

Peer assisted learning: a planning and implementation framework.

Keith Topping, University of Dundee, UK

Peer assisted learning is an area of great importance, not just in higher education and the workplace, but also in primary and secondary schools. In the latter, as curriculum development takes one of its swings back toward the creative and interactive, peer assisted learning (PAL) is very much back in fashion. In higher education PAL is very common (although many published studies are not of very high quality), and it is becoming more common in the workplace. However, one current problem concerns how learners can connect the many different PAL experiences they might have during their learning life – are they frequent enough and similar enough for the learner to sustain any metacognitive overview and indeed any generalisation of skills?

In the field of medical education, Ross and Cameron's own recent work refers heavily to my own work, and it would be surprising if I was not applauding a great deal of it (Ross & Cameron 2007). Of course, I am not a medical specialist, in which context the authors have set their discussion of peer assisted learning. However, I have some modest concerns regarding the crucial part of Ross and Cameron's work – their 24 questions.

Firstly the questions do not make clear that training should be for both tutors and tutees (and preferably together at some point).

Secondly (and more importantly), they do not refer to methods for matching students in pairings – by ability, age, gender, student preference, and so on. Where insufficient is known about the students in advance to render matching by ability possible, random selection (not in line with student preference) might be the only course, but this should be stated.

Thirdly, some of these questions are effectively double questions. Thus Question 13 asks both about the format of the intervention and about what resources are required. This compounding is dangerous – it is all too easy to prescribe resources and assume that they will automatically lead to a positive interaction. The nature of the interactive behaviour needs to be specified.

Fourthly, in question 16 there is no mention of teacher observation as a monitoring device (although it is mentioned in question 18 as an evaluation device).

Fifthly, question 18 on "academic hypotheses" is vague and unhelpful.

Finally, the caveat section is possibly over-punctilious and over-inclusive in its attempts to outline warnings.

However, many things could be said on the positive side. Ross and Cameron acknowledge the full range of PAL interventions, so they cannot be accused of focusing on a particular method used parochially. They are realistic about the staff time involved to set PAL up properly. The exemplary completed form at the end is very useful. In all, it is a useful and balanced piece of work. I would encourage those in medical education to take up its message and experiment with their own variants on peer assisted learning.

Notes on Contributor:

Professor Keith Topping is Professor of Educational and Social Research at the University of Dundee, Scotland, UK. As Director of the Centre for Peer Learning, his interest and research lies within this area and other forms of tutoring and mentoring. He directed the Higher Education Effective Learning Project, which looked at peer tutoring within colleges and universities and has achieved national and international recognition for his work and research on this topic.

Professor Keith Topping, University of Dundee, College of Arts & Social Sciences, School of Education, Social Work and Community Education, Nethergate, Dundee, DD1 4HN, UK.

Tel: +44 01382 381400; e-mail: k.j.topping@dundee.ac.uk

The AMEE Guide to which this supplement refers was published as: Ross M T and Cameron H S. 2007. Peer assisted learning: a planning and implementation framework: AMEE Guide no. 30. Med Teach 29:527-545

This AMEE Guide Supplement was published in Medical Teacher 2008, 30, 4, p440