Medical Students and peer support: a discussion based on findings from a BMSc research project

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‘There’s a big competitive drive for the first sitting. It might just be medics, it might be everyone, but it’s definitely “fend for yourselves”

ABSTRACT

Background

Little evidence of support schemes available to students following examination failure exists. Peer assisted learning initiatives in medical education have been shown to increase the engagement of students with learning and optimise academic achievement. The role of peers in supporting medical students has not been formally explored at the University of Dundee where this study was conducted.

Methods

A case study was undertaken exploring the perceptions of student support. Students who had failed a summative examination and academic support staff were invited to take part in an individual, semi-structured interview. Seventeen interviews were audio recorded, transcribed and thematically analysed by the researcher. This paper discusses the results from students related to peer support in the context of the relevant literature.

Results

Medical students can and do support each other after failing a summative examination. Working with same year and senior peers can help students to learn more efficiently in preparing for a re-sit examination. However, although peer interactions can reassure students about their academic performance they can also increase the insecurities of students regarding their knowledge.

Discussion

Peer interactions and group study may help to increase the efficacy of student study in preparation for examinations and encourage practice of behaviour conducive to a career as a health professional. Further research exploring the relationship between peer support and examination performance is required.
Introduction

This project explored the perceptions of students and faculty educators towards the support available to medical students after failing a summative examination at the University of Dundee medical school. This paper considers the findings related to the student perceptions of peer support. The research project process will be outlined and the relevance of peer support themes from the study considered. The results relating to peer support are presented and discussed in the context of the relevant literature.

Conducting a research project into student support

Literature to date indicates that students who have failed an examination are unlikely to seek support, and are arguably in more need of additional support following examination failure. Several studies suggest that the performance issues of medical graduates are rooted in the failure of universities to provide accurate feedback and guidance in undergraduate medical education. Despite the obligation of medical schools to provide general and academic guidance for poorly progressing students, there is little evidence of robust systems with effective remedial initiatives for medical students after they have failed an exam.

The extent to which student support is provided and integrated as part of the medical student experience after failing an exam has been addressed in few research studies but not at the University of Dundee. The research questions for the study were: (i) What support are students aware of after failing a summative examination? (ii) What were the experiences of students of support after failing an exam? (iii) What were the expectations of students at this time? (iv) Is there enough support in place and is support of value? (v) What should be changed, if anything, about the current support provision available to students after failing an exam?

A qualitative research approach is concerned with gaining an understanding of the accounts, opinions and experiences of an individual. Therefore, this was employed to explore the perceptions of participants. A holistic and humanistic approach was also appropriate for the sensitive nature of the study, as students were asked about their personal experiences related to failing a summative examination. Case study methodology permits an in depth exploration of individuals, processes and programmes. The use of a case study for this research has provided a proficient archive of descriptive material, with the opportunity for future interpretation of findings by others and the potential to guide further revision and refinement of educational action.

Students in Years 1-3 who had failed a minimum of one summative examination at medical school were self-selected by agreeing to participate in response to a recruitment email sent to all students. Eight faculty educators were selected for interview based on their involvement in the provision of student support within the medical school. Participants were invited to attend a semi-structured interview that allowed the researcher to ask key research questions from an interview guide and explore emerging themes. Data saturation was reached after nine student interviews which lasted between 12 and 40 minutes. Interviews were recorded using
Consideration of peer support

No formalised structure of peer support exists within the University of Dundee medical school. Although the term ‘peer support’ was not included in the research questions, students expressed their opinions related to interactions with peers in the medical school in response to being asked about their experiences of student support following examination failure. Students who acknowledged ‘peers’ in their responses understood ‘peers’ to be medical students in their own year, or senior years, at the same medical school.

Medical student peer interactions have been widely considered in the context of ‘peer assisted learning’ (PAL), where a student of the same or similar intellectual status facilitates group learning in an informal environment. PAL is praised in medical education as it has been shown to improve examination performance, communication, team-work and the teaching skills of participants. Although Topping claimed that PAL improves the affective functioning of participants, the role of peers as an integral component of student support has not been explored within UK medical schools.

In addition, recent evidence concerning medical graduates suggests that building supportive relationships with fellow junior doctors helps them to respond to the challenges of training programmes. Prins et al. established that doctors find the emotional support received from other trainees to be of more value than support provided from designated senior supervisors or tutors. Peer support groups continue to be a popular component of well-being programmes and a fundamental element of support for graduate medical trainees in North America.

