



CROSS-PEER

MENTORING MODEL:

IMPLEMENTATION INTO PRACTICE

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CROSS-PEER MENTORING: A GLOSSARY OF TERMS

PEER LEARNING is usually described as an umbrella term in the literature (Burch, Guthrie, Kidd, Lewis & Smiler 2010), as “the acquisition of knowledge and skill through active helping and supporting among status equals or matched companions” (Topping & Ehly, 1998), or similarly “people from similar social groupings, who are not professional teachers, helping each other to learn and learning themselves by teaching” (Topping, 1996). Usually, the peers are from the same stage of learning (Burch et al, 2010).

EMERGING COMPETENCE is a term used by Occupational Therapy Competencies Australia (Ryan, Hills, Nguyen, Studdert & Sijpkens Revised 2012), and students at this level are defined as being able to apply the principles of occupation in one practice context, meeting all professional standards (ethical, social, cultural, legal and moral), using beginning thinking and reasoning within the Occupational Therapy Practice Process. In this manual we use the term **senior student** to refer to a student at an emerging competence level.

NOVICE students can be defined as being new to the circumstances, work, etc., in which he or she is placed (Dictionary, 2015). In this manual we use the term junior student to refer to students at a novice competence level.

MENTORING/CROSS YEAR PEER MENTORING is defined as a method of advising, intended to augment personal and professional growth and development, involving modelling of skills between students at different levels (Sprenkel & Job, 2004, Smith McQuiston & Hanna, 2015).

NEAR-PEER LEARNING is defined as taking place between students at different stages of their education, with students instructed by other students who are one or more levels ahead (Burch et al, 2010, Turner, White & Poth, 2012).

PEER COACHING is defined as a collaborative relationship between an experienced individual and a willing participant

PLACEMENT can be defined as supervised practice in approved clinical situations (Mondofacto, 2015). In occupational therapy, placements can take place in a wide range of settings, including teaching hospitals, private hospitals and clinics, community health centres, and specialist areas including drug and alcohol, early childhood centres, schools, aged care facilities. An occupational therapist and developed occupational therapy role may or may not be present.

SUPERVISOR refers to a person who is responsible for overseeing students’ workplace-based assessment and for providing feedback on progress towards competency (adapted from The Free Dictionary, 2015).

SUPERVISION is a formal working alliance that is generally, but not necessarily, between a more experienced and a less experienced student, in which the supervisee’s clinical work is reviewed and reflected upon, with the aims of improving the supervisee’s work with clients; ensuring client welfare; supporting the supervisee in relation to their tasks, and supporting the supervisee’s professional development (Clinical Supervision in the Alcohol and Other Drugs, and Community Management of Mental Health Sectors, 2015).

SPEF-R[©] is a standardized competency-based assessment tool for occupational therapy student on placement, developed by the University of Queensland, and widely used throughout Australia.

SKILL: is a ability and capacity acquired through deliberate, systematic, and sustained effort to smoothly and adaptively carryout complex activities or job functions involving ideas (cognitive skills), things (technical skills), and/or people (interpersonal skills) (The Business Dictionary, 2015)

RISK ASSESSMENT is a systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking (The Oxford Dictionary online, 2015))

SAFETY AWARENESS is being aware of safety issues, and of potential hazards to yourself and others in the workplace (Answers.com, 2015).

This 7 page manual consists of the key terminology, background and literature behind peer assisted and near-peer learning, then provides an overview and discusses risk and risk assessment, before going on to discuss how to plan and prepare, what to do during the placement, and how to evaluate/what to do after the placement.

Background Rationale/Current vs Desired Practice

In order to continue to develop the high quality placement experiences offered to OT students in NSW, this manual was developed for use by NSW occupational therapy placement sites to assist student coordinators and practice educators to introduce and utilize a student model of pairing senior students with junior students, with the practice educator guiding the overall experience.

DID YOU KNOW?

