**Implementing a Peer Learning Experience for DPT Students**

**Instructions for Directors and Site
Coordinators of Clinical Education**

This document provides instructions on how to structure and implement a peer learning experience for DPT students. This peer learning model will require students to meet synchronously outside of their time spent in the clinic to enhance the clinical experience. The goal of this peer learning model is to assist students in providing support for each other so they can build clinical confidence.

1. **Inform Students**

Students should be informed of the peer learning experience in advance of their participation in a clinical rotation. The experience should not be mandatory, as some students prefer to learn independently. Students should be provided with an evidence-based background of the pros and cons of peer learning in the clinic. Examples are outlined below. Some of these “cons” may be mitigated by the implementation of peer learning outside the clinic, rather than using a 2:1 educational model within the clinical rotation itself.

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| **Pros** | **Cons** |
| Opportunities for collaborative learning1Supporting each other1Brainstorming ideas1Discussion of topics students feel uncomfortable discussing with a CI2Disagreements can result in the formation of new ideas3Paired or small group settings allow for “students who are typically quiet and reserved to share their thoughts and opinions”4Opportunities for reflection on personal knowledge4Reduce the burden of teaching from clinicians5Increases student retention in an academic program6Improves students’ time management skills7 | Competitive environment1Unequal individual time spent with CI1Personality clashes1Differences in learning styles1Differences in level of knowledge1 |

1. **Pair Selection**

Allow students to select their own pairs within their cohort. Consider only allowing pairs within the same clinical setting. Peer learning has shown some success when both students are participating in the same setting because it allows them to relate to each other’s experiences. Additionally, consider having each pair set a specific, recurrent meeting time for discussions in order to minimize potential procrastination and facilitate accountability.

1. **Provide Suggested Discussion Topics**

A peer learning experience should span the entire length of a clinical rotation to allow for the implementation of feedback received and sufficient time between discussions. Provide students with topics to discuss at regular intervals during the clinical rotation. This may be daily, weekly, biweekly, etc. The suggested questions should be tailored to relevant time points within the clinical. For example, begin with site orientation questions, progress to questions about goal setting and achieving, and conclude with questions about building independence and proficiency. Students should be encouraged to speak about topics beyond those assigned, as various topics of interest will arise in the clinic. Example questions are listed below:

**Beginning:**

* How was your site orientation?
* How are you getting along with your CI? Is your learning style suited to their teaching style? What can you do to further facilitate learning from your CI?
* How comfortable do you feel with this clinical setting? Is this a setting of interest for you?
* What new clinical knowledge have you gained so far?
* Describe your approach to taking a subjective history.
* What steps are you taking to familiarize yourself with the documentation system?

**Midterm:**

* Describe an interesting patient case you encountered and how you conducted the evaluation/treatment.
* What has been the biggest challenge lately?
* What ideas do you have to enhance your learning experience moving forward?
* How do you perceive your progression from Day 1 to the midpoint of this rotation?

**End:**

* How are you advocating for increasing your independence as a clinician?
* What are your goals from now through the end of this rotation?
* What area of patient care do you feel you have improved the most in? Why?
* If you could go back in time, what would you do differently in your approach to this clinical?
* What are your CI’s expectations of you as you enter the latter half of this clinical?
* What are your expectations of yourself as you enter the latter half of this clinical?
1. **Student Accountability**

Students can be held accountable for their peer discussions by requiring that they submit a short summary of topics they discussed each day, week, etc. Students should also be asked to specify how they communicated any challenges or frustrations to their CI, and how that information was received and acted upon by the instructor. Options for communication between students and CIs may be weekly meetings, emails, written feedback forms, etc. This submitted data will allow for analysis from the supervising program to understand when students need further assistance either personally or in specific areas of patient care.

1. **Debrief**

Time should be set aside for a supervisor to debrief with each student individually at the end of the rotation to understand how peer learning impacted their clinical experience. This subjective data can help a program adapt and mold the peer learning model to better suit students in the future.

**References:**

1. Alpine LM, Caldas FT, Barrett EM. Evaluation of a 2 to 1 peer placement supervision model by physiotherapy students and their educators. *Physiother Theory Pract*. 2019;35(8):748-755. doi:10.1080/09593985.2018.1458168
2. Ladyshewsky RK. Impact of Peer-Coaching on the Clinical Reasoning of the Novice Practitioner. *Physiotherapy Canada*. 2004;56(01):015. doi:10.2310/6640.2004.15341
3. Ladyshewsky RK. A quasi-experimental study of the differences in performance and clinical reasoning using individual learning versus reciprocal peer coaching. *Physiother Theory Pract*. 2002;18(1):17-31. doi:10.1080/095939802753570666
4. Burgess A, Haq I, Bleasel J, et al. Team-based learning (TBL): a community of practice. *BMC Med Educ*. 2019;19(1):369. doi:10.1186/s12909-019-1795-4
5. Burgess A, McGregor D. Peer teacher training for health professional students: a systematic review of formal programs. *BMC Med Educ*. 2018;18(1):263. doi:10.1186/s12909-018-1356-2
6. Jacobs S, Atack L, Ng S, Haghiri-Vijeh R, DellʼElce C. A peer mentorship program boosts student retention. *Nursing*. 2015;45(9):19-22. doi:10.1097/01.NURSE.0000470424.40180.a0
7. Secomb J. A systematic review of peer teaching and learning in clinical education. *J Clin Nurs*. 2008;17(6):703-716. doi:10.1111/j.1365-2702.2007.01954.x

Image: Establishing Effective Peer Learning Workflows | American College of Radiology. https://www.acr.org/Practice-Management-Quality-Informatics/ACR-Bulletin/Articles/February-2021/Establishing-Effective-Peer-Learning-Workflows. Accessed April 14, 2021.