Students in frequent contact with their class peers engage more with learning activities, optimising academic achievement during undergraduate study and promoting student retention. As this research explored student perceptions of support provision following examination failure, it is appropriate to present the themes which relate to peer interactions and discuss the role of peers in supporting underperforming medical students.

Results relating to peer support

Six themes identified from nine student participants are presented below.

1- Senior peers providing reassurance and practical advice in preparation for a resit examination

Several students valued senior peers who had also failed a summative examination as this reassured them that they have an opportunity to rectify their underperformance in the resit examination:
‘Just talking to people who are in older years, they’ve done it. They’ve failed the exams but they’ve got through, they’re now almost...more than halfway through [medical school]. It’s really good to see that it’s possible.’ (Student 4)

Students considered senior peers to be a trusted source of guidance as they had experience of sitting that particular examination. Also students had encountered seniors who had taken time to advise them about revision:

‘It’s really great being able to go over stuff with an older student who’s already sat the exam, and is able to give you loads of little hints and tips.’ (Student 8)

2- Peer support helps individuals to gauge their level of knowledge in relation to the required standard

Students perceived that sharing work with same year or senior peers helped them to judge how their understanding and knowledge compared with the standard required to pass a summative examination:

‘Talking it over with a peer [is] great. When it’s just questions and answers, you can see... do I know that? Don’t I know that?’ (Student 4)

3- Same year peers who have failed help to reduce the burden of a resit examination

Students considered that others who had failed the same examination shared a mutual understanding of their predicament. The knowledge that their peers were experiencing the same difficulties was comforting and reduced their sense of isolation:

‘There was quite a sort of family of people at the library every day...it’s like, you know, ‘now we need to help each other.’’ (Student 9)

4- Same year peers who have failed help each other to augment learning in preparation for a resit examination

Several students noted that they had revised for their resit examination with peers in their year who had failed the same examination:

‘We got together sometimes as a group...and [we would] go through things, without like a peer tutor or a doctor or anything with us. I find that to sit down and chat to someone else about [a subject], makes it easier for me to understand about it.’ (Student 5)

5- Failing an exam reduces the need to impress peers

The majority of students acknowledged secretive behaviour of students surrounding seeking academic support. Students perceived that there is a need to impress peers, for fear that admitting to struggling will compromise their position in later years. Competition exists amongst students for better examination performance:
‘It might just be medics...but for the first sitting it’s definitely fend for yourselves.’ (Student 3)

After facing academic failure students are more inclined to admit their difficulties to one another and learn co-operatively:

‘Since we all failed, well, we all know we had trouble. So it’s like suddenly you’ve got rid of all that kind of farce...Competition really goes out the window ‘cause you’ve not got so much to prove.’ (Student 9)

6- Peer study groups can be counterproductive

Some students stated that in studying with peers prior to a resit examination, some group members would become anxious from peers demonstrating their superior depth of knowledge, whilst others felt that they could not rely on student knowledge to further their own learning:

‘...we just got so confused and we were just going in tangents, it’s literally like the blind leading the blind...I don’t know why we thought that was a good idea.’ (Student 4)

Discussion of findings related to peer support

Students appreciated their ability to learn more efficiently with trusted peers before their resit examination. Similar to Ashgar’s findings, peer to peer interactions enabled students to be more explicit with each other regarding uncertainties in their knowledge and understanding in a more amenable way than with a senior tutor in an esteemed position of authority. This may be of particular value for students who are preparing for a resit examination, who may require fundamental principles from the curriculum to be clarified. Students reported that working with same year and senior peers helps them to be more aware of their own learning. This is supported by the work of Topping who found that peer learners are capable of monitoring and regulating their own learning strategies. For students who have limited time to study prior to their resit examination, they may benefit from having an increased awareness of their study techniques. Students regarded discussions with older peers to be useful in providing them with some degree of feedback on the extent to which their knowledge met the standard required to pass an exam. Feedback is constructive to learning when it highlights disparities between the perceived performance and actual performance of the student. This is of particular relevance to students who have been unsuccessful in their first attempt at an examination where a lack of insight into their own academic ability often contributes to poor performance.

