Peer-led postgraduate education across medicine and psychiatry

Peer-led education is well established in undergraduate education, but there is a paucity of data regarding its role in postgraduate education. This article assesses the feasibility of peer-led teaching in postgraduate medical education and evaluates its benefits through qualitative structured feedback.

In the UK, consultants and senior trainees are predominantly responsible for delivering postgraduate medical education to core trainees in their respective specialty. This model is the mainstay of conventional teaching organized by postgraduate medical education centres throughout the UK. Typically a wide range of topics in a range of sub-specialties are selected by the director of medical education at trust level, based on the curriculum developed by respective Royal colleges and approved by the General Medical Council. At present trainees have a limited role in the organization and delivery of these programmes, but the General Medical Council (2013) states that medical graduates in the UK must be good educators and beacons of good practice. Peer-led teaching schemes are well established for undergraduate medical trainees (Field et al, 2007; Ten Cate and During, 2007), but their role in postgraduate education has not been studied in any detail. The authors believe that junior doctors who already have an active role in teaching their junior colleagues should have a direct role in guiding their own education and furthermore, if viable, participate in supervised peer-led teaching. This study assessed the feasibility of postgraduate peer-led teaching and its possible role in postgraduate education.

Methods

A four-person peer-led education committee consisting of medical and psychiatry trainee representatives was formed to organize the peer-led teaching programme. In conjunction with consultant supervisors and postgraduate programme directors in medicine and psychiatry an online survey was created. This explored opinions about peer-led teaching and topics of interest of all core medical trainees at King's College Hospital, London, and core trainees in adult psychiatry at Maudsley Hospital, London. This contained a list of potential topics for teaching sessions that trainees could select (by ticking a box), which had been generated by the peer-led teaching committee. They could also suggest topics in a free text section. All trainees received electronic mail from their respective postgraduate medical education directors and trainee representatives asking them to complete the electronic survey within 2 weeks.

The peer-led teaching committee subsequently organized six peer-led teaching sessions, to allow assessment of the feasibility and utility of peer-led teaching. This was incorporated into the regular weekly core trainee teaching schedule. The teaching sessions comprised three 45-minute lectures on medical topics for psychiatry trainees and three 45-minute lectures on psychiatry topics for medical trainees. Lecture topics were selected from the results of the online survey, based on popularity. Teaching was delivered by core trainees who volunteered to teach.

The objectives and learning outcomes of each teaching session were determined beforehand by the speaker, respective teaching committee and supervisor consultant. This reflected the core trainee curriculum and followed up-to-date guidelines, and was presented at the beginning of all teaching sessions.

A senior trainee or consultant supervised each teaching session. The peer teaching sessions were undertaken over a period of 2 months. Trainees completed structured feedback forms after the peer-led teaching programme had finished. The peer-led teaching committee had oversight and support was provided by both postgraduate medical education departments and senior clinical staff. Feedback forms were developed by the peer-led teaching committee with consultant supervisor and programme director overview.

Results

Online survey

Seventeen out of 36 medical trainees (47%) and 57 out of 70 psychiatric trainees (81%) responded to the initial online survey, which explored core trainees' opinions on peer-led teaching before the start of the programme.

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The majority of medical trainees (82%) did not have previous postgraduate experience in psychiatry, while conversely 77% of psychiatry trainees had experience in medicine. The length of experience was also higher in psychiatry trainees – 72% had greater than 6 months experience in medicine while only 18% of medical trainees had any psychiatry experience. Most trainees were interested in attending cross-specialty teaching, 88% of medical trainees and 93% of psychiatry trainees either strongly agreed or agreed that attending these sessions would be beneficial. The majority of trainees felt that teaching organized by the director of medical education did not comprehensively cover acute psychiatry or medical topics (94% and 98% respectively).

Topics for peer-led teaching

The top three topics selected for teaching sessions by medical trainees and psychiatry trainees, and each topic's respective popularity, are outlined in *Table 1*. These were the six topics selected to be taught.

Peer-led teaching feedback

Feedback was completed by all trainees attending the peer-led teaching sessions, 30 medical trainees and 43 psychiatry trainees (*Table 2*).