Historically, the occupational therapy profession has primarily used the apprenticeship model in supporting students on practice placement, with one practice educator assigned to one student. However, this places a high level demand on supervisor time. Learning approaches have also developed over recent years, with much more use of inquiry based, group and student facilitated methods at universities. As a result, there is an opportunity to develop placement supervision types, models and methods which will result in:

- *Enhanced supervisor experience*
- *Making use of contemporary learning methods*
- *Helping to increase placement capacity*

What does the Evidence Say?

- Peer learning has been shown to be beneficial in terms of enhanced learning of communication, development of practical and independent practice skills, as well as increasing placement capacity (Martin & Edwards, 1998; Secomb, 2007; Martin, Morris, Moore, Sadlo & Crouch, 2004).
- However, there is little literature on the pairing of allied health students at different stages, particularly with a view to the 'coaching' or 'facilitating learning' responsibility that a senior student could potentially take on.
- Advantages include the development of communication skills, specific practice competencies and the reduction of anxiety by the student (Irby, 1994; Sprengel & Job, 2004; Watson & Strike, 2003).
- Disadvantages include potentially poor peer matching (Charkin, 1995; Watson & Stroke, 2003; Blum, Borgland & Parcells, 2010), and concerns about the depth of learning experienced (Watson & Strike, 2003). However, Blum, Borgland & Parcells (2003) argue that effective placement preparation can eliminate these disadvantages.

WHAT IS CROSS YEAR PEER MENTORING?

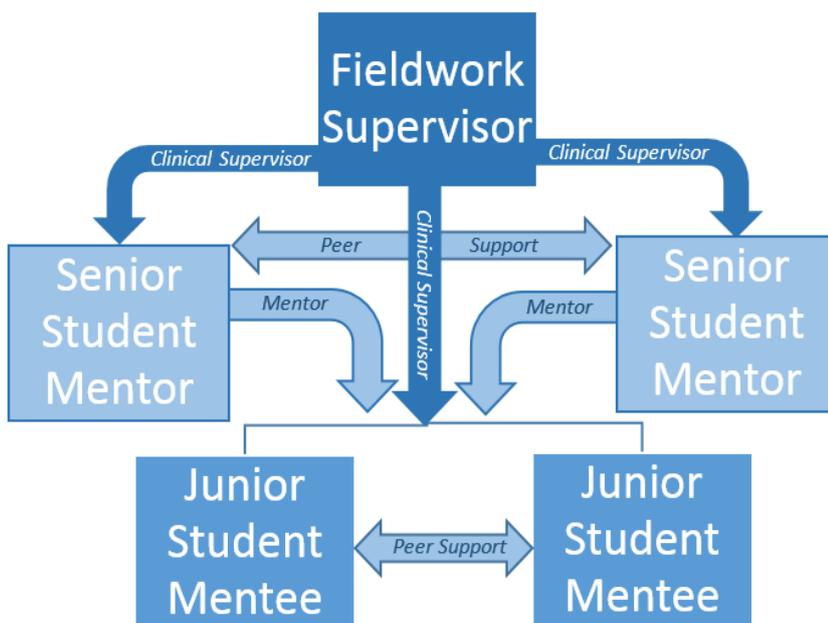
It is the process by which a senior student acts as a mentor to a junior student during their overlapping fieldwork placement.

The use of peer mentoring provides a breadth of learning opportunities for senior students that may not otherwise be available including enhancing their ability to explain their clinical reasoning process and develop effective planning and time management skills.

For junior students, it provides the opportunity to be more actively involved and learn from a variety of teaching methods. It gives them the opportunity to direct questions to a fellow student that they may not be otherwise comfortable asking a supervisor, thus expanding their learning opportunities.

For supervisors, it shares the responsibility of skills teaching, increases productivity in the workplace and allows them to provide a broader fieldwork experience to junior and senior students.

