**Peer learning: Exploring the concept and its place in nursing.**

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Introduction:

This section will explore the concept of peer learning and will provide some examples of formal peer learning that you might wish to use in your clinical area. Student nurses particularly value informal peer learning that takes place in the clinical area and they are likely to make use of fellow students in order to learn whether you have planned this as a mentor or not. The clinical environment is a fast-paced workplace; one which you as a qualified nurse and mentor may be very familiar with; but which student nurses may find overwhelming; within the clinical environment learning can take place through hierarchical relationships (staff nurse/mentor and student) and relationships between peers (student/student). Students need help to make sense of the environment in which they are placed; and peers are often seen as a useful and non-threatening source of support and information. Peer support and peer learning are inextricably linked. Clinical support and in particular practice placement mentors are important factors associated with rates of completion of pre registration nurse education programmes (Crombie, Brindley, Harris, Marks-Maran and Morris Thompson 2013).

Aims of the Chapter:

- To provide some definitions of peer learning.
• To describe the importance of planned or formal peer learning and unplanned and informal peer learning in helping student nurses to learn in clinical practice.

• To examine the benefits of peer learning.

• To help you to identify appropriate peer learning opportunities within your own setting.

• To help you to plan for successful use of peer learning.

The global standards for the initial education of professional nurses and midwives (WHO 2009), emphasise the promotion of progressive education and lifelong learning. The document goes on to state that the primary focus of quality education and care should be the interaction between student and recipient of care. Therefore, it is important to state that any form of peer learning should not take place in isolation but should always include the patient and their direct care. That said, if mentors and placements prepare well for peer learning, and provide good feedback for leaners then this may be a mechanism to help students to meet the global competencies listed in point 1.2.2 on page 21 of the document.

Definitions: What is peer learning?

Peer learning refers to a broad and complex group of activities (Boud 2001). Two definitions of peer learning are included here:

“The use of teaching and learning strategies in which students learn with and from each other without the immediate intervention of a teacher” (Boud, Cohen and Sampson. 1999 p413).

Topping (2005) provides the following definition: “the acquisition of knowledge and skill through active helping and supporting among status equals or matched companions. It involves people from similar social groupings who are not professional teachers helping each other to learn and learning themselves by so doing” (p631).
Exercise: Think back to when you were a student nurse and try to remember whether you learned from your fellow students and if so, what forms did that learning take? Compare your thoughts to the definitions provided here.

Boud (2001 p 3) goes on to say that “students learn a great deal by explaining their ideas to others and by participating in activities in which they can learn from their peers. They develop skills in organizing and planning learning activities, working collaboratively with others, giving and receiving feedback and evaluating their own learning.” Hence peer learning is becoming increasingly important within higher education. Peer learning also has potential to enhance clinical learning for student nurses and should be a part of the repertoire of mechanisms that mentors use to help students to learn in and through clinical practice.

Other similar terms that you might be familiar with or have read about include “cooperative learning,” “mentoring,” “peer review learning,” “peer coaching,” “peer mentoring,” “problem-based learning,” and “team learning” (Stone, Cooper and Cant 2013: 1) peer assisted learning; peer mentorship or peer coaching; and the terms are often used interchangeably. It is perhaps important to distinguish between collaborative learning and peer learning; although both are quite similar. Collaborative learning is characterised by students working together in small groups (usually in the classroom) to discuss concepts or ideas and where they try to find solutions to problems. Effectively they are learning with each other. Peer learning usually involves one student leading another through a concept or practice and is acting as teacher, to inform the other peer learner; the roles are interchangeable but peer learning is characterised by learning from each other. Therefore, learning from another could be a particularly useful amongst student nurses when they are in clinical practice; as long as the process is considered and well managed.
Why is peer learning an important part of practice based learning?

