

Peer Assisted Learning Support (PALS) Example Study Group Component

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The Study Group component of the Peer Assisted Learning Support (PALS) has three predominant parts:

1. Procedures and assurances for student access to study groups,
2. individualized peer assistance, when need is indicated, and
3. Preparation of peer study facilitators.

Peer assisted study groups are comprised of a second- or fourth-year medical student peer facilitator and four to six medical students who have indicated a desire to join a study group.¹ These study groups are open to all medical students to facilitate each student's achievement of educational potential. All participation is strictly voluntary and students' academic status is not influenced by their decision to participate. Information regarding student's academic performance and status are strictly confidential and study groups must reflect high standards of professionalism at all times. Peer assistance facilitators must complete a facilitator skills preparation course (often these are taught by a faculty member or professional education specialist in a medical education, academic development and support, or medical education research and development office). Peer facilitators may consult with course faculty members to ensure appropriate and accurate emphasis on course content and learning objectives.

Peer assistance in the study groups focus predominantly on helping student participants clarify concepts and principles and master course content. However, peer assistance facilitators may also address effective use of study skills and strategies, test preparation tips and techniques, and time and task management. Peer facilitators emphasize active learning approaches and may choose to include cases and other problem-oriented exercises (e.g., PBLs), to facilitate learning and peer-to-peer accountability. Peer facilitators do not lecture or present content to study group members. Rather the focus is on shared responsibility for learning. Group members are expected to raise learning issues and to work together to enhance their own and each others' understanding and skills. The primary goal of the peer assistance process is to facilitate each students' achievement of educational potential in a positive and professional learning environment. Consequently, our goals also target reducing levels of anxiety, fostering mentoring relationships, and facilitating collaboration and team building skills for all participants. Once a group has begun working together regularly, relationships typically develop in ways that facilitate peer-to-peer support for other areas such as career/specialty exploration, professionalism issues, and personal/social concerns.

The peer assisted study group model is designed to be integrated into a school-wide network or system of academic support and counseling personnel and resources. The resources, responsibilities, and processes differ by institution. However, an example is reflected in the operational flowcharts that included in this

¹ NOTE: Experience with using the PALS in a medical school setting revealed that fourth-year students are typically more able than second-year students to serve as study group facilitators. While second-year students can be effective facilitators, their preparation and role can compete with their own learning in the second year curriculum and preparation for USMLE Step 1. Balancing their own learning priorities with those of a study group can often be a significant time management challenge. Fourth year medical students tend to have more flexibility with the demands on their time they have more clinical experience than medical students, and their role as a study group facilitator for first and/or second year medical students provide an additional benefit to their own learning in terms of the opportunity to re-visit basic science content before completing the USMLE, Step 2. Taken as a whole, the mutual benefits for facilitator and study group learners seem to be greater for all when fourth year students facilitate study groups for first and second year medical students. Finally, while third year students can serve as effective facilitators, the typical demands and schedules associated with clinical clerkships make it extremely difficult for these students to serve as regular facilitators of study groups.

document. Page 3 provides a graphical overview of the PALS study group and page 4 includes a graphical description of how academic support and counseling personnel and resources can be used by a student in need of assistance. Regardless of the specific resources and processes used at a given institution, open and ongoing communication and collaboration is critical to program effectiveness. Communication activities also include proactive and ongoing information sharing with the targeted learner group(s) and other stakeholders (e.g., educational leaders, course faculty, support services providers).

Program efforts can also include creating and using a web-based management tool to facilitate effective and efficient processing of the various aspects of the program (e.g., applications/registrations for participation in study groups, identifying facilitator and student participants to form study groups, scheduling, communication, and monitoring, follow up, and program evaluation. However, web-based resources are not required to begin or continue a program. Either initially or after initial implementation, program development may target adding other learning resources, study and test preparation aids, workshops and seminars on learning, and announcements of other available opportunities that support students' academic success.

