Author's response to reviews

Title: Peer Learning in the UNSW Medicine Program

Authors:

- Helen A Scicluna Dr (helens@unsw.edu.au)
- Anthony J O'Sullivan Professor (a.o'sullivan@unsw.edu.au)
- Patrick Boyle Mr (patriga@gmail.com)
- Philip D Jones Professor (philip.jones@unsw.edu.au)
- H Patrick McNeil Professor (patrick.mcneil@mq.edu.au)

Version: 3 Date: 11 September 2015

Author's response to reviews: see over
12 September 2015

Dr Annette Burgess
Associate Editor
Approaches to Teaching and Learning
BMC Medical Education

Dear Dr Burgess

Re: Peer Learning in the UNSW Medicine Program
MS:1961245173174835

Thank you for the opportunity to address the concerns raised by the reviewers and to submit a revised manuscript. Our point-by-point response to the concerns raised by the reviewers is outlined below.

Reviewer: Annette Burgess

Abstract: I suggest that you include key statistical information, such as the total number of students, and response rates.

Key statistical information is now included in the abstract. In line 40, the total number of medical students is included n=1608. In line 46 the response rate and total number of students is included, “We received valid responses from 20% of medical students (n=328).”

Within the Introduction, I suggest that an overview of the medical program is provided, for example, is it a six year undergraduate program?

An overview of the medical program is now provided with the addition in line 62 of “six-year undergraduate entry, fully integrated” and also in line 66, “a graded learning process to progressively develop student autonomy, an in-depth research experience for all students [5], a comprehensive assessment.”
system designed to ensure strong alignment between teaching, learning and outcomes [6-8],”

I understand that all 2012 medical students (years 1 to 6) at UNSW were invited to answer the questionnaire, but it needs to be made very clear whether or not students are reflecting only on their experience in Year 1 and Year 2.

To clarify the reflection required by students when completing the questionnaire the following information has been added at line 145,

“Items 1-12 and 2 open-ended questions explore students’ reflections on their experience of peer learning in years 1 and 2 only. Items 13-19 explore senior students’ experience of peer learning in years 1-6 and items 20-26 explore students’ experience of voluntary near-pear teaching in years 1-6."

On page 8, line 209 it is stated that “*only a minority (22.6%) of students found their year 2 counterparts to be disinterested in helping them learn*”. This is almost a quarter of the students, and I’m not sure that it deserves a positive ‘spin’ being put on it.

This sentence has been deleted at line 214 and revised on line 220,

“*and almost a quarter of students (22.6%) experiencing their year 2 counterparts to be disinterested in helping them learn (Table 2).*"

Similarly, page 8, line 221, states a “*minority (20.2%) expressed concerns that explicit near cohort mixing was an impediment to their learning*”. Perhaps these two areas of results could be addressed in the Discussion section.

In line 228 the word ‘minority’ has been deleted and replace in line 227 by

“*Some students (20.2%) expressed concern that explicit near cohort mixing was an impediment to their learning as it slowed down their learning in order to teacher the first year students.*"

In the discussion section (line 380) a paragraph outlining the concerns of students is added,

“*The experience of peer learning was not positive for all students. Some students felt senior students were not interested in helping or teaching them,*
whilst others indicated their learning slowed to accommodate students in junior years. With over 1600 students in the UNSW Medicine program drawn from a variety of secondary learning environments, it is possible that some students felt that peer learning did not suit their learning style; some students may have had previous positive experiences of peer learning, whilst others may have had no experience or negative past experiences. Moreover, medical students are a competitive group and some may have felt that peer learning did not support their full learning potential. In future, it will be important to communicate the educational rationale that underpins peer learning to students, and the importance peer learning will have for their medical careers, where they will be working in teams, which will be vertically integrated with senior and junior members.”

The “Thematic analysis of open-ended comments” (page 10, line 262) opens with “The key positive themes identified using NVivo”. I believe that you have correctly addressed the role of NVivo in the methods section, and it should be left out in the results section (that is, delete “using NVivo”).

In line 265 “using NVivo” is deleted.

I think that more thought could go into the writing and structure of the “Thematic analysis of open-ended comments” section (commences page 10, line 256). The titles for each section could provide a better description.

The section on the “Thematic analysis of open-ended comments” has been revised and the titles changed at line 265,

“The key positive themes identified from the open-ended comments were peer support, near-peer teaching promoting deeper learning, leadership and teamwork. The negative themes were students’ resistance to peer learning, transmission of inaccurate information and impediments to learning.”

Under “peer support”, page 10, line 262, there are both positive and negative descriptions.
The paragraph which outlines students’ concerns about peer support is deleted from line 284 and moved to line 325 under the heading of “Students’ resistance to peer learning.”

“Deeper learning” title refers to the experience of Year 2 students learning from teaching, and this could be implied in the title.

The title “deeper learning” is deleted at line 291 and replaced with “Near-peer teaching promoting deeper learning.”

The title “Inaccurate learning”, page 12, line 317 could be reconsidered, as the quotes imply that the information senior student provide may sometimes be inaccurate.

The title “Inaccurate learning” is replaced with “Transmission of inaccurate information” on line 334.

In the Discussion section, a mention of the negative aspects of vertical integration and peer learning identified by the students seems warranted. This might also include some thoughts on how steps could be taken to improve the student experience. For example, how would you try to make the Year 2s more interested in helping the Year 1s?

A new paragraph is included at line 380 which discusses the negative aspects of vertical integration and peer learning. It outlines the steps that could be taken in the future to improve the student experience,

“The experience of peer learning was not positive for all students. Some students felt senior students were not interested in helping or teaching them, whilst others indicated their learning slowed to accommodate students in junior years. With over 1600 students in the UNSW Medicine program drawn from a variety of secondary learning environments, it is possible that some students felt that peer learning did not suit their learning style; some students may have had previous positive experiences of peer learning, whilst others may have had no experience or negative past experiences. Moreover, medical students are a competitive group and some may have felt that peer learning did not support their full learning potential. In future, it will be important to communicate the educational rationale that underpins peer
learning to students, and the importance peer learning will have for their medical careers, where they will be working in teams, which will be vertically integrated with senior and junior members.”

There is no Limitations section, and this needs to be addressed.
The limitations of this study are addressed at line 418, “A limitation of this study is the relatively small sample size that may be a result of using an online questionnaire asking students to comment retrospectively on their learning experiences. The small sample size may also reflect students’ reluctance to be involved in evaluation studies. As the questionnaire is anonymous, we are unaware of the characteristics of the non-responders and it is unclear to what extent these results can be extrapolated to the wider medical student population, but in previous evaluations which are not anonymous the responders and non-responders are generally closely matched.”

In the Conclusion, line 394, “Moreover, senior students seem to feel an ‘obligation’ to teach…..”. I wonder if “a professional ‘obligation’ might better explain their thoughts. In line 434 “professional” has been added.

Reviewer: Yvonne Hodgson
In the last paragraph in the “near peer learning develops leadership skills within a teamwork context” section. The last sentence in this section refers to two thirds of respondents who had not engaged in near peering teaching being in table 6. I could not find this data in table 6.
The reference to “(table 6)” is deleted from line 262 and added at line 257.

Yours sincerely

Professor Tony O’Sullivan
UNSW Medicine Program Authority