

### GM Synergy Peer Learning Key Principle

#### 1.0 Introduction

This report details the development of the evidence based Key Principle of Peer Learning for the relaunch of GM Synergy – Learning with and from each other . The literature presented below overwhelmingly demonstrates that Peer Learning can have a significantly positive affect upon students' experience, particularly when they are on clinical placement but also within all learning environments. Using the findings from the literature, a SWOT analysis identifies important learning that must be integrated into the GM Synergy Peer Learning Key Principle, this includes co-design of variations of the model with key stakeholders, flexibility of the model to adapt to different environments and numbers of learners and ensuring that students, practice staff and academics are fully prepared to undertake peer learning within a coaching model. Furthermore, from the multitude of definitions included in the literature, a suggestion is made to articulate what Peer Learning means within the context of GM Synergy and drawing together the elements within this report, Table 5 forms the beginning of a GM Synergy framework for Peer Learning.

#### 2.0 Literature Search

A literature search was undertaken to discover the extent of health care student related peer learning research. Articles were critically selected for their relevance, availability and comparability to UK health programmes and clinical learning structures. Fourteen papers are presented below in a synthesis table (Table 1) and are available in full upon request.



#### Table 1 Peer Learning Literature Synthesis

Authors	Country	Methods	Sample	Model	Findings
Brannagan, K.B.,	US	Mixed	230 nursing	Clinical Skills Lab	Results indicated positive
Dellinger, A., Thomas,		methods	students		response from the peer tutors
J., Mitchell, D., Lewis-				Two groups	
Trabeaux, S. and Dupre,		quantitative	179 first year		No statistically significant
S., 2013. Impact of peer		intervention	nursing	1. received peer	differences for
teaching on nursing		design and	students and	teaching plus	knowledge acquisition and self-
students: perceptions of		qualitative	51 third year	faculty instruction	efficacy beliefs between the
learning environment,		survey	nursing	(intervention	intervention and control groups
self-efficacy, and			students	group)	
knowledge. <i>Nurse</i>					Peer learning did not decrease
education				2.received faculty	anxiety or improve self-efficacy
<i>today, 33</i> (11), pp.1440-				instruction only	
1447.				(control group).	



Christiansen, A. and Bell,	UK	An	54 nursing	Placement	Peer learning partnerships can
	UK		0	rideement	
A., 2010. Peer learning		interpretive	students		support first year students in
partnerships: exploring		qualitative		Peer learning	their transition to nursing by
the experience of pre-		design.		partnerships	helping to reduce anxiety often
registration nursing				facilitated by	experienced by students in
students. Journal of		Focus group		mentors in clinical	their first clinical placement
Clinical Nursing, 19(5-		interviews		practice	reducing the factors that have
6), pp.803-810.					an impact on attrition.
					Also, can help students gain
					confidence and readiness for
					mentorship and supervision
Christiansen, B., Bjørk,	Norway	Exploratory	Nursing	Clinical Skills Lab	Enhanced practical skill
I.T., Havnes, A. and		qualitative	Data collection		learning in 1st year students
Hessevaagbakke, E.,			was repeated in	peer learning	
2011. Developing		video	2006 (23	partnerships:	Developed competence in
supervision skills		recording	students) 2007	3rd year students	supervision in third year
through peer learning				as tutors, and 1st	students.



partnership. Nurse		focus group	(26 students)	year students as	
education in		interviews	and 2008 (26	tutees during	
<i>practice</i> , <i>11</i> (2), pp.104-			students)	practical skill	
108.				learning.	
Goldsmith, M., Stewart,	Australia	Quantitative	Nursing	Clinical Skills Lab	75% of first year students
L. and Ferguson, L.,		evaluation			and 97% of third year students
2006. Peer learning		Questionnaire	115 year 3	Learning	indicating a positive learning
partnership: An			185 year 1	Partnerships	experience
innovative strategy to				Year 3 teaching	
enhance skill acquisition				skills to year 1 in	
in nursing				skills lab	
students. Nurse					
Education Today, 26(2),					
pp.123-130.					
Lynam, A.M., Corish, C.	Republic	Pilot study	Dietetics	Placement	Practice educators require
and Connolly, D., 2015.	of				more practical information on
Development of a	Ireland			Collaborative peer	the implementation of a 2:1
framework to facilitate a				learning 2 students	model, particularly the



collaborative peer				to 1 educator (2:1	facilitation of the peer feedback
learning 2: 1 model of				model).	process.
practice placement					
education. Nutrition &					
<i>Dietetics, 72</i> (2), pp.170-					
175.					
Martin, M., Morris, J.,	UK	Qualitative	6 Occupational	Placement	All three models provide
Moore, A., Sadlo, G. and		Face-to-face	Therapy and		valuable benefits for both the
Crouch, V., 2004.		semi-	8	Comparison of 1:1,	students and the educators.
Evaluating practice		structured	Physiotherapy	2:1 and 3:1	The 2:1 model appeared to be
education models in		interviews	students	models of practice	the most successful overall.
occupational therapy:				education	
Comparing 1: 1, 2: 1 and					Peer support and peer learning
3: 1 placements. British					a great advantage, students on
Journal of Occupational					the 1:1 placements missed this
<i>Therapy, 67</i> (5), pp.192-					companionship.
200.					
McKenna, L. and French,	Australia	Mixed	105 year 3 and	Clinical Skills Lab	A mutually positive experience.
J., 2011. A step ahead:		methods	112 year 1		



