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

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

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Abstract

Background: Peer-assisted learning has been informally used in medical schools in Nepal. The manuscript describes feedback from first year students about learning sessions conducted by third year students.

Methods: 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 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. Student opinion was studied using a questionnaire.

Results: Seventy-five of the 100 students (75%) 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).

Conclusions: The feedback suggests that student perception of peer teaching was positive and more sessions can be considered in future. Further studies are required.

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. An article mentions about peer example during postgraduate orthopedic training in the country [6]. However, the article mainly deals with ward teaching by senior residents and by senior postgraduates to their juniors. As previously stated informed PAL is common in Nepalese medical schools. 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.

Methods

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

Results

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.

Discussion

The median total scores was 78 (maximum score 100) which indicates that students’ perception of the PAL sessions was positive. The overall median score was 8 (maximum score 10) which again shows students’ perception of the sessions to be positive.

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 [7]. 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 [8]. 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 [8]. These were also noted in our study. Peer instructor was previously shown by others to be as effective as approved clinical instructor, and had an advantage in the presence of less pressure, embarrassment, and anxiety in performing psychomotor skills. Peer instructors may be used in practice to reinforce and review the initial instruction to get a psychomotor skill in orthopedic assessment [9]. Students are more open with peers and more likely to share their difficulties and concerns.

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 scores obtained were not compared with those of non-peer learning sessions.

Conclusion

The feedback suggests that student perception of peer teaching was positive and more sessions 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

3. Topping KJ. The effectiveness of peer tutoring in
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>Male 8 (1)</td>
<td>0.103</td>
</tr>
<tr>
<td></td>
<td>Female 9 (1)</td>
<td></td>
</tr>
<tr>
<td>Financing</td>
<td>Scholarship 8.5 (2)</td>
<td>0.840</td>
</tr>
<tr>
<td></td>
<td>Self-financing 8 (1)</td>
<td></td>
</tr>
</tbody>
</table>
Illustration 2

Questionnaire

Student perception about peer-assisted learning sessions

Gender: Male/Female Scholarship/Self-financing Occupation of parents:

For the following statements indicate your degree of agreement using a Likert-type scale

(Score according to the following criteria: 1 = strongly disagree with the statement, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree)

1. The senior students succeeded in creating a friendly and non-threatening atmosphere during the sessions.
2. I was completely satisfied with the sessions.
3. The student teacher was successful in integrating the session with my previous knowledge base in the subject.
4. After attending the sessions I am aware of ‘must know’ areas in the subjects discussed.
5. The emphasis should not have been on answering exam questions during the sessions.
6. The teachers could not maintain discipline during the sessions.
7. Answering MCQs and short answer questions was a good method of learning.
8. Having a faculty member observing the sessions quietly sitting in the background was a good idea.
9. I was less inhibited interacting with a senior than with a faculty member.
10. I felt the sessions were a waste of time.
11. The student teachers were able to provide practical advice on answering questions.

12. I feel student teachers do not have adequate knowledge and experience to teach other students.

13. The sharing of experience regarding how to study and how to answer questions is very much appreciated.

14. Senior students are in the best position to guide junior students.

15. The student teachers were able to successfully supplement the efforts of the faculty members.

16. The time duration allotted to the session was just right.

17. The student teachers could have used activities intermittently during the session.

18. I feel the sessions will improve my performance in the exams.

19. The session was not properly organized.

20. I would like similar sessions in future.

**My overall grading of the session** Kindly use a whole number between 1 to 10. (1 being least and 10 being most effective)

**TWO things which I enjoyed about the sessions:**

**TWO suggestions to further improve the sessions:**

**An important suggestion to the student facilitators:**

Any other comments (please use the back of the sheet)

Thank you for taking the time to fill the questionnaire!
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