There are many ways to implement a Peer Mentoring Model of clinical placement into your facility. Senior students may act as mentors on a full-time or part-time basis and may only mentor junior students for specific skills.



EXAMPLE OF IMPLEMENTATION INTO PRACTICE

Two senior students are on an 8 week placement in a hospital setting. Prior to their placement, they are advised that during week 5, they will be mentors for a two First Year undergraduate students.

During the first 4 weeks, the senior students are provided orientation and supported in their clinical placement. They are also provided time to outline how they will assist their supervisor to teach the junior students. This may include:

- *timetabling activities*
- *developing a list of suitable activities for the junior students*
- *orientation planning*

During their time on placement, the junior students spend time observing and performing tasks with support from the senior student mentors with ongoing supervision from the supervisor.

Who is ultimately responsible for the supervision of the junior students?

The supervisor who is employed by the facility will have the ultimate responsibility for the student at all times.

Who will do the SPEF-R®?

It is the supervisor's responsibility to complete the SPEF-R® but they may receive feedback from the senior students to gain further insight into the junior student's performance.

WHAT ARE THE RISKS?

In every fieldwork placement, the risks of having students perform tasks in the clinical environment need to be considered by the supervisor. The supervisor should evaluate the risks to reduce the likelihood of a poor outcome for the patient and/or students.

What do I need to ask myself as a fieldwork supervisor?

- What are the risks to the patients/patients in this situation? Consider using the risk matrix below.
- Can the senior student assess for risk?
- Can the senior student explain their clinical reasoning?
- Can the senior student evaluate others performance and provide balanced feedback?
- Does the senior student have competence to perform the clinical skill?
- Does the senior student have the competence to teach this clinical skill?
- Is the knowledge and perform of the skill being taught to a standard that I am satisfied with?

All senior students who are mentoring junior students should have a competency checklist completed prior to be deemed suitable to mentor the student in a particular skill.

It is essential that the placement is evaluated to ensure that all students involved are receiving a high quality fieldwork placement and that it is having beneficial outcomes for clients and the facility.

	KNOWLEDGE	SKILL ACQUISITION	SAFETY	SERVICE DELIVERY	COMPLIANCE
5 EXTREME	Student performing a skill that is supported by incorrect or unsafe clinical reasoning.	Students performing skills in a manner that is unsafe and is likely to cause serious injury to themselves or the patient.	Serious injury or death of patient or student	Extensive delay in treatment or hospital discharge.	Serious organisational breach eg. Code of Conduct; serious damage to property
4 MAJOR	Student performing a skill that is not supported by clinical reasoning.	Students performing skills in a manner that is unsafe and is likely to cause minor injury to themselves or the patient.	Injury to a patient or student that requires medical treatment.	Minimal delay in treatment or hospital discharge.	Organisational breach that results in disciplinary action and liaison with the university.
3 MODERATE	Students not fully comprehending the clinical reasoning around the skill they are performing.	Students performing a skill that if performed incorrectly, will be of no benefit to the patient.	Minor injury that does not require medical treatment; incident that is classified as a 'near miss'	Students requiring moderate support from supervisors to facilitate treatment or hospital discharge.	Organisational breach that results in a formal warning but does not require liaison with the university; minor damage to property.
2 MINOR	Students requiring increased support from the supervisor to acquire the clinical knowledge around a skill they are performing.	Students requiring increased support from the supervisor to perform the skill; student required to repeat the skill.	Students performing a skill that may have safety risks only in the event of an unexpected occurrence.	Students requiring minimal support from supervisors to facilitate treatment or hospital discharge.	Minor organisation breach that results in reminding the student of organisational protocols.
1 INSIGNIFICANT	Students learning alternative clinical reasoning that is equally effective and appropriate to the setting.	Students learning an alternative method of a skill that is equally effective and appropriate to the setting.	Student performing a skill that cannot have any safety risks for themselves or the patient.	No delay in treatment or discharge.	Minor organisational breach that has little or no relevance to students.

