Peer assisted learning: a planning and implementation framework

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The recent paper by Ross and Cameron describes a detailed planning and implementation framework for a growing area of interest and importance in medical education—peer-assisted learning (Ross & Cameron 2007). The authors have brought up several salient points with their well-referenced 24 question model; many of which could easily be overlooked when embarking on a PAL initiative.

I believe that this guide is of value to institutions that are planning on implementing peer-assisted learning and the authors are to be commended for their efforts. However, I would like to make some general comments and then highlight three additional issues, the latter which arguably were not the aim of this document. The reason for doing so is to help the reader to use this generally well-written guide. The three issues involve the importance of educational theory, a research agenda, and programme evaluation when planning and implementing a PAL (or other) medical education initiative.

In terms of general comments, I believe that the framework is helpful, though it’s also a bit difficult to synthesise from the questions listed. This is a 24 question framework and many of the specific questions are not easy to remember and thus the reader will likely need to write down or “carry” the list of questions; optimally the questions could be made easier to conceptualise and recall. Perhaps in the future, some of the questions could be revised into a more “portable” list. It’s also not completely clear how the answers to the questions are synthesised into a cohesive proposal; the questions are very helpful in terms of covering much of the needed content but a lot of re-writing and reorganisation appears to be needed, at least if such a proposal were to be written at my institution.

I believe that the following three additional points, should supplement, and not replace, the authors’ thoughtful approach to this topic.

Firstly, the theoretical underpinnings of an innovation are essential to understand when planning and implementing any initiative in medical education. This is not discussed in detail in this guide, and though several references are included to help the reader, I believe that more attention to this issue is needed. Medical Teacher has recently published a series of articles in the June 2007 edition that begin to address this topic which the reader is encouraged to review. Furthermore, a common language for PAL is needed, as too many terms exist in the current educational literature. A consistent language could facilitate collaborative research and learning from multiple fields to apply to PAL as well as related initiatives.

Secondly, the framework does not address the issue of research on this important topic. Admittedly, the authors are focusing on practicalities with their “planning and implementation framework”. I do believe, however, that without grounding planning and implementation into theory and considering potential research questions that could be answered with such an initiative, the field will only slowly (if at all) advance in this area. Furthermore, by understanding the theory and considering research question(s), the planners are more likely, in my opinion, to thoughtfully design and implement an initiative with attention to expected as well as unexpected potential outcomes.
The third point involves evaluation of the programme. Much of this guide’s important contributions involve what is often referred to as “inputs” or “needed resources” in the programme evaluation literature. Without thoughtful consideration of these inputs, the innovation is not likely to succeed, as the authors point out. I would also suggest that readers measure explicit process measurements (both individual trainee as well as programme, collected during the PAL innovation) and outcomes (trainee and programme measurements after the PAL innovation). These measurements can then be put into a framework for evaluating if success is achieved. Once such measurements are collected, the planners can analyse results for both statistical and functional significance. There are a number of articles that have been recently published regarding programme evaluation that the reader is encouraged to review. Programme evaluation is more than the sum of individual trainee evaluation; structuring one’s planning and implementation with evaluation and feedback in mind, success with the PAL innovation is arguably more likely to be achieved. I would also recommend that the reader reviews articles on individual learner evaluation and feedback which is also needed to construct a PAL initiative that will likely result in success.

In terms of inputs or needed resources, I think it would help the reader to further discuss funding streams that are potentially available for PAL work. This would include both funding streams within and outside of the institution. For example, is an inter-departmental initiative more likely to result in internal funding? If research is considered, what types of extramural funding may be available? Considering theoretical frameworks with an initiative and the potential research questions can foster reviewing what has been done in the field and may also help facilitate the need for multi-institutional PAL initiatives.

Finally, I would personally appreciate and welcome a pre-conference symposium, and/or plenary at an upcoming AMEE conference to address issues pertaining to PAL. Such an activity could help advance theory, set a research agenda, and foster needed multi-institutional and multi-disciplinary collaboration to advance our understanding of this important topic in medical education.

References:

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This AMEE Guide Supplement was published in Medical Teacher 2008, 30, 4, pp441-2