Teaching undergraduate	evaluation.	nursing	As part of the	Some first year students did
students to be peer	Validated	students	summative	report discrepancies between
teachers. Nurse	questionnaires		assessment, third	peer teachers had presented
Education in	and focus	(8 year 3 in	(final)	though this may be due to
Practice, 11(2), pp.141-	groups	focus groups)	year students	differing learning styles
145.			taught vital signs	
			in first year skills	
			laboratories.	
Morris, J. and Stew, G., UK	qualitative	13 educators	Placement	Practice educators required
2007. Collaborative	approach.	and 18 third		sufficient preparation and
reflection: how far do 2:		year	2:1 collaborative	training to facilitate the model.
1 models of learning in	Face to face	physiotherapy	models of	Opportunities for reflection with
the practice setting	semi-	students	physiotherapy	their peer were increased
promote peer	structured		practice education	
reflection?. Reflective	interviews and			
<i>Practice</i> , <i>8</i> (3), pp.419-	focus group			
432.	interviews			



Pålsson, Y., Mårtensson,	Sweden	Quasi-	70 nursing	Placement	Peer learning improves self-
G., Swenne, C.L., Ädel,	China	experimental	students		efficacy to a greater degree
E. and Engström, M.,				Two groups	than traditional supervision
2017. A peer learning				1. Half traditional	methods
intervention for nursing				supervision & half	
students in clinical				peer learning	
practice education: A					
quasi-experimental				2. Traditional	
study. Nurse Education				supervision only	
<i>Today, 51</i> , pp.81-87.					
Ramm, D., Thomson, A.	UK	Qualitative	19 nursing	Clinical Skills Lab	Peer teaching is a valuable
and Jackson, A., 2015.		questionnaire	students		strategy for developing clinical
Learning clinical skills in				Skills lab year 3	skills and preparation for real-
the simulation suite: the				teaching year 1	life scenarios
lived experiences of					
student nurses involved					
in peer teaching and					
peer assessment. Nurse					



<i>education today</i> , <i>35</i> (6), pp.823-827.					
Roberts, D., 2008.	UK	Interpretive	15 nursing	Placement	Friendships, peer support
Learning in clinical		ethnographic			students stick together
practice: the importance		qualitative		Participant	Create own community (of
of peers. <i>Nursing</i>		research		observation in	practice)
Standard (through		study		clinical practice	Survival skills, demonstrate
<i>2013), 23</i> (12), p.35.					clinical skills to each other
Sevenhuysen, S.L.,	Australia	Development	15	Placement	Inclusion of the Clinical
Nickson, W., Farlie,		of a peer	Physiotherapy		Educators in developing the
M.K., Raitman, L.,		assisted	clinical	Development of a	model from the outset
Keating, J.L., Molloy, E.,		learning	educators	peer assisted	increased their buy in and
Skinner, E., Maloney, S.		model		learning model by	confidence to facilitate the
and Haines, T.P., 2013.				clinical educators	model in practice
The development of a				for use in	
peer assisted learning				placements	
model for the clinical					
education of					



physiotherapy					
students. Journal of Peer					
<i>Learning, 6</i> (1), p.4.					
Sevenhuysen, S., Farlie,	Australia	Qualitative	24	Placement	Benefits of Peer-assisted
M.K., Keating, J.L.,		study utilising	physiotherapy		learning include;
Haines, T.P. and Molloy,		focus groups.	students and	Facilitated peer-	
E., 2015. Physiotherapy			12 clinical	assisted learning	Reduction in the students'
students and clinical			educators	(PAL) activities	anxiety
educators perceive				compared to a	
several ways in which				traditional paired	Enhances feelings of safety
incorporating peer-				teaching approach	reduces educator burden
assisted learning could					
improve clinical					Builds professional skills
placements: a					including collaboration
qualitative					and feedback.
study. Journal of					
Physiotherapy, 61(2),					It is not a substitute for
pp.87-92.					observation of the clinical
					educator, expert feedback and



					guidance, or hands-on learning activities.
Stenberg, M. and Carlson, E., 2015. Swedish student nurses' perception of peer learning as an educational model during clinical practice in a hospital setting—an evaluation study. <i>BMC</i> <i>nursing</i> , <i>14</i> (1), p.48.	Sweden	Mixed methods questionnaire	62 (year one) and 73 (year three) student nurses.	Placement 2:1 model same educational level	Mainly beneficial to students but identifies some key negative aspects; Students not feeling properly prepared to teach a fellow student Students competing for the preceptor's attention and opportunities to perform nursing interventions Students with different learning styles



#### 3.0 SWOT Analysis of peer learning literature findings

Key findings from each of the papers above are included in a SWOT analysis (Table 2). This clearly identifies learning from each of the models studied which must in turn be included in the development of the GM Synergy Key Principle of Peer Learning.

