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PerSIST: A PAL system for clinical skills training: A planning and implementation framework: Guide Supplement 30.8 – Practical application[1]

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Context

Involving peers as skills tutors has become an increasingly interesting tool in medical and nursing schools worldwide. The Association for Medical Education in Europe (AMEE) adopted the term peer-assisted learning (PAL) to refer to this particular method of learning (Ross & Cameron 2007). PAL is associated with cognitive, pedagogical, attitudinal, social, and economic benefits (Ross & Cameron 2007). In general, the subjective feedback from students on PAL initiatives appears to be very positive (Topping 1996). Peer tutoring has a positive impact on the academic achievements of healthcare students (Santee & Garavalia 2006).

A variety of PAL types is currently available and operational. In one method, senior students teach junior students in theoretical and/or practical subjects. This way of "cross-year teaching" is predominantly evaluated as "effective" and "positive" by students in healthcare education (Sobral 2002; Nestel & Kidd 2003; Kernan et al. 2005; Goldsmith et al. 2006).

However, PAL also appears to be very useful when student tutees and student tutors are from the same year. Opportunities where same year students support each other during clinical skills training sessions suggest that PAL could add value to their clinical skills acquisition (Iwasiw & Goldenberg 1993; Field et al. 2007).

Activity

Personal Reservation System for Individual Skills Training (PeRSIST) is a PAL initiative, developed during implementation of the new Skillslab Curriculum for nurses and clinical officers at the Kenya Medical Training College (KMTC) and launched with the slogan "Be a friend, be a trainer", based on the following five principles:

(1) Peer tutoring: by selected well-trained *Stu*dent *Fac*ilitators or StuFacs.
(2) Extracurricular voluntary work: in own time, at own pace, unconstrained, without obligation, and with a wealth of training hours for interns.
(3) Ownership: on behalf of, from, for, and by the students.
(4) Trainer/teacher independent: without the presence of a faculty trainer.

(5) Problem solving and competency based: building your competence yourself.

Apart from its own intrinsic value, PeRSIST was responding to the insurmountable shortages of curricular hours and the permanent constraint of available faculty skills trainers, all common problems in training institutions worldwide.

PeRSIST had several specific and particular characteristics. The volunteer peer tutors (intelligent skilled students with a helping attitude) were expected to identify tactfully their "weaker" peers, insufficiently mastering certain skills in the Skillslab or on the ward-rotations and to invite them for additional training sessions. Focusing on rather lower-performing classmates, PeRSIST was available to all students. Classmates could freely choose the skill(s) to be trained in as their peer tutor as well, who was mastering those particular skills.

Information, peer tutor recruiting, and training phase

Students were informed with flyers, brochures, posters, and PowerPoint presentations in the lecture halls. A core group of 24 StuFacs was invited for an interview and selected for the StuFac training, which comprised the subjects "Understanding Facilitating", "Deciding to Facilitate", "Selecting and Adopting a facilitating style", "Understanding Influence", "Developing influential Attitudes and Leadership" and "Techniques in guiding a Skillslab Training Session". Eventually from a short list of 20 skills, the StuFac candidates were trained by 20 Faculty Teachers of Nursing and Clinical Medicine in at least three clinical skills of their own choice.

Evaluation

Before starting the PeRSIST programme, surveys in all classes revealed that almost all students would welcome this novel learning methodology as a more open-and-free study relationship. Eighty-three percent admitted that they could have used personal help in the past, but actually never dared to make the step to ask for help. Seventy-eight percent were considering to apply as a peer tutor because they were convinced that this would reciprocally also help them to become more confident.

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The first 16 StuFac candidates estimated that 30–70% of their classmates – or even the entire department – had study problems and therefore would welcome the offered help of a StuFac in this novel PeRSIST format.

In 2004, after 2 years of PeRSIST activities, a first outdoor-based training (OBT) and outdoor-based learning (OBL) Evaluation Boarding Weekend was organized, aimed to perform a thorough self-examination and self-evaluation and to develop trust and build confidence in the PeRSIST training groups. This weekend yielded the following evaluation findings and recommendations:

(1) The PeRSIST programme was welcomed as a complement to the regular Skillslab sessions for which lecturers sometimes lacked motivation or even failed to attend.
(2) Students were feeling comfortable with the Skillslab StuFacs.
(3) The clinical rotations of third-year students in Clinical Medicine, which took place in Machakos, would be supplemented with skills training by StuFacs, who would first be trained in HQ, Nairobi.

The StuFacs promoted the Skillslab in the other constituent colleges either/or by:

- offering pamphlets, demonstrating skills to the incoming first years, and training students to train others;
- volunteering after their studies as permanent trainers.

In 2006, after two more years of operation, 24 individual interview transcripts and 3 focus group discussions with 10 peer educators (PE), 10 peer tutees (PT), and 10 teachers were held to obtain a SWOT analysis of the PeRSIST project.

Strengths

PEs and PTs mentioned

- interaction: no fear for asking questions or making mistakes,
- personal development and repeated practise until mastering, and
- higher clinical competence and confidence.

Weaknesses

Initially, PeRSIST experienced resistance

(1) from lecturers:
  - feared vulnerability: better skilled students than themselves and
  - time-consuming innovation with greater required efforts.
(2) from students: limited available time to participate in PeRSIST.

Opportunities

The team spirit of PeRSIST resulted in increased social skills, communication skills, and finally improved achievements in the ward.

Threats

Despite stringent selection and intensive training, few StuFacs had false expectations. Others were lacking teaching, training, or clinical skills. Therefore, it is important that staff lecturers continuously monitor and evaluate the quality of the sessions.

Characteristics of the PE–PT relationship

Students were learning as "friends amongst each other" what was "more satisfying". A positive atmosphere is created by the particular characteristics of PEs and PTs, by their attitude towards the PeRSIST project, by their individual reasons for participation, and by their initial expectations.

Conclusions and the way forward

A lot of the principles, described in the AMEE Guide on PAL, also apply on this form of PAL. Novel in the PeRSIST approach is that the initiative was framed (as the name suggests) in an extracurricular program aimed at a continuous individual and joint improvement of the level of skills. Peer tutors were asked to position themselves as "friends", who were constantly alert for deficiencies in skills competencies in fellow students and that a real "movement" was set up with and around them, including small rewards (like free copy cards and Internet use) and boarding weekends, which stimulated group morale. From 2004, the program has been rolled out to other colleges; by the end of 2008, it had been introduced in 17 out of the 24 constituent colleges. Peer education has had a tremendous positive impact in the training of students in most colleges of KMTC. Most of the Clinical Medicine Schools that were started after 2008 had very few teachers and so mostly, the StuFac became their lifeline. In some colleges, the nursing students teach the clinical officers most of the basic nursing skills. In return, the clinical officers facilitated physical examination skills to the nurse students. This symbiotic relationship is expected to enhance inter-professional development and respect later in their professional career.

Peer education has taken root in all KMTCs and is part and parcel of the official and the hidden curriculum. Much as peer education was intended to be used in the assisting students to gain competence in practical skills, it has now gone beyond that and students now use it a lot in the lecture theatre to promote group discussion to handle theoretical subjects.

Kenya is one of the pioneering countries in sub-Saharan Africa to embrace PAL. Expansion and implementation in such PeRSIST format may eventually have a long-term positive spin-off on the quality of healthcare throughout Kenya. Believing that PeRSIST has value, it is now in the process of being introduced in the Republic of Tanzania.

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Note

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