



Students' Opinion Towards Peer Education Program At Schooling Of Vocational Skills

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ABSTRACT

Introduction: Besides helping to improve vocational skills in an environment similar to real-life conditions, skill laboratories also make it possible to combine a theory with its application. Student centered learning programs are the ones which not only enable the students take responsibility on other students' learning but also it enables them to take responsibility with his/her very own learning progress. Therefore, peer education program is an active learning method that can successfully be used in higher education. **Objective:** This descriptive research has been conducted in order to understand students' thoughts regarding the effects of peer education program on teaching / reinforcing vocational skills and to pinpoint the areas of the education program that needs to be improved. **Method:** Two different 4th grade student groups, each containing 20-24 volunteers and whose GPA are 2.5 out of 4.0 and high and who take "Health Education" course and have no failed courses from previous years of their study and on the brink of graduation have been selected. 5-6 peers under a teacher's superintendence and four students working with each peer was the core model of the student distribution. After the theoretic education, laboratory work, in which the topic-related skills applied, has been done with peers. **Result:** 53.3% of the students stated that the seating order was designed very well; while 26.6% found the equipments used were satisfactory, 25.8% found them unsatisfactory; 23.6% stated that the printed materials was lack. Students who participated in the study generally expressed positive feelings regarding to group adaptation, group atmosphere and communication. When their feelings about peer education were asked, students' responses were: helps learning (42.4%), increases the learning performance (50.2%), increases learning autonomy (49.3%), strengthens critical point of view (44.1%), improves cognitive skills through interaction (50.7%), improves collaboration skill (54.1%), improves memorability (45.4%). **Conclusion:** In our study, vast majority of the students have stated that peer education program at the laboratory is a useful and applicable method which eases their learning. Peer education, which can be used in nursery and midwifery schooling, in laboratory environment has positive results like increased learning, knowledge development, improved clinical decision-making ability. Peer education eases learning skills; increases learning and memorability of what is learned thanks to high number of recurrences.

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Introduction

Being in a real or close-to-real environment is important while learning vocational skills (1). Vocational skill laboratories similar to clinical environment as being places in which psychomotor skills are developed reduces anxiety, advances communicational capabilities, helps converging the theory and its practice while a skill is being learned (2,3,4,5,6,7,8). The core aim of education of all health related professions is to teach a student skills, knowledge and behaviors which can be used after graduation. Creating an environment close to real-life for educational purposes are quite hard and as a direct consequence of this, today universities prefer more flexible and modernist education models. Student centered learning programs put the student responsible on other students' learning progress along with his/her very own learning progress (9). "Peer education" is used in many modernist education models (10). Generally, in higher education "to learn" is more in the center than "to teach" (11) so peer education is an active learning method which can be successfully used in higher education.

Supplying support via physical power, giving feed-back and emotional support are all peer education program's effects that make learning easier. Some short-term results of peer education are rapid development of skills at clinical application, increased learning and knowledge (10). Peer education has been perceived as a different form of interactive learning (11). Applying "peer education" and "problem based education" together lasts the life of learned knowledge longer, advances clinical decision-making ability, increases the wish to be more innovative (10).

Peer education, "student being the teacher" or "peer learning", is an education method that can be used in health-related schools (like nursery, midwifery, medical faculties etc.) and in schools teaching computer and electronic sciences (12,13).

Pedagogic and sociologic structure of education & learning has been described by theorists like Piaget, Perry, Thorndike, Skinner and Bandura (10,14). Motive, experience, attention, maturation, feedback, student's active participation are some factors that affects learning. Though feedback is not a learning method, it's crucial for realization of a decent learning. Student must be informed in regard to whether "he/she learnt" or "to what degree he/she learnt" before the removal of the motivation (14). Peer education program eases learning by including very high number of repetitions and by giving immediate feedback for what needs to be advanced.

Bandura emphasizes that individuals tend to be more successful on areas they feel themselves sufficient, and less successful on areas they feel as insufficient (14). In peer education student has the comfort to repeat the learnt skills frequently; express freely and advance the areas in which one feels oneself as insufficient, so an increase of the student's self-confidence occurs. Development of ability / mastership motivation takes place when learning something by actually doing or trying it.