#### Table 2 SWOT Analysis

Strengths	Weaknesses
Results indicated positive response from the peer tutors	No statistically significant differences for knowledge
	acquisition and self-efficacy beliefs between the intervention
Peer learning partnerships can support first year students in	and control groups
their transition to nursing by helping to reduce anxiety often	
experienced by students in their first clinical placement	Peer learning did not decrease anxiety or improve self-
reducing the factors that have an impact on attrition.	efficacy



Also, can help students gain confidence and readiness for	Practice educators require more practical information on the
mentorship and supervision	implementation of a 2:1 model, particularly the facilitation of
	the peer feedback process.
Enhanced practical skill learning in 1st year students	
	Some first year students did report discrepancies between
Developed competence in supervision in third year students	peer teachers had presented though this may be due to
	differing learning styles
75% of first year students and 97% of third year students	
indicating a positive learning experience	Practice educators required sufficient preparation and training
Peer support and peer learning a great advantage, students	to facilitate the model.
on the 1:1 placements missed this companionship.	Students not feeling properly prepared to teach a fellow
	student
A mutually positive experience.	
	Students competing for the preceptor's attention and
Opportunities for reflection with their peer were increased	opportunities to perform nursing interventions
	Students with different learning styles
Peer teaching is a valuable strategy for developing clinical	
skills and preparation for real-life scenarios	



Friendships, peer support students stick together	
Survival skills, demonstrate clinical skills to each other	
Reduction in the students' anxiety	
Enhances feelings of safety	
Reduces educator burden	
Builds professional skills including collaboration	
and feedback.	
Threats	Opportunities
It is not a substitute for observation of the clinical educator,	Inclusion of the Clinical Educators in developing the model
expert feedback and guidance, or hands-on learning	from the outset increased their buy in and confidence to
activities.	facilitate the model in practice



All three models provide valuable benefits for both the
students and the educators. The 2:1 model appeared to be
the most successful overall.
Peer learning improves self-efficacy to a greater degree than
traditional supervision methods
Create own community (of practice)

#### 4.0 Definitions of Peer Learning

A range of differing concepts relating to "peers" appear in the literature surrounding health care students. Researchers have investigated the impact of "peer learning", "peer teaching", "peer support" and "peer mentoring" on students in clinical practice, and often the terms overlap. The term utilised in the literature search and therefore examined above however, is "Peer Learning." The decision to specify this term was made due to the definitions found in the literature which demonstrate the comprehensive nature of peer learning.

**4.1** From the definitions in Table 3, a suggestion is made that GM Synergy Coaching Model Key Principle is **"Learning with and from each other,"** this phrase encapsulates the inclusivity of all stakeholders as learners.



#### Table 3 Definitions of peer learning

'Peer learning', construed as a 'two-way reciprocal learning activity' and should "involve the sharing of knowledge, ideas and experience" (Boud *et al.*, 2001),

Peer assisted learning is described as an umbrella term for a group of strategies that include cooperative learning, collaborative learning and peer coaching (Ladyshewsky 2000).

Peer learning in higher education involves students learning from and with each other in both a formal and informal way (Boud, 2001). Slavin (1990) emphasizes the life-long aspects of peer learning, particularly fostering skills or attributes such as: collaboration and teamwork, critical enquiry and reflection, communication skills and learning to learn.

'two or more students working collaboratively under the supervision and guidance of one primary instructor' (Rindflesch et al 2009)

Peer learning is defined by Topping (1996) as "People from similar social groupings, who are not professional teachers, helping each other to learn and learning themselves by teaching" (p. 322).



Defined by Boud (2001, p. 4) as 'Students learning from and with each other in both formal and informal ways' and by Topping (2005, p. 631) as 'The acquisition of knowledge and skill through active helping and supporting among status equals or matched companions.

#### 5.0 Peer Learning Framework

Taking key learning from the SWOT analysis that **preparation**, **flexibility and shared ownership** are the bedrock upon which the framework needs to be founded in order to succeed.

#### Table 4 Peer Learning Framework

Peer Learning Framework	
"GM Synergy, learning	with and from each other"
Inclusive	Designed and owned by Students, Practice staff and Academics



Prepared	Students
	Practice staff
	Academics
Flexible	One size doesn't fit all.
	Practice Learning Environment, Skills Lab or Classroom
	2:1, 3:1, group learning
Facilitated	Practice staff and / or Academics
Reflection	Group, individual, directed, self-directed