *Comments/Examples:*		
9. Facilitates an atmosphere conducive to learning. *Comments/ Examples:*		
10. Assures safe clinical care. • *Medication administration* • *Universal precautions* • *Safe Patient handling and movement* • *Agency policy/procedures* • *USF policy* *Comments/Examples:*		

Figure 2. Clinical peer-review tool for nurse educators. [a]Based on National League for Nursing Core Competencies of Nurse Educators With Task Statements, 2005. Available at http://www.nln.org/profdev/corecompetencies.pdf.

self-reflection and use of the reviewer's input, the faculty member develops a plan for improvement of their clinical and/or classroom teaching, which is shared with the department chair.

Evaluation

Before full implementation, the peer-review process was "trialed" by 5 faculty members: 2 were observed in the classroom, and 3 were observed in the clinical setting by chosen peers. Participants and their reviewers completed a questionnaire to provide an initial evaluation of the program following the peer-review process. The questionnaire included 7 items addressing the program components (purpose, policy, and observational tool) and the overall process. Responses were rated using a Likert scale. In addition, 2 open-ended questions provided narrative information about faculty perceptions regarding the benefits and recommendations of the peer-review process.

Overall, participants identified the peer-review process as a positive experience. In the clinical setting, novice faculty appreciated the opportunity to have an expert nurse educator evaluate their performance. Faculty found the experience to be a positive affirmation of their clinical skills and teaching competency. One faculty noted that "to have positive aspects of clinical teaching pointed out made me feel that I was successful in teaching in the clinical area." Another stated she "…received great insights on how to better my skills as an educator." Sharing teaching techniques with the reviewer verbally provided an opportunity for self-reflection.

Faculty observed in the classroom stated they "got a student view from the evaluator," in addition to obtaining ideas for class participation and active learning. Faculty reviewers cited benefits to the process as well. One reviewer noted it was a "very good learning process for me in looking at my own practice and getting ideas from the person I am reviewing." Choosing their own reviewer was a positive aspect of the experience for one new faculty. To optimize the reviewer selection process, a suggestion was made to provide a list of faculty and their area of teaching expertise.

The trial also provided guidance to modify the process prior to full implementation. A recommendation was made to clarify one of the clinical behaviors (demonstrates clinical skill competence) in the evaluation tool because of its ambiguity. This will be modified by providing examples of ways to demonstrate competency. Preparation for the reviewer role was deemed essential. Resources to prepare for the experience could have been better organized and limited to key materials.

Outcomes of the initial peer review indicated that faculty engaged in the process gained insights into their

teaching through formative evaluation. In addition, a framework for a viable, faculty-supported peer-review process was established. Faculty expressed that the process was positive and nonthreatening and sparked enthusiasm for their own personal professional growth.

Next Steps

As peer review is fully implemented for all faculty, the process will continue to be evaluated. Questions that need to be addressed include the following:

- Who will be responsible for monitoring review dates?
- Will the time commitment become a burden on reviewers and those being reviewed?
- Will the experience meet the needs and expectations of both novice and seasoned faculty?
- How will faculty use the review feedback in their self-evaluation and performance review?

While the operational aspects of the policy are important, questions regarding the use of peer review as summative evaluation should also be considered. Topics such as the identification of benchmarks to measure teaching effectiveness require serious faculty deliberation. After all faculty have the opportunity to participate fully in the peer-review process, these additional issues should be explored.

Development of a peer-review process is a positive addition to the nursing department's mentoring program and ongoing faculty development. Positive feedback was obtained from volunteer faculty in the initial peer-review trial. Engaging all faculty in peer review is the next step, which will supply additional insight for a more comprehensive evaluation. As the peer-review process is fully implemented, keeping the goal of improved teaching at the forefront is essential. If this goal is accomplished, the time and effort involved in the development and implementation of peer review in classroom and clinical teaching will benefit both faculty and students.

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An Example of a Statistics Course in a Doctor of Nursing Practice (DNP) Program: Erratum

In the article that appeared on page 36 of the January/February 2012 issue, the correct article title for Reference 11 is "The overemphasis on power analysis." Also, in Reference 17, the correct spelling of the author's name is Hayat, and the correct article title is "Understanding statistical significance."

Reference

1. Lauver L, Phalen AG. An example of a Statistics Course in a Doctor of Nursing Practice (DNP) Program. *Nurse Educator*. 2012;37(1):36-41.