



General
Osteopathic
Council

Continuing
Professional
Development

Workbook

Peer Observation Workbook



Peer Observation

This workbook has been prepared to support osteopaths in undertaking a peer observation activity.

The new CPD scheme

STANDARDS

CPD across all the themes of the Osteopathic Practice Standards:

- 1) Communication and patient partnership
- 2) Knowledge, skills and performance
- 3) Safety and quality in practice
- 4) Professionalism

OBJECTIVE ACTIVITY

At least one 'objective activity' to assess the quality of your practice, for example:

- Patient feedback
- Peer observation
- Clinical audit
- Case-based discussion

You must be able to demonstrate how this has influenced your CPD and improved your practice

COMMUNICATION AND CONSENT

At least one CPD activity that relates to patient communication and consent.

KEEPING A RECORD

Keep a CPD record, along with supporting evidence.

PEER DISCUSSION REVIEW

By the end of the three-year CPD cycle, arrange a Peer Discussion Review with a colleague to discuss your CPD and practice. This review will complete your CPD cycle, but it is not about 'passing' or 'failing'; it is about showing that you have engaged with the scheme and that your CPD has developed your practice.

Peer observation is an example of 'an objective activity' – it's a means of getting objective feedback on your practice from a colleague, enabling you to reflect on what you do and to consider how you might enhance your practice.

Relationship with the Osteopathic Practice Standards¹

Undertaking a peer observation activity is likely to impact on more than one theme of the Osteopathic Practice Standards.

Theme	Areas include
A. Communication and patient partnership	Listening, giving information, consent, partnership
B. Knowledge, skills and performance	Sufficient knowledge and skills, working within competence, keeping up to date
C. Safety and quality in practice	History taking, examination, treatment, modesty, safeguarding
D. Professionalism	Ethics, integrity, honesty, candour, responding to complaints, confidentiality

The guidance to Standard B2 (You must have sufficient knowledge and skills to support your work as an osteopath) says that this knowledge should include the ability to critically appraise osteopathic practice, and cites feedback from colleagues as being one way of achieving this.

Standard D8 states osteopaths should; Support colleagues and cooperate with them to enhance patient care.

A peer observation could be a broad ranging way of getting feedback on many aspects of your practice, and therefore as well as Themes B and D above, it is likely, also, to provide feedback in Themes A (thinking around how you communicate with the patient and seek consent) and C (how you gain and record information, and devise and implement a treatment plan) as well.

What is peer observation?

As the name implies, peer observation is being observed in practice by a peer. This might be an osteopath, or could be another healthcare professional. It's usually a two-way process, with colleagues observing each other to provide feedback on practice.

Things to consider

i. Who to choose as a peer observer?

The choice is yours – it could be someone that you know well, or already work with, or may be someone that is less well known to you. The important issue is that it should be someone that you can trust as a colleague.

¹ osteopathy.org.uk/standards/osteopathic-practice

Do you have someone in mind?

ii. Confidentiality

The process should be confidential between colleagues, and it would be helpful to discuss and agree this in advance. For osteopaths, there is an overriding duty to act in the interests of patients (OPS C9 Act quickly to help patients and keep them from harm). If an observer were to witness something during an observation session that made them concerned for the safety of patients, then there is a duty on them to take action. The guidance to this standard gives examples of this, depending on the severity of the concern.

Remember that consent from each patient must be gained before an observer can sit in on a treatment. Patients should be specifically informed about the proposed peer observation process and the reasons for it. They should know exactly what to expect, and be reassured as to issues of privacy, confidentiality and the management of their information. They should know, also, that they are free to change their minds and withdraw consent to an observer being present, without prejudicing their treatment or care.

How will you manage the process of gaining consent from patients?

iii. What feedback are you seeking?

Some may seek very general feedback on their interaction with the patient, whereas others may be looking for feedback on a more specific issue in particular. There are no definitive rules, and it will be guided by each osteopath's own learning or development needs.

What aspects of your practice would you like to get feedback on?

iv. How long should the observation last?

This depends on a number of factors. Consider how long would be reasonable to generate helpful and representative feedback – would one new patient be enough, for example, or would it be better to allow a couple of hours to get a broader sample. What happens if one of the patients doesn't want to be observed – how could this be managed in advance?

Think also about how much time will be needed after the observation to provide feedback.

v. Using a template to record observations

It will certainly help to provide structure and focus to use a specific template to record comments and observations. There is no set structure for this, and much will depend on the aspects of practice upon which feedback is being sought. We have provided two examples of peer observation templates, which can be downloaded from cpd.osteopathy.org.uk, and which are included in the Annex to this workbook. Please note that you don't have to use these templates and you can choose to develop your own if you prefer.

Look at the templates and see if either suit your needs. If not, how might they be adapted?

vi. Giving and receiving feedback

The giving, and receiving, of feedback is a skill that may be more familiar to some osteopaths than others. Those who work in osteopathic education, who mentor colleagues, or who work in an NHS context, might be used to undergoing some form of peer observation process. For those who work on their own, giving and/or receiving feedback may be less familiar and potentially daunting.

There are some useful resources available on feedback published by the London Deanery (faculty.londondeanery.ac.uk/e-learning/feedback). This is aimed at an educational setting, but many of the principles will apply in the case of peer feedback as well.

When giving feedback, there are some useful tips to bear in mind:

- use open questions to encourage reflection – for example, 'did that go as planned?', 'how do you think the patient felt', 'would you do anything differently next time?'

