Peer-assisted learning: A planning and implementation framework
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Peer assisted learning (PAL) is an educational format in which ‘people from similar social groupings who are not professional teachers help each other to learn, and learn themselves by teaching’ (Topping 1996). This definition is used in the AMEE Guide 30—‘Peer assisted learning: a planning and implementation framework’.

PAL is a broad concept, has many synonyms—one of which is ‘peer teaching’—and it is widely applied in medical education (Ten Cate & Durning 2007; Pasquinelli & Greenberg 2008). This review examines the usefulness and suitability of this AMEE guide. To write an AMEE guide that is practical, widely useful, theoretically underpinned and has an international perspective (Gibbs 2007) on a topic like PAL is a demanding task and to review it requires a structured approach. Reviewing guidelines for medical practice has become a well-structured enterprise with established criteria (AGREE 2001); we have no such review procedures for guidelines in education yet. So I started out by asking myself questions such as: is it a relevant topic, who is the target group, is it well written, intelligible, well funded, is it complete but concise, does it explain costs and benefits and does it expand on issues of implementation?

This AMEE guide has several clear strengths. It brings together a mass of literature on the topic and a wide range of adjoining issues. It is a practical tool, as it leads one in 24 steps through a planning process of the design and implementation of a peer assisted learning arrangement. It is specifically useful if the institution aims to implement a format of PAL that resembles the example that the authors provide in the Appendix 1. This description shows PAL as an extracurricular addition to the regular programme, for students who wish to receive additional guided practice of clinical skills.

Here is where we come to some limitations of the guide. Many of the issues raised are perfectly applicable to this particular PAL arrangement, but may be less suitable for other forms of PAL. In my view, the strongest form is where the peer teaching is part of the regular mandatory programme and is applied to all students. Such ‘strong’ forms need not be as costly in terms of staff time and facilities as the authors suggest in Question 20. If peer teaching is part of the regular curriculum, it may save resources and staff time that should partly be returned as supervision of teaching students, but could still leave a net benefit. Question 20 and some other warnings give the guide a slightly heavy nature that may turn off some readers. Not necessary. I believe that, when properly applied, peer teaching can add much to the quality of medical training at limited costs.

Another point is its length. It takes a long time to read through it carefully and it risks losing some readers along the way. The guide is not meant to be a comprehensive literature review, but it does impress as one. I believe the authors could have skipped many references without harming the purpose of the guide. As an example, Question 14 ‘What would be a typical plan of activities during the PAL interaction’ promises concrete suggestions, but actually provides a paragraph with 50 references and considerations rather than targeted
advice. I do understand the authors’ hesitation to give only one or a few recommendations, as this may disregard a wealth of information, but I believe that in a practical guide like this, that would be exactly what readers expect. The authors could have helped them by selecting only the most appropriate literature.

When I finished reading this guide, my conclusion was that it could be an excellent help for a consultant to guide a process of transformation towards adding an extracurricular PAL programme to the curriculum. If we look at the guide as a practical resource for teachers on how to design and implement PAL in general, I found some issues useful, but some others rather descriptive and lengthy, and somewhat limited in scope.

References


Notes on Contributor

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