The hidden curriculum in near-peer learning: An exploratory qualitative study

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ABSTRACT

Background: Near-peer learning involving students from the same course, but at different levels, has gained prominence in health professional education over recent years. At the authors' university, nursing and paramedic students engage in near-peer learning in clinical skills laboratories where junior students learn specific skills from senior students. Our observations indicated that beyond the skills teaching, unintended learning occurred repeatedly.
Objectives: The aim of this study was to examine near-peer learner and teacher experiences of participating in near-peer learning and to explore students' engagement beyond the skill being learnt.
Methods: Separate focus group interviews were conducted with groups of peer learners and peer teachers from nursing and paramedics following near-peer teaching and learning sessions. In total, 26 students participated in one of four audio-recorded focus groups.
Results: Data were analysed thematically. A range of unintended learning experiences became evident, indicating the operation of hidden curriculum additional to that intended within the formal curriculum. Four main areas emerged and were focussed on junior students: *identifying with their peers*, *the course and related expectations*, *clinical placements* and *managing difficult situations*.
Conclusions: Near-peer learning and teaching has been reported as having a range of positive outcomes, particularly for those engaged in the teaching. However, this study has highlighted that can also provide a range of benefits unique to junior students. More research is warranted to further examine this phenomena and ways to harness and extend such learning opportunities, as well as the nature of social and cognitive congruence.

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1. Introduction

Increasingly, the roles of health professional as teachers are becoming formalised in professional standards (McKenna and French, 2011; Williams et al., 2014; Marton et al., 2014). In that context, much has been written in recent years about near-peer, or peer-assisted learning, particularly that involving senior peers teaching juniors in health professional literature. Near-peer teaching usually involves senior students teaching junior students from the same education program. Studies of near-peer teaching models and their outcomes have been described in disciplines such as medicine (Marton et al., 2014; Aba Alkhail, 2015; Fermedge et al., 2014; Naeger et al., 2013), nursing (McKenna and French, 2011; Brannagan et al., 2013), and paramedic education (Williams et al., 2014, 2015) and even across disciplines (McLelland et al., 2013).

A range of benefits of near-peer teaching have consistently been described, in particular for peer teachers. For peers engaged in teaching organised programs, experiences have led to increased confidence in teaching capabilities (McKenna and French, 2011; Naeger et al., 2013; Williams et al., 2015; Ten Cate and Durning, 2007; Evans and Cuffe, 2009), as well as consolidating their own prior knowledge (McKenna and French, 2011; Aba Alkhail, 2015; McLelland et al., 2013; Ten Cate and Durning, 2007; Evans and Cuffe, 2009). For the learner in a peer teaching relationship, benefits have been described through the creation of more comfortable learning environments (Ten Cate and Durning, 2007) that evoke less anxiety (McKenna and French, 2011), having more resources to support their learning (Fermedge et al., 2014) and having role models on whom to develop their own professional roles (Ten Cate and Durning, 2007). It has been suggested that the social proximity or cognitive congruence of peers to the experiences of learners may assist their understanding of learners' difficulties, along

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with their ability to relate better to learners, than academic staff (Bennett et al., 2015).

2. Methods

At the authors' university, peer-assisted learning programs have existing in clinical skills teaching in nursing and paramedicine since 2009 and 2011 respectively. In the Bachelor of Nursing, all final year students undertake a core unit on teaching in health care. This unit covers educational theory and practice, with one of the unit requirements involving these students teaching vital signs to first year students in clinical skills laboratories. Each near-peer teacher develops a lesson plan and delivers the teaching in a scheduled two-hour session with a partner to two to three junior learners. In the Bachelor of Emergency Health (Paramedic) second and third year students are invited to volunteer as peer teachers for first year students learning basic life support competencies. They support classroom tutors assisting junior students to learn required clinical skills. By this point in their education, the first year students have not been exposed to clinical placements in their respective disciplines.

Since the introduction of the near-peer teaching interventions, we have evaluated these programs quantitatively using the Clinical Teaching Preference Questionnaire and qualitatively using focus groups with first and final year students. Quantitative results have been published elsewhere (*citation withheld*). Prior to undertaking the evaluation, the project was approved by the university ethics committee. For the qualitative component, four focus groups of between four and ten participants each were conducted after near-peer teaching and learning experiences, nurse peer learners (NL), nurse peer teachers (NT), paramedic peer learners (PL) and paramedic peer teachers (PT). In total, 26 students participated, some of whom were undertaking double degree studies in both nursing and paramedics. Focus groups were designed to explore students' experiences and capture aspects in the teaching and learning encounters that had not been previously considered by the team. The overarching research question was: What are the experiences of peer learners and peer teachers during near-peer sessions? All students who participated in the teaching sessions were invited to participate in a focus group by an academic staff member not involved in their direct teaching who provided verbal and written information. Students signed written consent forms prior to the focus groups commencing. Prior to commencement, students were briefed on the importance of maintaining confidentiality of participants and what was said in the groups. Focus groups were guided by the following key questions:

- Has the peer teaching experience impacted on your perceptions of nurses'/paramedics' teaching roles?
- What are your perceptions of your peer teaching experience more broadly?
- What aspects were the most challenging?
- How might the experience impact on your role as a graduate?
- How could we develop the experience for future students?