Student nurses learn from each other (peers) in both classroom and clinical settings. Indeed student nurses may be very familiar with peer learning, as some Universities use this strategy to help students to learn clinical skills within classrooms or clinical skills laboratories. You might want to check with your University or education partners to see if peer learning is used within other aspects of the curriculum. For further information on ways in which peer learning can be used within classroom settings you could obtain the following papers:


The process of learning from each other can be both formal (in other words structured and planned as part of the curriculum) and informal whereby students will naturally converge together for the purpose of learning from each other (Roberts 2007). In terms of being a mentor who supports student nurses to learn in and through clinical practice; it may be helpful to have an understanding of the mechanism of peer learning because you might wish to deliberately use peer learning as a strategy to help students to learn from each other. Even if you do not wish to use this formal mechanism, a working knowledge of peer learning is still helpful because the evidence suggests that students will naturally converge together in order to learn informally from their peers in clinical practice. Whilst taking on the mantle of mentor tends to be something that nurses undertake after they are qualified; some authors suggest that the concept and skills of being a mentor should be introduced as part of the initial preparation to become a nurse (McCloughlen, O’Brien and Jackson 2014, and Christiansen and Bell 2010). Indeed some evidence suggests that students take on some aspects of the role of the mentor towards the end of their initial pre registration programme as they
are able to project an image of being a qualified nurse and in turn, other students legitimise this role and see them as useful resources (Roberts 2007).

Making planned and formal use of the theory of peer learning in clinical practice can be a useful strategy to use as a mentor with students on clinical placement. Peers can support each other’s learning in a reciprocal relationship. Whilst you might think of peer learning in terms of passing on clinical skills, there is evidence to suggest that peer can also pass on other important information which students find helpful. Christiansen and Bell (2010) conducted a study with 54 students who had participated in a formal peer learning partnership facilitated by mentors in the UK and found that this approach was a successful strategy to support the new students transition into the clinical setting; for the more experienced students the peer mentoring enhanced their confidence and provided them with a heightened readiness for both mentorship and being a qualified nurse (Christiansen and Bell 2010). In their study peer support was maximised as third year students were allocated to a practice area with a first year student. The expectation was that the third year student would begin to take on the role of the mentor in supporting clinical learning in preparation for being a newly qualified role where the role would be formalised. During the placement the students were supervised by a qualified nurse mentor. The mentor facilitated the learning partnership between the students and provided them both with support and feedback. In this study the tripartite agreement between mentor, senior student and junior student was formalised through the use of a learning contract with clear role articulated and clear role boundaries for the students to work to. So it is important to remember that if you would like to make use of a formal system of peer learning; that both junior and senior students will require some preparation for their respective roles. In addition, it should be remembered that students (even senior students) are not yet qualified nurses and are not yet subject experts; so any learning that takes place should be closely monitored and checked by you as the mentor. Previous work also shows that not all peer learning is good or correct learning; as students are not always in a position to be able to judge (Roberts 2007).
Exercise: Start to think about the preparation that students would need in order engage in peer learning where you work (You might want to do this with your team). What aspects of learning collaboratively could students engage in safely in your area of clinical practice? You should also start to consider the preparation that you and your colleagues as mentors would need to ensure that you understand peer learning and are clear about your role and responsibilities.

Informal peer learning is seen as valuable by students as only other students have that then and there knowledge of what it is like to be a student. McCloughen, O’Brien and Jackson (2014) in their Australian study suggest that student nurses demonstrate collegiality and effectively mentor each other. The thirteen participants in the study said that there was a sense of collective mentorship as they worked closely together in a “supportive and nurturing manner, helping each other to develop a passion for nursing and an ability to stay committed” (p305). Many of the benefits of informal peer learning are associated with friendship and being able to ask questions without appearing foolish (Roberts 2009). The workplace environment produces unplanned informal learning opportunities for students all the time, and although the learning that ensues might be at a subconscious level the importance of such learning should not be overlooked (Eraut 1994). Eraut goes on to say that whilst students might feel unsure of asking questions of a senior nurse for fear of being labelled a weak student; this fear is not evident when asking questions of peers. In their discussion paper Ousey and Johnson (2006) explain that ward culture can be characterised by the language used by staff and that often the language used within a practice area can exclude or marginalize the student group, creating what Ousey and Johnson refer to as a ‘them and us’ situation (p154). Hence, they argue, it is important for the students to learn clinical skills and understand the ward routine. The students want to fit in without asking too many questions (Ousey and Johnson 2006). It could be argued that asking other students is likely to result in students developing a shared language and understanding.
Students may need some help to perceive informal learning as useful; if left entirely to their own devices, students will naturally converge together and engage in informal peer learning; but they may not necessarily see any value in this learning. Without the support of another to frame and debrief the experience; the importance of the learning may become lost or seen as insignificant. This point is elaborated on by Northedge (2003) who explains that students often find the specific language of clinical practice very difficult to understand. There are often things which are said (and indeed things which are assumed and not said) which form important frames of reference; and if students lack understanding they will miss the important cues contained within the specific language. This is particularly true in terms of the specialist language or discourse that is often associated with clinical practice; this language can often frighten and alienate newcomers and students (and patients). Therefore, as a mentor you can help the students to understand the language of your ward, unit or service. Formalised peer learning whilst working with the close supervision of a mentor who can help the learners to see the significance of the learning is valuable.