The vast majority of psychiatry and medical trainees agreed that the speakers were competent in the topics taught and agreed that the peer-led teaching sessions would assist in their clinical practice on the wards. All psychiatry trainees and 83% of medical trainees agreed that peer-led teaching sessions led to informal discussion on topics. Moreover, 66% of medical trainees and 98% of psychiatry trainees agreed that peer-led teaching sessions allowed them to ask questions they would have hesitated to ask in consultant or senior trainee-led teaching sessions. All psychiatry trainees and 77% of medical trainees reported that they would prefer inclusion of peer-led teaching in formal teaching sessions organized by the director of medical education. When asked if trainees would have preferred senior trainee or consultant-led teaching instead of peer-led teaching, 53% of medical trainees disagreed and 30% were unsure, and 98% of psychiatry trainees

Table 1. Topics selected for peer-led teaching sessions

	Topic for medical trainees	Topic for psychiatry trainees
Session 1	Psychiatric pharmacology (77%)	Hypertension (79%)
Session 2	Alcohol and substance misuse (77%)	Diabetes mellitus (79%)
Session 3	Patients with psychiatric comorbidities on the medical ward (88%)	Hyponatraemia (65%)

Table 2. Feedback from peer-led teaching sessions

		Medical trainees (*n*=30)	Psychiatric trainees (*n*=43)
The structure of teaching was satisfactory	Unsure	0 (0%)	0 (0%)
	Agree	30 (100%)	43 (100%)
	Disagree	0 (0%)	0 (0%)
The topic chosen was relevant	Unsure	0 (0%)	1 (2%)
	Agree	29 (97%)	42 (98%)
	Disagree	1 (3%)	0 (0%)
The presentation was pitched at the right level	Unsure	0 (0%)	0 (0%)
	Agree	29 (97%)	43 (100%)
	Disagree	1 (3%)	0 (0%)
Those teaching were competent and knowledgeable	Unsure	0 (0%)	0 (0%)
	Agree	30 (100%)	43 (100%)
	Disagree	0 (0%)	0 (0%)
Content may help with my clinical practice	Unsure	1 (3%)	0 (0%)
	Agree	29 (97%)	43 (100%)
	Disagree	0 (0%)	0 (0%)
Peer-led teaching promoted informal discussion	Unsure	2 (7%)	0 (0%)
	Agree	25 (83%)	43 (100%)
	Disagree	3 (10%)	0 (0%)
I felt comfortable to ask questions I would have hesitated to ask a consultant	Unsure	3 (10%)	1 (2%)
	Agree	20 (66%)	42 (98%)
	Disagree	7 (24%)	0 (0%)
Peer-led teaching should become part of core training	Unsure	3 (10%)	0 (0%)
	Agree	23 (77%)	43 (100%)
	Disagree	4 (13%)	0 (0%)
I would have preferred specialist registrar or consultant led-teaching	Unsure	9 (30%)	1 (2%)
	Agree	5 (17%)	1 (2%)
	Disagree	16 (53%)	41 (96%)
I feel more confident in recognizing and managing patients with mental or physical health problems	Unsure	0 (0%)	0 (0%)
	Agree	28 (93%)	43 (100%)
	Disagree	2 (7%)	0 (0%)
If there were more sessions, I would attend them myself	Yes	29 (97%)	43 (100%)
	No	1 (3%)	0 (0%)
If there were more sessions, I would recommend them to a friend	Yes	27 (90%)	43 (100%)
	No	3 (10%)	0 (0%)
If there were more sessions, I would like to get involved	Yes	23 (77%)	39 (91%)
	No	7 (23%)	4 (9%)

KEY POINTS

- There was a high degree of interest and engagement in peer-led education among core trainees.
- Peer-led teaching was well received by the majority of trainees.
- Peer-led teaching can create a safe and informal learning environment where trainees are able to discuss aspects of topics that are most challenging and clinically relevant.
- The majority of trainees would not have preferred a senior trainee or consultant to have taught the topics.
- The majority of trainees reported being interested in participating in future peer-led education.

disagreed and 2% were unsure. Most trainees (93% of medical trainees and all psychiatry trainees) agreed that they were more confident in dealing with patients with illness that had been taught after the peer-led teaching session.