Voluntariness is essential in peer education. Prior to education, both peers, one who educates and one who is being educated should prepare. Education material should be prepared by the educator. Peer education's main aim is easing the skill-learning process and development of the skill (12).

In Turkey, traditionally, colleges who give nursery/midwifery education use a didactic vocational education method in which big student groups acquire information from an educator in most of the education process. Crowded classrooms, inadequate physical conditions, lack or insufficiency of educative equipment are important reasons make the students not effectively learn the skills being taught.

This descriptive research has been conducted to understand students' thoughts regarding the effects of peer education program on teaching / reinforcing vocational skills and to pinpoint the areas of the education program that needs to be improved.

The questions whose answers were sought in the research,

- "Has peer education program affected the process of vocational skill learning of the students?"
- Is peer education a suitable program to teach vocational skills?
- Is peer education a usable program to teach vocational skills?

Method

Two different groups, each containing 20-24 voluntarily participated 4th grade students, whose GPA being 2.5 out of 4.0 and high, who take "Health Education" course and has no failed courses from previous years of their study and on the brink of graduation have been selected. 5-6 peers under a teacher's superintendence and four students working with each peer was the core model of student distribution. After the theoretic education, laboratory work, in which the topic-related skills applied, has been done with peers.

All 1st grade midwifery and nursery students participated in their theoretic education classes in classroom environment at the times designated for them as being divided to two different big groups (each group consisted of 60-70 students). After each theoretic education class, for each group (nurse / midwife) at different times, laboratory work which the skills related to topic practiced in has been carried out. Peer education method only used in the laboratory environment

Data Analysis

Datas have been conveyed to computer media and frequency distribution of all student thoughts has been calculated.

to teach students skills. Laboratory work lasted a whole semester for four hours each week.

Sampling

The universe of the research is the 246 first grade students who studied at Nursery and Midwifery departments of I.U. Bakirkoy Health College and taken "Principles of the Profession" course during the years 2007-2009.

Principles of the Profession is a course taught in a schedule of 4 hours theory, 4 hours laboratory and 8 hours of application at spring semester (March-June) of each year. 229 students who were in first grade, had taken Principles of the Profession course in aforementioned years and accepted to fill out the inquiry form prepared by the researchers after finishing the course constitute the sampling unit of the research.

Instruments

Inquiry form prepared by the researchers consisted of 45 statements under seven major topics which shows students' thoughts on peer education. Likert scale (strongly disagree-1, disagree-2, undecided-3, agree-4, strongly agree-5) used to assess the statements. June of each year (i.e. end of the term) students asked to fill the form out.

Ethical Stance

The research conducted by the lecturers who teaches the course after college administration's approval and used as a course assessment tool. Students have been informed in detail concerning the research's aim and how to fill the form out before filling the inquiry form.

Result

Participated students' 48% (n=110) were nursery, 52% (n=119) were midwifery students; 45.9% got the Principles of the Profession course in the year 2007, 54.1%, on the other hand, got it in the year 2008.

In the first section of the research, students have been asked to assess the physical conditions and methods used; the result was so that most students found them sufficient (Table 1). While 53.3% of the students expressed that seating order design was good, another 17.9% told that it was not good and a group of 18.3% expressed it was not comfortable. 26.6% of the students stated that equipments used was sufficient, 25.8% stated it wasn't and 23.6% reported a lack of the printed materials (Table 1).

Students who participated in the study generally expressed positive feelings regarding to group adaptation, group atmosphere and communication. 46.3% of the students stated that the attention continued at each laboratory

session; 46.7% expressed continuity of attention ensured; 21.0% were undecided on this matter. 41.0% stated that they felt a whole freedom to ask questions and express their thinkings; 45.4% thought that friendship atmosphere were present in the group (Table 2)

Inquiry on factors affecting peer education resulted as follows; 34.1% believed equipments used and physical conditions were missing; 31.0% and 41.0% complained respectively peer educators' knowledge and skills insufficiency. 40.6% expressed reluctancy of peer educators were present; 42.4% believed peer educators were not carrying qualifications an educator must have; 38.0% complained peers have not gotten enough educational support.