Exercise: Start to think about how you might ask student peers to pass on relevant unwritten rules about your ward or unit; then consider how you will get students to feedback their learning to you so that you can evaluate and monitor their activity. Are there natural breaks in activity where you could bring students together in order to facilitate some peer learning?

Peer learning is reciprocal.

One of the key benefits of peer learning whether it is formal or informal, is that it is reciprocal; in other words; both parties can benefit from engaging in peer learning. The evidence from a systematic review concludes that peer learning is effective in developing communication skills, critical thinking and self-confidence (Stone, Cooper and Cant 2013). The process of teaching another reinforces your own learning (Roberts 2007, Christiansen and Bell 2010, McCloughlen, O’Brien and Jackson 2014). Christiansen and Bell (2010) state that “sharing the responsibility for the development of another, if successful, brought affective gains to the senior learner who acted as facilitator”
The students who acted as peer teachers were able to see that they had more knowledge than they had initially thought, and this in turn reinforced their confidence and made them realise that success was an outcome of their own efforts. In turn the junior students passed on positive verbal feedback to their peer teachers; making them feel good about the work that they had done further enhancing personal growth.

In a study conducted in Australia, McKenna and French (2011) used the clinical skills laboratory to encourage senior students in their final year to teach physiological vital signs to first year students as part of a summative assessment designed to prepare them for becoming a qualified nurse and having to teach in the clinical setting. The “third year students reported increased confidence in their knowledge and teaching abilities, reflected on their own learning and found the experience rewarding, acquiring skills they considered would be helpful in graduate years. Many suggested there should be more opportunities for such types of learning and interaction. First year students reported feeling comfortable learning skills with senior peers, as well as being able to learn from their experiences. Overall, both groups recognised strongly that teaching was part of nurses’ roles” (McKenna and French 2011. p141). Although this study was not conducted in clinical practice the principles may be transferrable to the clinical setting and you might like to think about how you could incorporate such peer learning where you work.

What can peers learn from each other?

Peer learning can take place in both classroom and clinical areas. Campbell (2015) found that support from peers (termed buddies) was useful in relation to travelling to placements and for clarifying professional expectations in placement areas. In her pilot study in one university in the UK, with students undertaking the children’s nursing course, a buddy was a second year nursing student who was allocated up to three first year students to buddy. The pilot scheme aimed to provide ongoing support to students so that their experience was enhanced, and used second year students to support first year students. Inter-student contact was facilitated by a range of mechanisms
including face to face support, email and social media. The university introduced the scheme in order to try and reduce the numbers of students leaving the programme in the first year. In this pilot study the support mainly took the form of questions about placement and making up placement hours, how to access the intranet (the local system within a hospital), travel claims and social life on campus. However although the buddy system was there, the first year students found that they did not require the support of a second year buddy in the medium to long term and contact soon dwindled. The impact on student attrition is yet to be seen.

Exercise: Think about how you could ask students to provide peer learning as a means to orientate them to your placement; this might include travel information, shift times, special features of care delivery to look out for; or other things that the students have identified as important for new starters to the clinical placement.