EXAMPLES OF RISK IN THE FIELDWORK SETTING

Example 1:

'A junior student has been practicing performing cognitive assessments and is now going to perform the assessment on a patient and the senior student goes along to observe and provide feedback.'

Has the senior student been deemed competent to perform this skill?

If so, this is a low risk activity with minimal chance of poor outcomes or danger to the patient or the students.

Example 2:

'A senior student is developing competence in transferring a patient with hemiplegia. They demonstrate the skill to the junior student and then suggest the junior student try it themselves.'

This is an example of a high risk activity as neither student is deemed competent to perform this skill or assess for risk, therefore it places the students and patient at risk. In this situation, the fieldwork supervisor should be present.

PLANNING & PREPARATION FOR CROSS-YEAR PEER MENTORING

Fieldwork supervisors may find the idea of taking multiple students from varying year levels overwhelming. However with proper planning and preparation, this model of placement is not only rewarding in its outcomes, but is also an opportunity for advancing service delivery in the workplace. The following are some practical considerations for supervisors to contemplate prior to undertaking the peer mentoring model of student placement.

Consider space and physical resources in your workplace.

Access to desk space, computers, treatment space, and equipment, may impact the number of students possible to take on. If access to treatment space is limited, consider how multiple students may be able to utilise this space.

Communicate with the universities involved regarding your intention to implement this model of student placement.

The university will be able to assist in preparing students on what they may expect. The university may also be able to share resources that will facilitate your preparation, for example, provision of reflective practice tools.

Determine what the expectations are for all students undertaking this model of placement

This will be guided by the placement objectives outlined by the university for each of the year levels you are planning on supervising. Clear expectations will enable preparation around appropriate learning opportunities and enable mentoring senior students to have appropriate expectations when evaluating junior student performance.

Set clear roles and responsibilities for students in this model of placement.

Plan around what roles and responsibilities you can assign to your senior students when mentoring junior students. As supervisor you are ultimately responsible for supervising all students, however the senior students will play an integral part in teaching skills to the novice students under this mentorship model of placement. For example, senior students can:

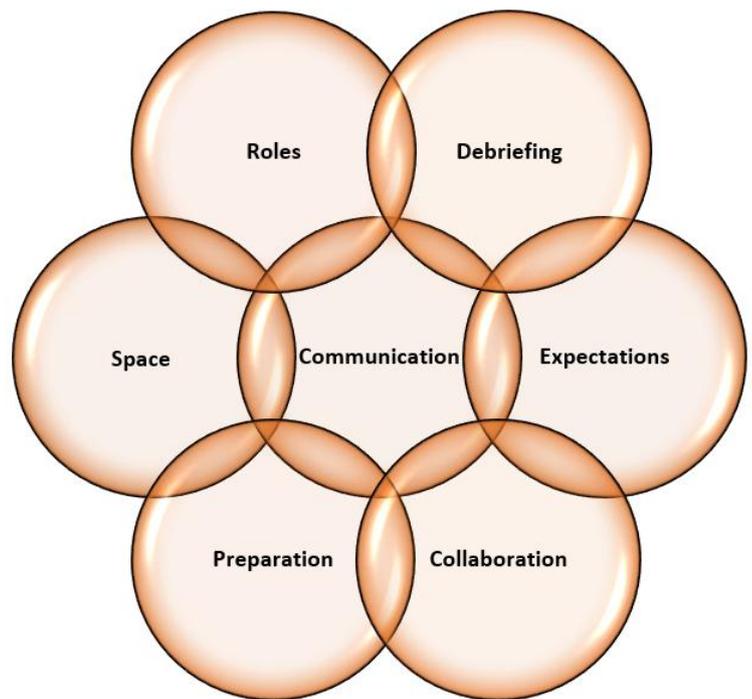
- Be involved in the orientation of junior student/s
- Model service delivery activities to junior students, such as initial interviewing, documentation of practice, provision of treatment to clients.
- Provide direct feedback to junior students based on their observation of performance.
- Conduct learning tasks with junior students to facilitate skill acquisition.