Table 1: Student thoughts towards physical conditions, the methods and equipments used (n=229)

I- Physical Conditions and Comfort	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
Seating order was designed appropriately to let participator socialize and take part in discussions.	41	17.9	9	3.9	22	9.6	122	53.3	35	15.3
Everyone was able to see and hear each other.	28	12.2	12	5.5	19	8.3	120	52.4	50	21.8
Seating places were comfortable.	42	18.3	24	10.5	27	11.8	102	44.5	34	14.8
Proper heating and lighting were present.	19	8.3	8	3.5	19	8.3	141	61.6	42	18.3
Duration of laboratory sessions was good.	20	8.7	5	2.2	49	21.4	122	53.3	33	14.4
II- Selection of Methods and Equipments										
The equipments and methods used were appropriate.	30	13.1	23	10	40	17.5	101	44.1	35	15.3
Other methods to make the course more attractive and interesting were applied.	24	10.5	7	3.1	55	24	102	44.5	41	17.9
Alterations on the methods according to topics and conditions have been done.	21	9.2	13	5.7	56	24.5	111	48.5	28	12.2
Methods were selected based on the group's experience and resources.	34	14.8	15	6.6	54	23.6	108	47.2	18	7.9
The equipments used were sufficient for each application.	59	25.8	51	22.3	44	19.2	61	26.6	14	6.1
The printed materials used were proper for the laboratory work.	54	23.6	38	16.6	64	27.9	55	24	18	7.9

Table 2: Student thoughts towards group harmony and communication (n=229)

III- Adaptation of the Group	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
Students participated in peer education were quite aware of the aims of the work.	13	5.7	-	-	13	5.7	121	52.8	82	35.8
They knew the aim of the education.	6	2.6	-	-	21	9.2	128	55.9	74	32.3
Theirs and their peers' function were known by them.	8	3.5	-	-	25	10.9	134	58.5	62	27.1
IV- Group Atmosphere										
Everyone felt totally free to ask every question comes to their minds; express their ideas and points not suiting them.	9	3.9	10	4.4	24	10.5	94	41	92	40.2
The environment created enabled even most shiest ones to express their ideas.	23	10	11	4.8	38	16.6	97	42.4	60	26.2
A friendshipness and closeness atmosphere which wrapped the group around was created.	14	6.1	6	2.6	34	14.8	104	45.4	71	31
Program was not like a formal and bureaucratic one.	22	9.6	12	5.2	28	12.2	114	49.8	53	23.1
V- Communication										
The attention of the student group was good.	7	3.1	2	0.9	20	8.7	142	62	58	25.3
At each laboratory session the attention was continuous.	23	10	9	3.9	48	21	106	46.3	43	18.8
Continuity of the attention ensured.	22	9.6	4	1.7	55	24	107	46.7	41	17.9
More or less everyone contributed at some degree.	11	4.8	3	1.3	33	14.4	128	55.9	54	23.6
Peers created possibilities to motive the ones sitting silently.	8	3.5	6	2.6	17	7.4	112	48.9	86	37.6
Peers faced ideas, questions and objections with a good manner.	4	1.7	7	3.1	19	8.3	111	48.5	88	38.4
Students and peers talked in a manner which can be heard and understood by everyone.	7	3.1	4	1.7	12	5.2	125	54.6	81	35.4
Enough effort has been showed for interchanging ideas and for information exchange.	9	3.9	4	1.7	23	10	119	52	74	32.3
A tendency to contribute to this program among students was born.	8	3.5	6	2.6	32	14	124	54.1	59	25.8

Table 3: Student thoughts about confidence to peer education (n=229)

VI- Belief Assessment	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
Peer education helps students to learn.	18	7.9	11	4.8	36	15.7	97	42.4	67	29.3
Peer education increases learning performance.	1	0.4	6	2.6	15	6.6	115	50.2	92	40.2
Peer education increases learning autonomy.	7	3.1	5	2.2	15	6.6	113	49.3	89	38.9
Peer education strengthens critical viewpoint.	10	4.4	4	1.7	26	11.4	101	44.1	88	38.4
Peer education develops cognitive skills through interaction.	4	1.7	3	1.3	24	10.5	116	50.7	82	35.8
Peer education develops cooperation skill.	3	1.3	5	2.2	17	7.4	124	54.1	80	34.9
Peer education increases memorability of knowledge.	7	3.1	7	3.1	25	10.9	104	45.4	86	37.6
Peer education should only be used in laboratory work.	47	20.5	23	10	47	20.5	79	34.5	33	14.4
Peer education should only be used in hospital.	68	29.7	36	15.7	53	23.1	58	25.3	14	6.1
Peer education should be used in laboratory and hospital at the same time.	42	18.3	17	7.4	41	17.9	74	32.3	55	24
Peer education should be used at every course.	32	14	14	6.1	39	17	90	39.3	54	23.6