- focus on the positive – it may be helpful, of course, to help highlight areas where things could be done better, but don't be unnecessarily negative
- be sensitive about the impact of what you say – feedback is for the recipient's benefit, not the giver's
- be supportive
- don't overload – focus on two or three key messages.

When receiving feedback:

- assume it's constructive
- accept it positively
- don't be defensive.

If all this sounds overly formal and intimidating, please don't worry. Remember that you'll be undertaking this activity with someone that you've asked and agreed to work with because you trust their judgement. In most cases, it will be a two-way activity as well, so you'll be both giving and receiving feedback at some point. Be honest, respectful and kind.

vii. How to reflect on and record the activity

Osteopaths might choose to use the observation template to consider areas for development, and to identify a plan of action for future activities or a change to practice. It might be helpful, though to reflect more broadly on the peer observation process after the event, and consider what has been learned from it, and the impact on practice. A suggested CPD reflection template is included in the Annex. As with the observation templates, this can be modified or adapted as required. It's really a prompt to help you consider and record what you gained from the experience, so that you can discuss this when you come to do a Peer Discussion Review towards the end of the three-year CPD cycle.

viii. Repeating the peer observation activity

One of the requirements of the new CPD scheme is that osteopaths undertake at least one objective activity during a three-year CPD cycle. This is a minimum, not a maximum limit. Where we have worked with osteopaths in developing the new CPD scheme, and with early adopters, many have found the activities helpful, and continue to do them not just because they tick the CPD box, but because they enjoy them, and they can see how they improve their practice.

It may be helpful to consider repeating the peer observation activity to gauge progress and evaluate changes made, or maybe consider another objective activity. As long as one is carried out within the three-year cycle, then it's up to osteopaths to decide how they meet this requirement.

Resources

1. Carlisle case study: cpd.osteopathy.org.uk/case-study/carlisle-osteopathic-group-peer-observation
2. Peer observation: A tool for continuing professional development, Davys D and Jones, V, 2007, International Journal of Therapy and Rehabilitation, November 2007, Vol 14, No 11 available at: usir.salford.ac.uk/15805/6/article.cgi.pdf
3. London Deanery guide to feedback: faculty.londondeanery.ac.uk/e-learning/feedback.
4. University of Nottingham – principles of constructive feedback: nottingham.ac.uk/hr/guidesandsupport/performanceatwork/pdpr/documents/pdprprinciplesofconstructivefeedback.pdf

- A. Consultation observation form 1
- B. Consultation observation form 2
- C. CPD reflection form

Note – these templates are suggestions, and can be modified, amended and adapted to meet your needs.

Example of templates to use for a peer observation

A. Resource 1 – Consultation Observation Form

Please note that this resource template is not prescribed can be adapted as agreed by the osteopath being observed and the peer.

Osteopath name:

Peer name:

Date:

Location:

- i. Discovers the reasons for the patient's attendance

For example: encourages the patient's contribution; responds to cues; places complaints in appropriate psychosocial context; explores patient's health understanding

Observation:

- ii. Defines the presenting problem

For example, includes or excludes likely relevant significant condition; appropriate examination; makes an appropriate working diagnosis; sound clinical reasoning

Observation

- iii. Treatment approach agreed with patient

For example, treatment options explained to patient, patient consents to agreed treatment approach

Observation:

iv. Treatment approach for patient

For example, justifiable osteopathic treatment plan or an alternative course of action agreed; appropriate treatment plan delivered; next steps agreed.

Observation:

Strengths identified:

Areas for development identified:

Next steps agreed:

Areas of the Osteopathic Practice Standards covered

At the end of the event, take 5 to 10 minutes to review the Osteopathic Practice Standards and agree those that were covered during this discussion between osteopath and peer.

- A: Communication and patient partnership
- B. Knowledge skills and performance
- C: Safety and quality in practice
- D: Professionalism

Alternative version

B. Resource 2 – Consultation Observation Form – related to themes of the Osteopathic Practice Standards

Please note that this resource template is not prescribed and can be adapted as agreed by the osteopath and the peer.

Osteopath name:

Peer name:

Date:

Location:

i. Communication and patient partnership

For example: communicates effectively; listens to patients; provides information to patients to help their decision making; obtains consent; works in partnership with patients.

Observation:

ii. Knowledge, skills and performance

For example: Demonstrates a broad knowledge base and technical skills to support their work as an osteopath.

Observation:

iii. Safety and quality in practice

For example: conducts effective and appropriate evaluation to reach and deliver a justifiable management plan; considerate and caring approach with patients; accurate and clear record keeping.

Observation:

iv. Professionalism

Some of the standards in this theme relate to issues which will not be apparent with every patient, but some will relate more to day- to-day patient care, for example: treats patients fairly and equally; respects patients rights to confidentiality and privacy; deals effectively with health and safety issues; acts with integrity.

Observation:

Strengths identified:

Areas for development discussed:

Next steps agreed:

C. Resource 3 CPD reflection form

Use this form to help reflect on learning activities, and download it and retain it as evidence for your CPD portfolio.

About the activity

Describe the event or activity which you took part in:

What were your reasons for undertaking the activity?

Outline your reasons, and any other relevant detail, such as your role in it.

Knowledge and skills gained

What knowledge, skills or other abilities did you gain from taking part?

Impact

What impact is this activity likely to have on your practice as an osteopath?

Osteopathic Practice Standards

Indicate which of the themes of the practice standards have been addressed by undertaking this activity

Has the activity highlighted any other learning needs, and, if so, how will these be addressed?

Indicate whether you are planning any further activities as a result of undertaking this one.

Overall reflection

Use this space to write any other thoughts or reflections you have on the activity.