Consider how you will prepare senior students in their role as mentor.

In most cases, senior students are likely to be on placement before the junior students commence. This will allow for you to adequately prepare senior students for the peer mentoring model. Consider what topics you could workshop with your senior students that will better equip them in the mentoring role.

For example:

- Prepare senior students on how to provide effective and constructive feedback.
- Discuss different learning styles and how this will factor in skill acquisition.
- Discuss expectations with senior students on their roles and responsibilities. Likewise, discuss what the expectations are for junior student performance based on university provided learning objectives.
- Utilise reflective practice activities that will allow senior students to anticipate barriers for skill acquisition for junior students based on their own previous experience.
- Debrief with senior students on what learning outcomes they will achieve when mentoring a novice student. Students should reflect on areas of the SPEF-R[®] that they will have opportunity to develop.



Remember, it is more than likely that the university can provide you with resources in the above areas. Therefore, utilise the education providers if you are unable to source learning activities in your workplace.

Prepare resources for junior students in collaboration with senior student(s).

Involve senior students in the development of resources for novice students. This form of collaboration allows students to contextualise the mentorship role and consolidates what they have learnt so far. For example:

- Allow senior students to collaborate in timetabling for the junior student/s. This will allow mentoring students to reflect on pacing of skill acquisition in the novice student.
- Allow senior students to develop learning activities for junior students based on their reflections of what would facilitate skill acquisition in the novice student. For example, development of documentation templates, learning activities in introducing the occupational therapy role, case studies for initial interview practice.
- Allow senior students to develop resources they feel may be beneficial for a novice student based on their own experience on placement, such data gathering forms when conducting a medical file review, drafting questions to ask other multidisciplinary team members about their professional role, guide for how to provide clinical handover, basic clinical pathways for client treatment.

Plan for debriefing and evaluation with students

Plan for both formal and informal debriefing sessions with all students involved in this model of placement. This will allow you to monitor what progress students are making within this model and determine the need for modifying assigned roles and responsibilities. As supervisor, it is your role to formally assess student performance. However, the senior students should be able to provide valuable contribution towards the evaluation of junior student performance. Regular debriefing with students will facilitate this evaluation process. Therefore, ensure that you plan for dedicated times where this can be done both with senior students and junior students.

CONSIDERATIONS FOR IMPLEMENTING THE PEER MENTORING MODEL

Managing multiple students on placement can be difficult but certainly not impossible! The framework of this model of placement is largely dependent on students utilising each other as a resource for learning, while the student supervisor facilitates this peer learning through reflective practice. So in theory, whilst there are multiple students on placement at the one time, the fieldwork supervisor should experience no extra workload than if they only had the one or two students. The following are some suggestions around how to ensure this model of student placement ultimately achieves its intended

Continuous review of roles and responsibilities

In planning for this model of placement, expectations around roles and responsibilities should have been outlined. During placement, it is important to continuously review these to ensure seniors students are maintaining expected behaviours and junior students are seeking mentorship from senior students as the model intends. Supervisors should refer back to expectations continuously with students. In doing so, you will be able to detect when students are not meeting expectations and be able to intervene early.

Provide opportunity for reflective practice

Reflective practice is the most effective tool for students to gain insight into whether they are meeting expectations. As supervisor, ensure formal and informal opportunities for reflection.

Ensure supervision is provided to each student

When mentoring is occurring in its intended structure, senior students will spend significant time with junior students for skill modelling and acquisition. However, it is important to ensure that you are providing adequate supervision in conjunction with this mentoring. Checking in with all students on a daily basis will ensure the model is being carried out appropriately.

