Peer Assisted Learning
When two become one

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Introduction
In a healthcare environment ever conscious of growing demand and resourcing, there is increasing interest in supervision models that increase efficiency in providing student placements without compromising learning outcomes. Peer-assisted Learning (PAL) facilitates the reciprocal development of knowledge and skills between two students with a focus on collaborative decision making and shared reflection and feedback processes. PAL supports organisations to simultaneously host two students with a single supervisor within one allocated placement period.

Aims
This evaluation aimed to identify if the use of a PAL supervision model (2 students:1 supervisor) for dietetic students on their first five-week clinical placement could support equivalent learning experiences and development of competence when compared to the traditional dietetic supervision model (1 student:1 supervisor).

Methods
Implementation and evaluation of the PAL supervision model took place over four years.

- Stakeholder engagement including meetings with university partners, student supervisors, and other allied health clinical educators with experience in PAL
- Resources to support PAL identified from internal and external clinical education collaborators
- Targeted PAL training for supervisor champions
- Adaptation of written resources for dietetic students and supervisors
- First PAL placement hosted
- PAL placement evaluated via student survey and supervisor focus group
- Greater involvement of the Clinical Educator (CE) in setting up PAL student partnerships in the first 2 weeks of placement incorporated into PAL model
- Revision of the PAL role statements to suit the CHS learning environment
- Revised PAL model implemented with supervisor champions
- Placements evaluated via anonymous student and supervisor surveys
- PAL fully embedded for all first clinical placement students

Results
An increase in PAL placements has been seen over the implementation period. All students in PAL models developed their dietetic competence over the five-week placement duration.

Evaluation from students, supervisors, and CE support the benefits and improvements to the student learning experience in a PAL model compared to traditional model for first clinical placement students. Students experienced greater volume and quality of feedback and were able to demonstrate specific competency standards relating to peer mentoring and provision of feedback. Students were more likely to become autonomous/independent with tasks when actively supporting each other’s learning.

Supervisors reported enhanced satisfaction with PAL model compared with the traditional model. For example, they were more comfortable encouraging greater independence, and greater efficiency of conversations as students collaborated with each other prior to approaching supervisor for patient briefing. The PAL model was most successful when clear expectations were agreed upon from the outset and when a high level of professionalism and investment was demonstrated by all parties. All PAL supervisors expressed a desire to continue using this model for subsequent placements (n=4). An additional three supervisors were open to exploring the PAL model for future student placements.

Conclusion
All stakeholders found benefits in the PAL model. Some learnings were gained from setting clear expectations of the student pair while allowing some flexibility for each pairing in the later parts of the placement.

Significance
The PAL model has been fully embedded for all first clinical placements in the 2021 student program due to its positive evaluation from supervisors and students. The PAL model is an effective way of increasing the number of dietetic student placements, while maintaining quality learning experiences for all involved.

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