Student Perception About Peer-Assisted Learning Sessions in a Medical School in Nepal

Corresponding Author:
Dr. P Ravi Shankar,
Professor, Medical Education, Pharmacology, KIST Medical College, PO Box 14142, Kathmandu - Nepal

Submitting Author:
Dr. P Ravi Shankar,
Professor, Medical Education, Pharmacology, KIST Medical College, PO Box 14142, Kathmandu - Nepal

Article ID: WMC002370
Article Type: Case Report
Article URL: http://www.webmedcentral.com/article_view/2370
Subject Categories: MEDICAL EDUCATION
Keywords: Interactive learning, Nepal, Peer-Assisted Learning, Student, Student teachers

How to cite the article: Shankar P, Singh B, Singh A K, Karki B S, Thapa T P. Student Perception About Peer-Assisted Learning Sessions in a Medical School in Nepal. WebmedCentral: Education in Medicine Journal 2011;2(10):WMC002370

Source(s) of Funding: There was no funding for this study

Competing Interests: None declared

Additional Files:
Letter

Education in Medicine Journal is an associate journal of Webmedcentral.
Student Perception About Peer-Assisted Learning Sessions in a Medical School in Nepal

Author(s): Shankar P, Singh B, Singh A K, Karki B S, Thapa T P

Abstract

The manuscript describes feedback from first year students about learning sessions conducted by third year students. Seventy-five students completed the questionnaire. The common feedback obtained were the sessions concentrated on must know areas (36 respondents), the learning environment was friendly (21 respondents), and students learned how to answer exam questions (12 respondents).

Introduction

Physicians play an important role as communicators and educators to patients [1]. Society has a high expectation from doctors in the roles of teachers and educators and students should be allowed adequate time and opportunity to practice and develop this skill during medical school. The rationale for the practice of peer teaching has been mentioned as reducing teaching pressure for the faculty, providing education to students at their own cognitive level, creating a comfortable and safe educational environment, offering students alternative motivation and another study method, preparing doctors for their future role as educators, and sustaining medical education in settings with severe resource constraints among others [2]. Topping has defined peer assisted learning (PAL) as ‘people from similar social groupings who are not professional teachers helping each other to learn and learning themselves by teaching’ [3].

KIST Medical College (KISTMC) is a medical school affiliated to the Institute of Medicine, Tribhuvan University in Lalitpur district of Nepal. The college at present has three batches of undergraduate medical (MBBS) students. The major method of course delivery is didactic lectures. The institution however uses small group teaching-learning methodology during certain sessions [4] and also conducts a medical humanities module for all first year medical students [5].

PAL is informally used in various medical schools in Nepal. We did not however, come across descriptions of PAL in Nepal in the literature on doing a Pubmed and Google scholar search. Hence the present study was conducted with the following objectives: a) to obtain student perceptions about the sessions using a Likert-type scale b) compare scores according to selected demographic characteristics of respondents and c) to obtain suggestions for further improvement of future sessions.

Two third year medical students (BS, AKS) conducted interactive learning sessions for first year students during the last week of March and first two weeks of April 2011. The first year students had just completed the Basic Concepts module and were preparing for the end of module exams. The session for each subject was of 2 hours duration and the number of students was 25 for some sessions and 50 for others. The sessions concentrated on revising concepts of the module and preparing students to answer theory question papers.

At the end of the last session student feedback about the PAL sessions was obtained using a questionnaire. First year students were explained the aims and objectives of the study and invited to participate. Written informed consent was obtained. Student agreement with a set of 20 statements was measured using a Likert-type scale. They also provided an overall grading of the sessions. Two things which students enjoyed about the sessions, two suggestions to further improve the sessions and an important suggestion for student facilitators was collected. The median total score of the 20 statements was calculated and compared among different subgroup of respondents (p

Seventy-five of the 100 students (75%) completed the questionnaire. Thirty students (40%) were male and 43 (57.3%) were female while two did not indicate their gender. The median total score was 78 (maximum possible score 100). Table 1 shows the total score according to the gender and method of financing of medical education of respondents. The median score was significantly higher among female students. The median overall score was 8 (maximum possible score 10). Table 2 shows the overall grading of the sessions according to demographic characteristics of respondents. There were no significant differences according to gender or method of financing.

Things which students enjoyed about the sessions were the sessions concentrated on must know areas (36 respondents), the learning environment was friendly (21 respondents), students learned how to answer exam questions (12 respondents), and...
students learned how to prepare for the examinations (11 respondents). The student teachers also had good presentation skills (12 respondents). Among the suggestions to further improve the session were more time can be allotted for similar sessions in future (35 respondents), similar sessions can be conducted in future (14 respondents), session should also be conducted in Community Medicine (12 respondents) and there should be greater interaction during the session (4 respondents). The percentage of students who provided free text comments was small.

PAL is an exciting teaching-learning method and has the benefits of increasing teaching skills of students, their knowledge of educational theories and their application in teaching [6]. In a study conducted at the University Medical Center, Utrecht, Netherlands and Uniformed Services University in the United States, majority of students agreed that peer teachers performed well in their teaching roles and can serve as effective teachers [7]. Peer teachers are closer to the students than faculty and can better understand the problems and challenges students face. Also being at a closer level in education and training they can explain difficult concepts at an appropriate level [7]. These were also noted in our study.

The weakness noted were the lower knowledge level of student teachers [7], and they were often more nervous. These were also noted in our study. There was a faculty member acting as an observer during the sessions whose feedback suggested students were attentive and focused throughout the session and there were no major disciplinary problems.

Our study had limitations. Only two students volunteered as peer teachers. Only one session was conducted in each basic science subject. Study feedback was obtained by noting their degree of agreement with a limited number of statements in a questionnaire. Other methods were not considered. Only 75% of students completed the questionnaire.

The feedback suggests that peer teaching can be an effective method of learning and can be considered in future. Further studies are required. Peer-assisted learning can be tried in other medical schools in Nepal and other developing countries.

References

Illustrations

Illustration 1

Tables

Table 1: Total median score according to the gender and method of financing of medical education

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Median score (Interquartile range)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>74.5(8.75)</td>
<td>0.002</td>
</tr>
<tr>
<td>Female</td>
<td>79 (9)</td>
<td></td>
</tr>
<tr>
<td>Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship</td>
<td>75 (13.5)</td>
<td>0.345</td>
</tr>
<tr>
<td>Self-financing</td>
<td>78 (10.75)</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Overall median score according to the gender and method of financing of medical education

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Median score (Interquartile range)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8 (1)</td>
<td>0.103</td>
</tr>
<tr>
<td>Female</td>
<td>9 (1)</td>
<td></td>
</tr>
<tr>
<td>Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship</td>
<td>8.5 (2)</td>
<td>0.840</td>
</tr>
<tr>
<td>Self-financing</td>
<td>8 (1)</td>
<td></td>
</tr>
</tbody>
</table>
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