Intervene early when there are performance issues

Continuous supervision of students in this model enables early detection of performance issues for early intervention by supervisors. Remember, mentoring does not mean senior students are responsible for managing junior student performance issues. This remains the responsibility of the fieldwork supervisor. Likewise, if senior students are struggling in their mentoring role, supervisors need to identify this early to ensure junior students are receiving appropriate mentoring. For this reason, the tools of reflective practice and continuous supervision allow any performance issues to be promptly identified.

Be mindful of student burden

As supervisors, we often fall into the trap of providing multiple new learning experiences for students in an attempt to keep students busy. In doing so, we are inadvertently focusing on *quantity* of learning experiences rather than *quality* of skill acquisition. Ultimately the goal of fieldwork placement is to enable students to develop into competent clinicians with sound clinical reasoning and clinical skills. Therefore, be careful to not overload students with too much 'busyness'. The learning outcomes of this model of student placement are numerous if sufficient time is permitted for students to engage in reflective practice.

Remember to use your evaluation tool

The SPEF-R[®] provides supervisors with the best framework for feedback on student performance both for senior and junior students. Ultimately, it is this tool that is used to rate student performance. It is important that you refer back to the learning outcomes of the SPEF-R[®] to assist students to contextualise their performance. Encourage senior students to also provide feedback to junior students using the SPEF-R[®]. In doing so, reflective practice continues for the senior students through the evaluation of a peer's performance.

Be flexible

Planning and preparation can go a long way towards structuring a placement for multiple students. However, even the best laid plans can go wayward! Flexibility is crucial for supervisors to successfully manage multiple students in this model of student placement. Remember, any situation can become a teaching opportunity!

BENEFITS OF THIS MODEL & EVALUATING THE PLACEMENT

While there are numerous benefits to running the peer-mentoring model in a variety of settings, it is essential that the placement is evaluated to ensure that all students involved are receiving a high quality fieldwork placement and that it is having beneficial outcomes for clients and the facility.

Benefits of the Peer-Mentoring Model:

- Allows for junior students to further develop their knowledge and skills in a supported manner through peer mentorship.
- Promotes skill acquisition in junior students from their very first fieldwork placements therefore moving away from an 'observational' placement.
- Consolidates any learning that the senior student has undertaken and facilitates a shift from skill *development* to skill *competence*.
- Provides senior students with opportunity to teach knowledge of, and skills that they are competent in, as would routinely occur in the work environment.
- Enables students to provide constructive feedback in the workplace and engage in co-worker communication around knowledge acquisition and skill development.
- Provides students with opportunity to engage in reflective practice with one another and therefore facilitates clinical reasoning of both the mentor and the junior student.
- Allows for fieldwork supervisors to delegate teaching/learning opportunities to senior students in a supported manner.
- Facilitates service development in the workplace through students taking a larger role in service delivery. Increases your workplace's capacity for taking students without necessarily increasing the number of placements taken in a year.

Consider using a Reflection Model such as the WACA Model of Reflection and receive input from the students, fieldwork supervisors and other staff members.

Involve other staff in the evaluation. This will allow you to get a well-rounded evaluation of the placement from multiple perspectives.

Tips for Evaluating the Placement

Think about implementing a Placement Evaluation Survey. Remember, the more specific your questions are, the more detailed the information will be.

Involve students in implementing the recommendations from the evaluations to improve the placement and provide student-driven orientation and education.

WACA Model of Reflection

What happened?

- Describe a concrete experience?
- What were you trying to achieve?
- What were your thinking and feeling?
- What was the other person thinking and feeling?
- What was good and bad about the experience?
- What are the main issues?



Analysis

- Why did you do what you did?
- What were your assumptions?
- How did these assumptions influence your thinking and behaviour?
- What external factors influences your thinking and behaviour? Are there any evidence-based or agency guidelines relevant here?
- What other sources of knowledge are important here?
- How do your actions fit with your beliefs?
- What choices did you have?
- What would be the consequences of other choices?



Conceptualisation

- What could you have done differently?
- What other knowledge might be needed?
- What can you learn from this experience?
- How has the experience changed your knowledge?