Evaluation of the PALS program implemented in one school setting (2000-2001) revealed that the program was meeting its goals and that the anticipated benefits for both peer facilitators and study group student members were being realized. Overwhelmingly, student facilitators and students reported substantial and positive influence on learning. Students reported enhanced performance in courses and on formal tests, and strong support for continuing the PALS program.

Relevant References

Goodlad, S. Mentoring and Tutoring by Students. Kogan Page Publishing: London, 1998.

Goodlad, S. Students as Tutors and Mentors. Kogan Page Publishing: London, Philadelphia, 1995.

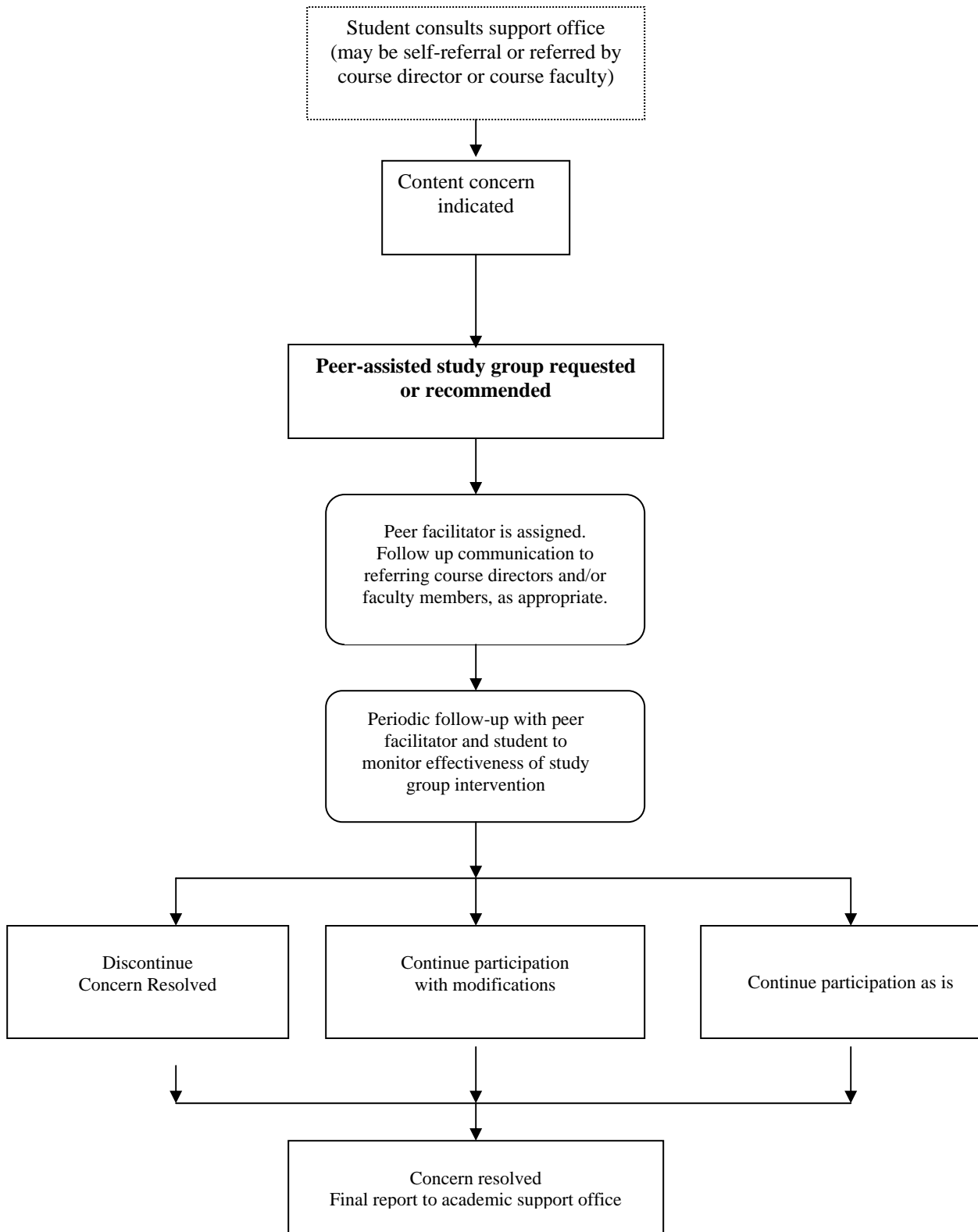
Peelo FM. Helping Students with Study Problems. SRHE and Open University Press Imprint: Boston, 1994.