Peers play a more important role in helping other students to settle into the real world of clinical practice passing on survival skills and teaching each other clinical skills. The clinical arena can be full of unwritten rules which it is important for students to learn; such as not starting a conversation during shift report (Roberts 2007). Peer learning is not just confined to more senior students teaching more junior students. Peers who have been on a ward or clinical area slightly longer are seen as having that placement specific knowledge, and therefore have the requisite knowledge of survival skills to pass on. Students teach each other clinical procedures based on what they have experienced themselves; all students see each other as knowledgeable and able to teach these skills; ability amongst the students is not necessarily associated with seniority (Roberts 2007). Students can also help each other to master clinical skills that might be specific to particular clinical areas. Students that have been on a placement slightly longer are able to help their less experienced counterparts by presenting tasks such as undertaking a wound dressing in a simplified yet structured way; coaching the less experienced student through the process and helping them to learn. So whilst students might find this kind of peer learning helpful, as the qualified nurse and mentor you should
always ensure that you are able to adequately supervise students and be aware of exactly what they are doing.

**Action point:** Remember that there is a possibility that students will learn bad habits from each other or may not necessarily have the knowledge or confidence to challenge poor practice in their peers. You have to be sure that the student assigned the peer teacher role is competent and capable of undertaking the activity in question. Effective supervision allows students to appreciate the significance of what they are doing and as a result they learn far more than just the technical aspects of care, furthermore, supervision and subsequent independent practice should always be educationally focused (Spouse 2001).

For a good example of the value of peer learning that exists in both the classroom and clinical practice, from Liverpool John Moores University in the UK, which they call the Student Mentoring Service. Take a look at this clip:

https://www.youtube.com/watch?v=d4tfViESOCE

Things to consider before implementing formal peer learning strategies:

Sampson and Cohen (2001 p22) provide a useful check list of things to consider before implementing formal peer learning. Whilst they are specifically talking about peer learning for a more general or classroom context, in most cases there is an application to peer learning in clinical practice (which are in italics after each point here). The WHO (2009) standards for global education also highlight the importance of successful partnership arrangements. It is also important to ensure good communication with academic partners as the items on this checklist demonstrate; learning occurs in both classroom and clinical area:
1. Context: Considering the context into which the peer learning practice is to be introduced. There may be problems and opportunities specific to the local context. You should think about your ward or unit and try to identify the specific areas where peer learning might be applicable or even discouraged. This might include aspects associated with the clinical environment itself, or geography of the ward or unit. There may be specific patient groups where using peer learning may not be appropriate or advisable; remember that patients will also need to receive an explanation of peer learning and be able to accept or refuse care from students.

2. Focusing on general goals and learning outcomes. Objectives – consider what you hope to achieve, in what domains. Peer learning can be effective for learning in cognitive (understanding), affective (feelings and emotions) and behavioural (actions and belief systems), but you need to identify what you might achieve through peer learning in these domains; and remember that not all peer learning will be positive; there is the possibility that students will learn the wrong practices from each other. This means that you should know at what stage of the curriculum the students are at; this will include the peer teachers and learners; are there any specific competencies that they could or should achieve whilst they are with you? You might need to develop close links with the education provider (usually the university) to ensure you get this right.

3. Ensuring congruence between the peer learning strategies and assessment tasks. Being a mentor in the UK, means that students are under continuous assessment so you might want to think about how you can help the peer teachers begin to refine their assessment skills. You might consider using peers to provide formative or practice assessments and peer feedback as preparation for when they will be assessed by you.

4. Consider resource implications. What resources will be required, and how will they need to be differentiated? Do the peer learners require access to specific equipment or learning resources and how available and accessible are these?
5. Preparation of students and staff for working with the particular peer learning strategies, their continuing roles and responsibilities. The students will need to be identified as peer teachers and peer learners for a formal system so you need to think about the way in which you will put students into pairs. You might look at learning styles, age and so on to help you to decide. Both peer teachers and peer learners will require some preparation for their roles; and again it would be useful to link with your education provider here to see if a partnership arrangement could be reached to ensure that everyone is fully prepared. You should also discuss your plans with other mentors and colleagues on your ward or unit so that everyone is familiar with the concept of peer learning and knows their role. You will also need to develop a mechanism for assuring the quality of peer learning: how will you observe, supervise, assess and evaluate the peer learning that takes place?

