



Collecting Feedback

This *optional* tool may be helpful in collecting feedback from others. You will still need to enter the feedback you collect into *MyCCP*. Keep in mind that confidentiality extends to information about your colleagues as well as your clients/families. *Do not use full names or any information that might identify an individual.*

To prepare for collecting feedback:

- Reflect on your practice to help you prepare your questions
- Carefully consider who you would like to receive feedback from, and give them the option to decline
- Select an appropriate time and place for your discussion
- Clearly explain the purpose of the feedback you are seeking
- Provide examples (where possible) of what you hope to learn about your practice

The following questions may help guide your collection of feedback:

The area(s) in I wish to receive feedback about my practice include:	
Specifically, I would like to know:	
My identified strengths include:	My identified areas for improvement include:
Suggestions I have received for ways to improve my practice include:	This feedback relates to my: <input type="checkbox"/> Responsibility and Accountability <input type="checkbox"/> Knowledge-based Practice <input type="checkbox"/> Ethical Practice <input type="checkbox"/> Service to the Public <input type="checkbox"/> Self-Regulation

My feedback was collected on: _____ (date)

My feedback was collected:

- | | |
|--|---|
| <input type="checkbox"/> in a formal written performance review by a manager or supervisor | <input type="checkbox"/> from another health professional |
| <input type="checkbox"/> as informal feedback from a manager or supervisor | <input type="checkbox"/> from a non-health colleague |
| <input type="checkbox"/> from an RN colleague | <input type="checkbox"/> from a client/client's family |
| <input type="checkbox"/> from an NP colleague | |

Please do not include any personally identifying information when entering your feedback into MyCCP