Quirk, M. How to Learn and Teach in Medical School . Charles C. Thomas, Publisher: Springfield, Il., 1994.

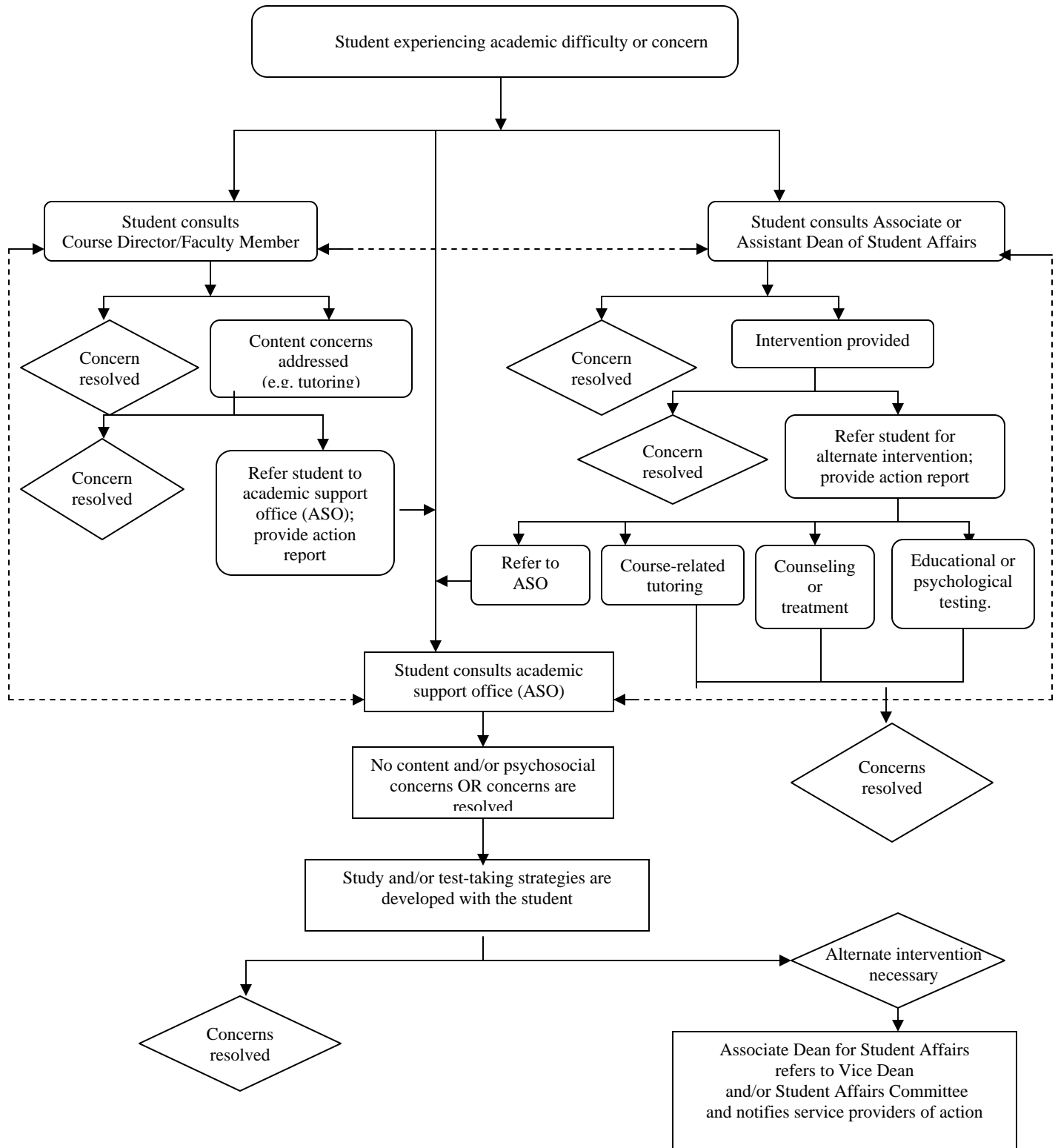
RaceP, Brown, S. 500 Tips for Tutors. Kogan Page Publishing: London, Philadelphia, 1997.

