INTRODUCTION

Anyone who has ever taught knows that the best way to learn something is to teach it to someone else. This fundamental principle underpins the concept of peer tutoring, where 'peers' are generally regarded as being individuals of the same or similar intellectual status and/or social standing. Peer assisted learning or acquisition of knowledge and skills through active helping and supporting among status peer equals, is now being increasingly used in medical education. Peer assisted learning is an efficient and effective way of preparing medical students for their future role as educators. While same-year peer teaching implies that students of a similar educational level form a learning group with the goal of coaching one another, cross-year peer teaching encompasses a certain hierarchy based on varying educational levels, meaning that a more advanced student teaches a lower level fellow student. A number of different peer teaching methods have been described. While same-year peer teaching implies that students of a similar educational level form a learning group with the goal of coaching one another, cross-year peer teaching encompasses a certain hierarchy based on varying educational levels, meaning that a more advanced student teaches a lower level fellow student. A typical specialty within the field of medicine in which peer teaching systems are implemented into medical education is anatomy, where both same-year and cross-year peer teaching are effective. Cross-year peer teaching is also effective in the areas of communication and nursing skills. Informal PAL can be witnessed in medical colleges, however, evidence of formally organized PAL sessions is lacking. Hence, to explore the utility of this method of learning in our medical colleges may provide some strength in paving the way for inclusion of PAL in the curriculum.

METHODOLOGY

A case study taking students, residents and faculty members, practicing PAL, of a single institution as a case, was designed using semi-structured in-depth interviews to collect data from final year medical students (n=6), residents (n=4) and faculty members (n=3), selected on the basis of non-probability purposive sampling. The qualitative data thus generated was first translated in English and transcribed and organized into major categories by using a coding framework. Participants were interviewed two more times to further explore their perceptions and experiences related to emergent categories. An iterative process was employed using grounded theory analysis technique to eventually generate theory.

RESULTS: PAL was perceived as rewarding in terms of fostering higher order thinking, effective teaching skills and in improving self efficacy among learners.

CONCLUSION: PAL can offer learning opportunity to medical students, residents and faculty members. It can improve depth of their knowledge and skills.

Key Words: Peer assisted learning. Instructional tool. Learning.

ABSTRACT

Objective: To explore the utility of peer assisted learning (PAL) in medical schools as a formal instructional tool.
Study Design: Grounded theory approach.
Place and Duration of Study: King Edward Medical University, Lahore, from July 2011 to December 2011.
Methodology: A study was designed using semi-structured in-depth interviews to collect data from final year medical students (n=6), residents (n=4) and faculty members (n=3), selected on the basis of non-probability purposive sampling. The qualitative data thus generated was first translated in English and transcribed and organized into major categories by using a coding framework. Participants were interviewed two more times to further explore their perceptions and experiences related to emergent categories. An iterative process was employed using grounded theory analysis technique to eventually generate theory.

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The participants were inquired about their perceptions of PAL, possibilities to include PAL as a formal instructional tool in the curriculum and the best time for its introduction.

RESULTS

A total of 13 interviews were carried out, that provided following information: PAL was rewarding in terms of fostering higher order thinking, effective teaching skills and improving self-efficacy among learners, hence better learning; however, capacity building for peer tutoring poses a credible challenge to its proper and timely implementation. This is further elaborated in two overarching opinions.

First participants perceived PAL as an effective instructional tool since they found it useful in developing better understanding of concepts, teaching skills and positive self image. Nevertheless, they considered main beneficiary of PAL, the person who was actively involved in teaching. Second, it was proposed to let students experience PAL and realize its utility informally and to further collate local evidence followed by its introduction in a regular time table as a formal instructional tool if evidence supports it. The categories emerged from the transcribed interviews and field notes are shown in Table I.

DISCUSSION

In 1970 Goldschmidt used PAL at McGill University for undergraduate classes when he used peer led student discussion groups and found improved quality of educational product. Overall the participants perceived PAL as an effective instructional tool. The personal experiences shared by the participants were very favourable. They reported having used it informally in one way or another and getting satisfactory outcome. PAL was considered to be an effective mode of information transfer by the participants and it was their

Table I: Categories emerged from interviews.

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<th>Categories</th>
<th>Comments</th>
<th>Observations</th>
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<tr>
<td>Personal experiences regarding PAL</td>
<td>1. We study together during ward tests, mostly clinical methods. First we go through the material in books, and then go to the wards where one of us performs and explains to others. 2. When we prepare for our final viva we divide topics amongst ourselves and then everyone explains his/her topic to rest of the group. 3. I have made many friends due to combined study sessions, where we teach each other. This experience has at least made me more sensitive to my friends’ needs.</td>
<td>All participants except one faculty member, reported to have experienced PAL in one form or another but always in an informal setting.</td>
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<td>Value of PAL</td>
<td>1. As both teacher and learner are class fellows, they have less inhibitions in challenging each other’s concepts, which no one could dare do with their professors. 2. The best way of learning is to teach others as you really have to prepare well in order to teach. 3. How can students be their own teachers? If they are on their own they may not properly cover subject matter and can create misconceptions. A faculty member should always be there to oversee the learning process. 4. I feel so good when my class fellows tell me that I am their role model since they find my teaching very good.</td>
<td>Participants believed that PAL has a strong influence on students’ motivation to learn and to inspire their peers. Whereas, friendly learning environment, conceptual clarity and motivation to learn for the sake of learning were considered some of its advantages. Nevertheless, proper content coverage and transfer of correct knowledge were considered important challenges.</td>
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<td>Beneficiaries of PAL</td>
<td>- It depends on how much receptive you are. The one who teaches gains most because if you have to explain and justify some topic, you have to learn it properly first.</td>
<td>All participants thought that PAL was an effective method of information transfer (MIT). According to them everybody is benefitted from it but the person who is actively involved in teaching is the one who gains maximum.</td>
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<td>Appropriate time and strategy to introduce PAL</td>
<td>1. It is of utmost importance in the first and second years as we have to study Anatomy. If we don’t learn it well we can’t do well later. 2. It should be there right from the clinical years. 4. It does take some time to develop rapport with class fellows so first year may not be a good time. 5. Same year students can help each other in clinical methods etc. more efficiently. 7. The traditional methods of learning like lectures etc. can not be replaced. The new methods can only be added to the older methods. 8. Lectures should not be used at all. 9. Lectures in basic sciences are useless, we don’t gain anything. They should be replaced with Small Group Discussions. 9. It should be introduced initially on a non-regular basis and when students and teachers get comfortable then it can be introduced in the curriculum. “If institution can arrange for training of students to properly teach, benefits of PAL can be maximized”.</td>
<td>All the participants felt that PAL could be used as a formal instructional tool and introduced in the curriculum but they differed about appropriate time and strategy. Some participants felt that it could be introduced right from the first year, others felt that it should be introduced later. For pre-clinical years, cross year PAL was considered more suitable and in clinical years, same year PAL was deemed more effective. However, it was realized that formal training is needed to effectively use PAL.</td>
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This study was conducted to fulfill the partial requirement of MCPS - Health Professions Education Programme of CPSP.

REFERENCES