All psychiatry trainees and 97% of medical trainees reported they would like to attend peer-led teaching sessions in the future. All psychiatry trainees and 90% of medical trainees would recommend peer-led teaching to colleagues. A large proportion of trainees (77% of medical trainees and 91% of psychiatry trainees) reported that they would want to be involved in organizing peer-led teaching sessions in the future.

Open text feedback was completed by 57% of medical trainees and 54% of psychiatry trainees. Feedback highlighted key themes: 14 trainees commented the teaching sessions were 'good, relevant or pitched at right level', four trainees commented that peer-led teaching was 'more relevant to clinical situations encountered at their level', four trainees commented that it provided a 'non-intimidating' environment, two trainees commented it provided an 'informal environment to learn', and two trainees commented they felt they could ask 'stupid questions'.

Discussion

These results show that there is a role for peer-led teaching in postgraduate education and that it can be an important addition to traditional teaching organized by postgraduate medical education departments. In undergraduate education peer teaching can be an adequate substitute for senior clinician-led education without compromising learning, but this has not comprehensively been demonstrated in postgraduate education (Haist et al, 1998; Ten Crate and During, 2007). Owing to increasing demands on senior clinical staff and the importance of providing high-quality postgraduate medical education, peer-led teaching may be a viable alternative to or could be used in addition to senior clinician-delivered teaching.

The authors believe that peer-led teaching allows junior doctors to take an active role in their own education and can help their professional development. Trainees with an interest in medical education may already have postgraduate certificates in medical education, which may not be true for senior clinicians, facilitating further development of these skills. Allowing trainees to select topics that will be taught can assist trainee engagement, this could also be incorporated into traditional senior clinician-led teaching. There was excellent attendance at all peer-led teaching sessions, trainee engagement is reflected by positive feedback revealing excellent structure, relevance of topics taught and that the presentations were pitched at the right level.

Critically, the vast majority of both psychiatry and medical trainees felt that the peer-led teaching sessions would assist with their daily clinical practice. This may have been secondary to the cognitive congruence hypotheses whereby individuals with a similar knowledge base are more effective teachers (Lockspeiser et al, 2008). Teachers in peer-led education are thought to better understand the problems and challenges encountered by their contemporaries compared to senior clinical staff (Bulte et al, 2007). The authors believe that these benefits are augmented by trainees identifying topics that they either encountered most regularly or where their knowledge was lacking.

Peer-led education provides a comfortable and informal environment for trainees to discuss aspects of topics that are most challenging and clinically relevant. This is an important factor in ensuring engagement and creating a positive learning environment. Peer-led education provides a less threatening environment for learners (Skeff et al, 1997; Lockspeiser et al, 2008).

Peer-led education enhances intrinsic motivation and develops different learning methods for those teaching (Ryan and Deci, 2000; Ten Cate, 2007). In addition, the peer-led teaching programme facilitated interspecialty interaction and discussion that promoted networking and a collegiate environment. Trainees in the peer-led teaching committees developed leadership and organizational skills by survey and feedback design and development and delivery of teaching sessions. The vast majority of psychiatry and medical trainees wanted to attend sessions in the future and stated they would like to be involved in organizing sessions. Last, many trainees said they would recommend peer-led teaching to colleagues.

Limitations included that trainees did not have formal educational training or qualifications. Out of all possible trainees 47% of medical and 81% of psychiatry trainees completed the online survey, while 83% of medical and 61% of psychiatry trainees completed peer-led teaching feedback forms. The novelty of peer-led education may have contributed to the overall positive feedback. In addition, results are based on trainees' subjective analysis of knowledge gained from peer-led teaching. A more objective approach could have been to examine trainees on topics before and after peer-led teaching, but this would risk a poor level of uptake.

Conclusions

Peer-led teaching is feasible and was beneficial to core trainees' professional development when added to traditional postgraduate medical education department organized teaching sessions. Allowing trainees to choose topics facilitated trainee engagement in their own learning. **BJHM**

Conflict of interest: none.

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