Peer-Assisted Learning System

Implementation Model



Example Student Learning Assistance Process*



Strict confidentiality of student information is followed at all times and all involved parties work cooperatively to maintain student integrity and dignity as a member of School. All information flows between the Office of Student Affairs and designated service/consultative providers in accordance with school policies and meeting the specific needs of each student.

Peer Assisted Learning Support (PALS) Group Facilitator Application

Peer-Assisted Study Group Facilitator must meet the following criteria:

1. enrolled full-time in SOM as a medical student in good standing,
2. have completed and achieved a High Pass or an Honors in the course(s) for which you will be facilitating a study group,
3. have completed group facilitation training through the <Academic Support Office (ASO)>,
4. provide periodic update reports about study group progress to the <Academic Support Office (ASO)>, and
5. agree to maintain confidentiality.

1. Please provide the following information:

Last Name: _____
First Name: _____
Home Phone: _____
E-mail: _____
Pager: _____

2. Gender: M___ F___

3. Graduating Class of _____

4. Briefly state why you want to be a volunteer *Peer-Assisted Study Group Facilitator*:

5. Education:

Undergraduate Institution: _____ Degree: _____ Major: _____
Graduate Institution/Other (if applicable): _____ Degree: _____ Major: _____

6. Previous tutoring, teaching, or study group facilitation experience:

7. How many study groups are you willing to facilitate weekly? 1 2 (circle)

8. Which days and times do you prefer to facilitate a study group (or to provide individual assistance)? Rank order the days you prefer (e.g. 1=Tuesday, 2=Thursday, etc.), then write in the blank a 2-hour period that you would prefer to meet (e.g. 3:00-5:00 PM)

Days and Times:

<input type="checkbox"/> Sunday _____	<input type="checkbox"/> Thursday _____
<input type="checkbox"/> Monday _____	<input type="checkbox"/> Friday _____
<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Saturday _____
<input type="checkbox"/> Wednesday _____	

9. In which courses are you volunteering to serve as a *Peer Facilitator*? Please rank order the course(s) you select to indicate your preference.

First Year Courses

Your final grade in the course?

<input type="checkbox"/> Gross Anatomy	HP	H
<input type="checkbox"/> Histology	HP	H
<input type="checkbox"/> Embryology	HP	H
<input type="checkbox"/> Foundations in Medicine I	HP	H
<input type="checkbox"/> Human Physiology	HP	H
<input type="checkbox"/> Biochemistry	HP	H
<input type="checkbox"/> Neuroscience	HP	H

Second Year Courses

Your final grade in the course?

<input type="checkbox"/> Medical Immunology	HP	H
<input type="checkbox"/> Pharmacology	HP	H
<input type="checkbox"/> Foundations in Medicine II	HP	H
<input type="checkbox"/> Pathology/Pathophysiology	HP	H
<input type="checkbox"/> Clinical Diagnosis	HP	H
<input type="checkbox"/> Medical Microbiology	HP	H
<input type="checkbox"/> Parasitology	HP	H
<input type="checkbox"/> Medical Genetics	HP	H

9. Occasionally, a student's study needs are better met through one-on-one peer assistance. When this is the case, would you be willing to work with an *individual* student? (circle one) YES NO

If yes, how many? (circle one) 1 2

My signature indicates that I am in good academic standing in the School of Medicine and I affirm that the above information is true. I recognize my professional responsibility as a Peer Assisted Study Group Facilitator and agree to maintain the confidentiality of information pertaining to the students with whom I work. Information about a student's participation, performance, and progress will be restricted to the student with whom I am working and the <Academic Support Office (ASO)> faculty only.