Table 4: Student thoughts about factors which affect the success of the program (n=229)

VII- Factors which affect success of the program	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
Material and physical shortcomings.	30	13.1	21	9.2	34	14.8	78	34.1	66	28.8
Peer educators' knowledge insufficiency.	71	31	42	18.3	48	21	38	16.6	30	13.1
Peer educators' insufficiency on skills.	94	41	51	22.3	34	14.8	30	13.1	20	8.7
Reluctancy of peer educators.	93	40.6	59	25.8	33	14.4	24	10.5	20	8.7
Peer educators not having required qualifications of an educator.	97	42.4	58	25.3	30	13.1	27	11.8	17	7.4
Peer educators not getting enough educational support.	87	38	54	23.6	37	16.2	35	15.3	16	7
Fear of getting a low score from peer educators.	85	37.1	54	23.6	37	16.2	38	16.6	15	6.6

Discussion

In our research, most of the students expressed that they have learnt the principles of education well; every student freely asked their questions, friendshipness occurred. In their research, Hudson and Tonkin (2008) concluded that peer education creates a relaxing, friendshipness prevailing educational environment in which students not haunted with fears and learn the principles of the education well.

Most of the students who took part in a study from Aston and Molassiotis (2003) stated that they find peer education useful and also expressed that it alleviates their anxieties in the clinic. Krych et al. (2005) express that students mostly think that education with small groups enables them to ask questions and get answers more easily and quickly and also peer education is a funny way of learning which increases skill learning ability. Research of Field et al. (2007) determines that students think they can ask questions unhesitatingly. Our research conclusions: peer education should be carried out with small groups, gathering together 1st and 4th grade students in the peer education program makes students not to feel any authoritarian pressure on them.

Peer supported education increases the cognitive and psychomotor skill advancement, makes possible to earn autonomy and one's assessment of oneself, helps to get responsibility of learning, eases clinical decision making (10). Krych et al. (2005) let us know that a very high number of students think that peer education increases

comprehensibleness (92.0%) and memorability (87.0%). Mete and Uysal's research (2009) finds that students do not find laboratory work funny when it's conducted only with lecturers, actually they find it boring, hard to practice skills learnt during the laboratory sessions. In our research, more than 50.0% of the students expressed that they believe peer education helps learning, increases student performance and autonomy; strengthens critical viewpoint and advances cognitive skills. These findings shows that students are satisfied with the peer education, find it useful and believe that it will be useful influences on clinical practicing.

To be able to catch a sufficient level especially on taught skills, students must be supported both in theoretic courses and laboratory sessions by a guide. At the beginning, the student is a novice to all applications of the profession being taught and is completely strange to application environment. Needs help and support (1). This research showed that almost half of the students believe that peer education should be used both in the school and in the hospital at the same time. This result can be interpreted as that, students need help and guidance while learning a skill and also while applying it.

Hudson and Tonkin (2008) determined in their study, in which 2nd grade students participated peer education program with 6th grade students, that 2nd grade students thought, sixth graders do not know everything but they do know what is like to be a second grader. Field et al. (2007) states that students think their peers are knowledgeable and their explanations are

understandable. In our study, most of the first grade students said that peer educators' knowledge and skill level was insufficient and they were not carrying qualifications of an educator (Table 4). This result, although, is consistent with findings in the literature, is because of that peer educators, who would soon be graduated from the school, were inexperienced on teaching skills.

Conclusion

Peer education program has useful properties like advancement of clinical application, learning increase, knowledge advancement, development of clinical decision making skills and can be used in nursery and midwifery education. Peer education eases skill gaining; having many repetitions make memorability higher. In our study, most of the students stated that using peer education in laboratory sessions to teach vocational skills is a useful and applicable method whose direct result is easier learning. Based upon this result, we recommend that peer education program should be used to teach vocational skills; in clinical environment students and educated guide nurse should practice together.

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