Over-competitive students contribute to creating a negative atmosphere, which leads to increased stress and anxiety amongst students; factors known to impede academic performance. Students indicated that in preparation for a resit examination, where it is common knowledge that individuals have failed, inter-student competition diminishes. This may help to explain why students in this
medical school preparing for a resit examination were more likely to collaborate with one another. Advocates of PAL\textsuperscript{17} have found that peer teaching reduces stress levels, which may further benefit students who are working with peers in preparation for a resit examination.

Students found relief in the knowledge that several of their fellow classmates had failed the first sitting of a summative examination. Shared learning carries emotional aspects with it and enables students to share empathy for failure and enjoyment in their successes\textsuperscript{22}. Topping\textsuperscript{18} and Cushing et al.\textsuperscript{23}, considering PAL, demonstrated that working with peers can increase learner motivation and self-esteem, desirable qualities for students with the intention of passing their resit examination.

It is clear from the opinions of students that some medical students respond positively to studying in an informal environment. Students were happy to organise their own group study sessions whilst preparing for their resit examination. Devoe et al.\textsuperscript{25} found that medical students consider peer study groups to be an effective learning strategy preferably when they are not mandated. This suggests that medical students can acquire skills to self-direct their learning, which are of benefit, during preparation for a resit examination.

The results from nine students showed that there are some negative aspects associated with peer interactions following examination failure. Students commented that they may feel intimidated by the perceived knowledge of others when revising with their peers. These are consistent with findings from Topping, who argued that dominant individuals can cause other members to feel that their competence is under threat. Topping also affirmed that students do not always have confidence in their peers as tutors\textsuperscript{18}.

**Limitations of this work**

The findings related to peer support presented here from this study are limited. Concepts related to peer support emerged from the responses of student participants to questions about their experiences of student support after failing a summative examination. This study was concerned with support provision in the context of examination failure and there may be further aspects of peer support that were insufficiently explored. The study has explored the perceptions of a small number of medical students within one medical school. As the sample size is small, the findings may not be extrapolated to other student groups at different institutions. However, case studies aim to understand a case in their own right\textsuperscript{11} and readers should consider the findings within the context of this research.

**Conclusion & Recommendations**

A summary of the major points that would encourage effective peer relationships is summarised in Table 1. Students at the University of Dundee are allocated into tutorial groups for Years 1-3 according to alphabetical order of their name. Students work in these groups for compulsory academic commitments only thus excluding
peer tutoring. There is potential for group based learning to have a positive affect on the academic performance of students but this may also become counterproductive with loss of synergy in the group’s dynamics. Based on the findings presented in this paper, it may be of value for the medical school to reconsider student group allocation.

Table 1- Encouraging supportive peer relationships in Medical School

| • Make a point of identifying one of your own peers in the Medical School that you could approach |
| • It is unlikely that others know you are struggling until you tell them, there is no shame in asking for help |
| • If you think that you could prioritise giving your time to help a junior student with their work, make them an offer |
| • Allocated ‘peer tutors’ can take the opportunity to encourage students to pursue group study in addition to formal peer tutoring/P.A.L programmes |
| • Faculty support staff should encourage students to consider their peers for academic support |

Whilst several students perceived their interactions with same year and senior peers to be both emotionally and academically supportive after failing a summative examination, peer support was considered informal. Whilst medical schools are committed to ranking students by academic merit as part of the foundation application process, it may be appropriate for medical schools to encourage students to work with their peers outwith curricular encounters in order to facilitate less competitive learning behaviour and increase the sense of accountability of students.

What this work has shown

The findings presented from the author’s consideration of results relating to peer support have shown that medical students can and do support each other after failing a summative examination. Working with peers helps some students to learn more efficiently. Peer interactions contribute to students feeling more reassured about their academic performance but can also increase the insecurities of students about their knowledge.

The behaviours demanded of students interacting with peers in light of failing an examination include sharing knowledge, altruism and team-work and these are some of the fundamental traits that are key in the initial selection of medical students. Working with peers after failing a summative examination allows students to develop characteristics conducive to a career as a health professional.
awareness of the value in peer support, in further studies and in encouragement from medical schools, may contribute to a more positive learning environment for medical students in the future. Further research that primarily explores peer support, and considers its influence on examination performance may help to strengthen the author’s findings from this study.

References


27. Husbands, A. Discussion on medical admissions as part of Teaching in Medicine course. (Personal communication, 10th November, 2010).