_____ Date _____
Applicant's Signature

To be completed by <Academic Support Office (ASO)> staff:

Application Received by _____ Date _____

Date completed the *Peer Facilitator Training* conducted by the <Academic Support Office (ASO)>: ___/___/___

**Peer Assisted Learning Support (PALS)
Study Group Request**

CONFIDENTIAL

To be included in a Peer Assisted Study Group or to request individual peer-teaching assistance, please complete the following request form.

1. Your contact information:

Last Name: _____
First Name: _____ MI _____
Home Phone: _____
Pager: _____
E-mail: _____

2. Gender: M _____ F _____

3. Graduating Class of _____

3. **Education:**

Undergraduate Institution: _____

Degree: _____ Major: _____

Other Institutions: _____

Degree: _____ Major: _____

4. **Select the subjects for which you are requesting study group inclusion:**

First Year Courses

Current grade: Talked with Course Director?

<input type="checkbox"/> Gross Anatomy	_____	YES	NO
<input type="checkbox"/> Histology	_____	YES	NO
<input type="checkbox"/> Embryology	_____	YES	NO
<input type="checkbox"/> Foundations in Medicine I	_____	YES	NO
<input type="checkbox"/> Human Physiology	_____	YES	NO
<input type="checkbox"/> Biochemistry	_____	YES	NO
<input type="checkbox"/> Neuroscience	_____	YES	NO

Second Year Courses

Current grade: Talked with Course Director?

<input type="checkbox"/> Medical Immunology	_____	YES	NO
<input type="checkbox"/> Pharmacology	_____	YES	NO
<input type="checkbox"/> Foundations in Medicine II	_____	YES	NO
<input type="checkbox"/> Pathology/Pathophysiology	_____	YES	NO
<input type="checkbox"/> Clinical Diagnosis	_____	YES	NO
<input type="checkbox"/> Medical Microbiology	_____	YES	NO
<input type="checkbox"/> Parasitology	_____	YES	NO
<input type="checkbox"/> Medical Genetics	_____	YES	NO

5. Which days and times do you prefer to participate in a study group? Rank order the days you prefer (e.g. 1=Tuesday, 2=Thursday, etc.), and then write in the blank a 2-hour period that you would prefer to meet (e.g. 3:00-5:00 PM).

Days and Times:

- | | |
|--|---|
| <input type="checkbox"/> Sunday _____ | <input type="checkbox"/> Thursday _____ |
| <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Friday _____ |
| <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Saturday _____ |
| <input type="checkbox"/> Wednesday _____ | |

6. Briefly describe your current learning strategies (e.g. mind mapping, audio taping, etc.):

7. Briefly describe your desired outcomes of working with a Peer-Assisted Study Group:

8. When you experience learning difficulties, what is the best way for someone to assist you? (e.g., “show me”; “tell me”; “call things out to me”; etc.)

9. How do you prefer to receive feedback about your learning/progress? (for example, written feedback, verbal feedback, etc.,)

10. List any other learning assistance experiences or programs in which you have participated (e.g., study strategies or test taking workshops, an individual consultation with an <Academic Support Office (ASO)> faculty, tutoring, online programs, etc.).

11. Briefly describe any other factors which may be helpful to the *Peer Assisted Study Group Facilitator* who will be working with you or your study group:

My signature below indicates that I am requesting inclusion in a peer-assisted study group. I understand that my participation is strictly voluntary and information pertaining to my academic status is strictly confidential. I understand further that *if I was referred to <Academic Support Office (ASO)>, by a Course Director or faculty member*, then the appropriate Course Director or faculty member may be contacted by the <Academic Support Office (ASO)> faculty for follow-up purposes.

_____ Date _____
Student’s Signature

_____ Date _____
<Academic Support Office (ASO)> Faculty/Educational Specialist