Action Plan

- What further action do you need to support yourself? Your patients? Your peers?
- What are you going to do in this type of situation next time?
- How can you consolidate this learning in practice?

(Hewson, 2013)

Answers.com. Retrieved from http://www.answers.com/Q/What_is_safety_awareness.

Blum, C.A., Borglund, S. & Parcels, D. (2010) High-fidelity nursing simulation: Impact on student self-confidence and clinical competence. *International Journal of Nursing Education Scholarship* 7(1), Article 18. doi: 10.2202/1548-923X.2035

Burch, C., Guthrie, P., Kidd, M., Lewis, C. & Smiler, P. (2010). Near-peer learning in clinical education: A systematic review. *Focus on Health Professional Education: A Multi-Disciplinary Journal*, 11(3), 1-21.

The Business Dictionary. (2015). Retrieved from <http://www.businessdictionary.com/definition/skill.html#ixzz3t7MlBlWf>

Charkin, D.F. (1994/5) Matchmaker, matchmaker: Student collaboration in clinical programmes. *Clinical Law Review* 1, *Clinical Law Review* 1994/5.

Clinical Supervision in the Alcohol and Other Drugs, and Community Management of Mental Health Sectors. Retrieved from <http://www.clinicalsupervisionguidelines.com.au/definition-and-purpose>.

Dictionary.com. Retrieved from <http://dictionary.reference.com/browse/novice>

The Free Dictionary. Retrieved from <http://medical-dictionary.thefreedictionary.com/clinical+supervisor>

Hewson, D. (2013). Reflective Practice Toolkit: HETI. Retrieved from <http://www.heti.nsw.gov.au/Global/ICTN/Local%20Projects%20Pages/Western%20ICTN/W10%20SUPERVISION%20WORKSHOP%20%20REFLECTIVE%20TOOLKIT.pdf>

Martin, M. & Edwards, L. (1998). Peer learning on fieldwork placements. *British Journal of Occupational Therapy*, 61, 249-252.

Martin, M, Morris, J., Moore, A., Sadlo, G. & Crouch, V. (2004) Evaluating practice education models in occupational therapy: Comparing 1;2, 2:1 and 3:1 placements. *British Journal of Occupational Therapy*, 67, 192-200.

Mondofacto. Retrieved from <http://www.mondofacto.com/facts/dictionary?clinical+placement>

Oxford Dictionaries Online. Retrieved from <http://www.oxforddictionaries.com/>

Ryan, S, Hills, C, Nguyen,K, Studdert.C & Sijpkas.P. (Revised 2012). Occupational Therapy Competency Developmental Levels. Retrieved from <https://otca.net.au/pages/levels>

Smith McQuiston, L. & Hanna, K. (2015). Peer coaching: An overlooked resource. *Nurse Educator*, 40, 105-108.

Sprengel, A.D. & Job, L. (2004). Reducing student anxiety by using clinical peer mentoring with beginning nursing students. *Nurse Educator*, 29, 246-250.

Topping, K. & Ehly, S. (1998). *Peer-Assisted Learning*. London: Lawrence Erlbaum Association.

Topping, K. (1996). The effectiveness of peer tutoring in further and higher education: A typology and review of the literature. *Higher Education*, 32, 321-345. Retrieved from <http://www.jstor.org/stable/3448075>

Turner, S.R., White, J. & Poth, C. (2012). Twelve tips for developing a near-peer shadowing program to prepare students for clinical training. *Medical Teacher*, 34, 792-295.

Watson, W.T.M. & Strike, P.W. (2003). See one, do one, teach one – is this still how it works? A comparison of the medical and nursing professions in the teaching of practical procedures. *Medical Teacher*, 25, 664-666.

University of Queensland. (2008) *Student Practice Evaluation From – Revised Edition (SPEF-R®)*. St Lucia, Queensland: University of Queensland.