Focus groups were audio-recorded and transcribed verbatim and data saturation was achieved after the fourth focus group. Data were analysed using thematic analysis informed by Grbich (2013) using labelling of concepts, followed by attaching codes to the data, then grouping similar data into themes. What became evident from our own observations and the focus group interviews was that much more was taking place during the teaching experiences than purely clinical skills teaching and learning, and that there was a large element of vicarious learning, or unintended, hidden curriculum emerging. Trustworthiness of themes was undertaken through two research team members reviewing and coding transcripts and comparing themes. One area to emerge strongly from the analysis related to unintended learning

opportunities. Findings are reported through associated anonymous quotations.

3. Results

The focus group discussions raised many aspects constituting unintended or hidden curricula, that is, valuable learning beyond the intended outcomes of the near-peer teaching experience. Across both disciplines, these were around four key themes: *identifying with their peers*, *the course and related expectations*, *clinical placements*, and *managing difficult situations*. Overall, these encounters were found to have an influence on junior students' beginning professional identities and socialisation.

3.1. Identifying With Their Peers

There was much discussion in the focus groups that indicated that learners sought to identify with their near-peer teachers. These teachers were perceived by learners to have a level of authority, that lecturers did not, to provide information on a range of issues relevant to students, such as future clinical placements. Hence, they developed a different type of rapport than junior students would with their lecturers, making relationship building easier:

> It's a lot easier to relate to them and it's a lot easier to get that relaxed rapport with them.
>
> [(NL)]

> You can say look guys, we've been there. You better do this and don't worry so much about that. It was a more peer guidance than a teaching session.
>
> [(NT)]

There was a perception by juniors that near-peer teachers had the ability to relate to where the junior students were at, using their own experiences as evidence:

> I find they give you very relevant information, so when we're actually doing our scenarios and our practising that they tend to say, oh, I was like this and I found this really worked for me at that time - really practical information that you can take on board. You can take it or leave it, but it's fantastic how they can put themselves in your shoes back when they did it and give you some suggestions how to move forward, it's almost a personalised insight.
>
> [(PL)]

> Peers were wonderful. They have been through it all before and understood our feelings and desires to be confident & competent.
>
> [(NL)]

Relationships that were built through the near-peer teaching experience were also reported by some as continuing when first years began their clinical placement experience:

> I found when I was out on placement this last block that I had first years on the same ward as I was on and they would come up to me and ask me questions about how do you do this and how do you do that.
>
> [(NT)]

3.2. The Course and Related Expectations

The peer-teaching encounter also provided opportunities for junior students to learn more about the course, its requirements and what to expect as the course progressed. This was evidenced by a number of comments from both learners and teachers.

How the course is going and what parts we like about it and what parts we don't. That was probably the most commonly asked questions.

[(PT)]

They are really hunting to find out what to expect short term and long term.

[(PT)]

…things you have to worry about and things you don't have to worry about when it's coming up to exams, those sorts of things. It's nice to just be able to talk to someone who's pretty much just done it in the last couple of years.

[(PL)]

…some new peers about what they're doing. They're all starting to get written CVs and portfolios and stuff ready, so it's good to just hear - and even what to expect in the years to come. They'll say at this point you probably do this, but you'll start [unclear] this year. Then the conversation stems from there.

[(PL)]

Junior students used the encounter as a means for accessing handy tips that would help them along the way:

The third years made us feel very comfortable and gave us tips they've picked up over the years.

[(NL)]

They also ask for little tips as well. They said to me, what do you do to remember all this information? I said write on your glove and stuff like that. Little tips they don't necessarily teach in the course content but you just pick up along the way when you're on the road or just impact us at school.

[(PT)]

3.3. Clinical Placements

Junior students in both disciplines had not had clinical placements in hospitals or the community at the time of the near-peer teaching sessions. They were apprehensive about what to expect and what would be required of them. The near-peer teaching session provided an opportunity to get information about placements and allay some of their fears.

After that probably clinical experiences as well. How our first placements were and everything, because it is daunting as a first year, going out for your first time.

[(NT)]

They asked a lot about our placements and they asked a lot about our own experiences especially when they found out that some of us were already working as Div 2s [Enrolled Nurses] and I guess that was a really good side, extra learning to have real peer learning because as much as you have someone tell you what its like, its different coming from someone who is doing it while you're doing it too.

[(PT)]

In particular, junior students were interested in knowing what clinicians would require them to do during placements.

…well before they went on placements they wanted to know as a student what to do on placement. As a third year, do you do more on placement than a first year would? