Imagine this: a colleague asks you to peer edit her manuscript. You say yes because you respect her and want her to succeed. After several hours of re-reads and crafting comments intended to strengthen her manuscript, you email your feedback. There’s no response. The next time you pass in the hall she, instead of gushing with gratitude, avoids eye contact and barely says hello. You get the feeling that she’s more insulted than complimented by your input. You’re not quite sure what to do next. Should you let it drop and pray you can keep your relationship polite, if distant? Give her the time and space to see that your insights actually did help with her revisions? Or just screw up your courage and ask her what went wrong?

If you peer edit manuscripts for nurse authors, it’s easy to miss the mark when delivering your feedback. Miss that mark and the discomfort and uncertainties that come with feedback fall-out can upend the most collegial of relationships. This is the final column in a year long series on delicate dilemmas that nurse authors find it difficult to discuss. After defining terms, a replay of the opening scenario demonstrates how making peer edit critiques more compassionate can prevent feedback fallout.

**Peer Editing, Feedback Fall-Out and Compassionate Critique Defined**

According to editor/author Noah Lukeman (2000), “There is no such thing as a great writer, there are only great re-writers” (p 15). Peer editing is providing feedback to guide a colleague’s rewriting process. The manner in which feedback is communicated can mean the difference between inspiration and devastation. My early experience with feedback fall-out was on the receiving end of journal reviewers’ nasty remarks. It could take me months to recover. When esteemed colleagues I’d asked for a peer edit offered harsh critiques unleavened by any mention of the positives, it did more than take a toll on my writing progress. Feedback fall-out often chilled our relationship.

After years of searching for ways to make manuscript feedback meaningful and writer-sensitive, the 2 colleagues who peer edited my book showed me how (Purpora & Davison-Price in Heinrich, 2008). Christina opened our face-to-face meetings with kind words about my writing process or about the writing itself. This focus on something done well reinforced my resolve to complete my book. After that, she shared her take-away as a reader. This allowed me to measure the distance between my intended message and the message conveyed. Then Molly would begin her questions with the phrase, “Would you consider...” This respectful sequence ~ Appreciate/Mirror/Question ~ left decisions regarding re-writes up to me. Our meeting face-to-face, or by phone, prompted dialogues that informed my revisions in ways written feedback alone never did. This became the best scholarly
practice I call *Compassionate Critique* and teach to all my clients.

**Opening Scenario Replay Starring A Compassionate Critique**

Heather Snell is one of 6 faculty colleagues committed to submitting a manuscript to a professional journal for review during our year-long seminar (Heinrich 2013). New to writing in the first person, Heather asked for my feedback on her introduction. Here’s Heather’s draft and the compassionate critique that I shared with her by phone.

| From Provider to Partner: |
| **How Befriending Patients Keeps Them Healthier and You Happier** |
| Heather H. Snell, PhD, RN, CPNP-PC |

Do you spend your days working down your schedule and just scratching patients’ names off the list? For the first several years of my practice, I did this too. In the last 5 years, I’ve learned that establishing partnerships with patients can be as important as a good physical exam. What took me so long? When I put on the white coat in my transition from RN to APRN, patient scheduling, management pressures, and the business of health care often came first. That’s when I began to see patients as the asthma at 2:00 or the gastroenteritis at 3:00. As I became more a more proficient practitioner, I went back to my nursing roots. Today, instead of starting visits with the chief complaint, review of systems, and physical examination, I make a personal connection with each patient I see. This article asks you to consider giving priority to befriending strategies that transform traditional practitioner-patient relationships into partnerships that keep your patients healthier and you happier.

| Kathy’s Compassionate Critique: |

**Appreciate:** I applaud your courage in writing in the first-person after so many years of writing scholarly papers in the third-person. Your title is enticing and your introduction drew me in with the story of your evolution as a practitioner.

**Mirror:** As your reader, I understand this article shares befriending strategies that will keep me happier and my patients healthier.

**Question:**

1. Would you consider adding a sentence about how seeing your patients as the “asthma at 2:00” affected your practice? This gives readers insight into why they may feel more robotic than energetic after a day of seeing patients as numbers rather than people.
2. Would you consider explaining how “making personal connections with your patients” changed your practice? Reading about how personal connections made a difference in your practice could help readers see what difference it might make in their practices.

**The Benefits of Making Critiques Compassionate**

The benefits of Compassionate Critique go beyond saving peer editors’ time to bettering authors’ chances of being published and enhancing their collegial relationships:

- **Benefit for Peer Editors.** Framing critiques as questions is less time-consuming than traditional
editing which leaves peer editors more time for their own writing.

- **Benefit for Nurse Authors.** Empowering authors to take charge of their own re-writing decisions makes it more likely that they will persevere to publication.

- **Benefit for Collegial Relationships.** Appreciating/Mirroring/Questioning, either in person or by phone, deepens trust and protects against feedback fall-out.

**Conclusion**

Heather, after responding to my Compassionate Critique, says she is as excited about reviewing the literature as she is about writing in the first person. To energize nurse author colleagues with your re-writing guidance, make Compassionate Critique your go-to practice as a peer editor and bid farewell to feedback fall out.

**References**


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**About the Author**

Dr. Heinrich is a twice-tenured professor turned scholarly development consultant. The author of *A Nurse’s Guide to Presenting & Publishing: Dare to Share* (2008), she helps individuals and faculty groups across the country boost publication rates; meet scholarly requirements for retention, promotion and tenure; and bring national and international visibility to their institutions.

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