6. Managing the process. You will need to be clear about what you expect the peer teachers to do and may wish to draw on some pedagogical theory to ensure that the approach is more than one student just observing another. You might produce some role descriptions for peer teachers and learners. You could look at the work of Spouse on coaching or Banning and the Think aloud technique; or the work of Vygotsky and the Zone of Proximal Development (See further reading list).

How frequently, for how long, and where will the contact between peers occur? You need to think about the pragmatics of peer learning; for example, will you want the peers to work together for the whole shift with the expectation that learning will take place automatically as and when required? Or will you ask peers to work together on specific tasks? If so, what tasks might be appropriate in your context?

7. The introduction, support and evaluation of the peer learning process. The quality assurance of the process must be considered. How will you know if the peer learning is effective or acceptable to the learners? How can you ensure that everyone has an opportunity to be a peer teacher or learner?

You need to consider both the product and the process in terms of assessment; consider whether any of this should be self and/or peer assessment. This is also a good idea; you might want the peer
teachers to reflect on their skills and development as a future mentor or qualified nurse. If so, you should be prepared to provide some feedback on their reflection. Is there an opportunity for peers to assess the learning of their protégé? If so, is this likely to be formative or summative assessment?

You should also think about evaluation and whether peer learning is effective and working well. The education provider may be able to help you to design an evaluation process. Like some of the studies mentioned earlier in this chapter, you may be able to link your peer learning project to lower attrition rates or better student experience scores in collaboration with the education providers. Feedback is also an important aspect of evaluation, the peer learning pairs will require supervision and feedback on their development; it is not a replacement for effective supervision from a qualified nurse or mentor; this is just one aspect of clinical learning that you might want to employ; it should not be seen as the only form of learning. Mentorship is still of utmost importance.

Finally, Boud (2001) suggests that a high quality learning and teaching environment has to be constructed. It is important therefore to remember that clinical learning does not happen by itself; but rather it requires careful planning and execution.

Summary:

It may be helpful to read the recent RCN (2016) report from the rapid review of mentoring:

Royal College of Nursing 2015. RCN Mentorship project 2015. From Today’s Support in Practice to Tomorrow’s Vision for Excellence.


The report outlines some developments in peer mentoring. The report shows that peer and team based mentoring systems operating within a supportive organisational structure is more likely to be effective. The key evidence from the report demonstrates that peer mentoring (including ‘tiered’ mentoring, where senior students mentor junior students) is beneficial to both the mentor and mentee, and has shown positive learning outcomes which are linked to service outcomes. Peer
learning is at least as effective as classroom learning for improving important competencies in communication and critical thinking and also has benefits in terms of enhanced self-confidence. It has also been shown to strengthen leadership skills, improve staff retention and decrease anxiety (RCN 2016).

While valuable, peer mentoring alone, however, is not sufficient, and qualified, experienced mentors remain crucial. In all three named student nurse mentoring models covered here, qualified mentors were used in a one-to-many supportive role. University lecturers were not seen as suitable qualified mentors, because of cost and risk of a lack of up-to-date clinical experience. Rather, Clinical Facilitators with relevant clinical experience and protected time were favoured by students.

A conducive organisation context was found to be just as important as individual mentoring relationships. Organisations should support mentoring by developing strong partnerships between education and the service provider, and embedding support for mentoring policy” (RCN 2016: 27).

This Chapter has provided various definitions of peer learning as opposed to collaborative or small group learning. Peer learning is an important although sometimes forgotten or underestimated aspect of learning. Peer learning does have a place in clinical learning for student nurses as planned or formal peer learning and unplanned or informal peer learning in helping student nurses to learn in clinical practice. Informal peer learning will take place whether we are aware of it or not; as students naturally converge together to ask each other questions which might make them seem foolish if they ask a qualified nurse. Peer learning is reciprocal in nature and as such can have benefits for all parties involved. By now you should be starting to consider how you might use peer learning within your own setting.

References:


Stone, R., Cooper, S., and Cant, R. 2013. The Value of Peer Learning in Undergraduate Nursing Education: A Systematic Review. ISRN Nursing Volume 2013, Article ID 930901, 10 pages http://dx.doi.org/10.1155/2013/930901


Further reading:


