

# Striking the balance in peer-to-peer teaching

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Peer-to-peer teaching (PPT) is defined as 'people from similar social groupings who are not professional teachers helping each other to learn and learning themselves by teaching'.<sup>1</sup> It is a well-established, evidence-based system used in undergraduate medical school curricula. Although there is still limited information regarding development of online resources as an effective means of PPT, this has become a very important research question very recently, due to the COVID-19 pandemic and the shift in teaching to a virtual environment it has caused. In this insight article, I will reflect upon my experience as a penultimate year medical student of being involved in a team creating an online study resource for other penultimate year medical students, during my Special Study Component (SSC). This PPT project was supervised by a consultant diabetologist and aimed to teach fellow penultimate year medical students the basics of insulin prescription at a level that would be expected from a foundation year 1 (FY1) doctor.

In previous years, penultimate-year medical students participated in a 'diabetes workshop day'; however in 2020, this needed to be delivered in an online format due to the pandemic and necessary restrictions on in-class teaching. I was part of a design team that included a clinical development fellow and a year 1 internal medicine training (IMT1) doctor. In addition to the online study resource we created, this 'diabetes day' included several didactic pre-recorded lectures, which covered the diagnosis, investigations and management of diabetes. My role was to create the introduction which described the importance of insulin prescription, different types of insulin and commonly encountered regimens. The students were instructed to watch the lectures before working through this study resource. A feedback form was offered to the students following the completion of all activities.

Reflecting on my participation, this project provided a unique opportunity to expand my own learning and to develop skills in online teaching design and delivery. Simultaneously, I was quite lost on how

much depth of information to include, since I was not fully certain what would be required of an FY1 doctor. After my initial draft, I was generally unsure whether the content was at an appropriate level for the aim of the project and felt the need to ask for feedback from the other group members.

The main feedback point I received after my first draft was that my introduction was too detailed for what was needed at an undergraduate level. Looking back on this, I had not fully understood my role in the project, which was to provide the student perspective and expectations of such a module. In my second draft, I framed my approach, asking myself 'what would I expect to get out of this module as a student?' I believe the final version represents this pragmatism. For example, I decided to include a short list of different trade names of different types of insulin. I felt that this information would be crucial to working as an FY1 in the wards but at the same time a piece of knowledge that is maybe overlooked within the medical curriculum.

This 'social and cognitive congruence' between the peer and the learner is considered one of the main positives of PPT.<sup>2</sup> This was supported in our scenario since the vast majority of the students found the workshop useful and tailored towards their needs. However, it must be noted that an undergraduate medical year group is a heterogeneous entity, and the knowledge base of each individual may vary slightly due to the importance of independent learning in the medical curriculum. For example, one student suggested that there could be more information on the management reasoning process regarding changing of insulin regimens, while I felt this was something I had a good understanding of.<sup>3</sup> On the other hand, another student questioned the importance of the information provided on the preclinical aspects of insulin (such as structure of an insulin molecule) and suggested that these could be considered prior knowledge for our stage, while most of it was new knowledge for me.

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Many students appreciated the simple format and language I used when describing a potentially complex concept. An example is the tables I have created showing how insulin can be adjusted according to blood glucose levels at different times of the day for the different regimens. This is a well-documented concept in academia. The creation of a 'safe atmosphere' where the students can learn and ask questions without fear of failure has been discussed extensively with regards to PPT.<sup>4,5</sup> Therefore, even if some of the students feel that the information is not tailored fully to their needs, they would feel comfortable feedbacking this, and the module would be improved for the next time.

My experience has afforded me some lessons learned that I hope will assist others intending to engage in PPT initiatives. Firstly, it is important to consider the gaps in knowledge or skills from the perspective of your peers and not make assumptions or guesses as to how to 'pitch' the content of your educational initiative. In our example, this could have been achieved by asking the students what they wanted to get out of the resource prior to it. Secondly, it is also vital to base the content on what is actually required of the students in their professional life. I could have achieved this by discussing with several FY1s what they thought should be included in the resource. In the future, I will use my experience here to remind myself that finding the fine balance between these two is the basis for setting up a successful PPT experience.

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#### CONFLICT OF INTEREST

The author has no conflict of interest to disclose.

#### ETHICAL APPROVAL

Formal ethical approval was deemed not applicable for this work. Consent was obtained from students prior to filling in of the online feedback form. Specifically, consent was asked for storing of the responses to the questions, as well as their potential use in any publications in an anonymous manner.

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#### REFERENCES

1. Topping KJ. The effectiveness of peer tutoring in further and higher education: a typology and review of the literature. *High Educ.* 1996; 32(3):321–45. Available from: <https://www.jstor.org/stable/3448075>. Accessed 07/02/2021
2. Friel O, Kell D, Higgins M. The evidence base for peer assisted learning in undergraduate medical education: a scoping study. *MedEdPublish.* 2018;7(1):44. Available from: <https://doi.org/10.15694/mep.2018.0000044.1> Accessed 07/02/2021
3. Cook DA, Sherbino J, Durning SJ. Management reasoning: beyond the diagnosis. *JAMA.* 2018;319(22):2267–8. <https://doi.org/10.1001/jama.2018.4385> Accessed 17/04/2021
4. Bulte C, Betts A, Garner K, Durning S. Student teaching: views of student near-peer teachers and learners. *Med Teach.* 2007;29(6): 583–90. <https://doi.org/10.1080/01421590701583824> Accessed 17/09/2021
5. Hall S, Stephens J, Andrade T, Davids J, Powell M, Border S. Perceptions of junior doctors and undergraduate medical students as anatomy teachers: investigating distance along the near-peer teaching spectrum. *Am Assoc Anat.* 2013;7(3):242–7. <https://doi.org/10.1002/ase.1419> Accessed 17/09/2021

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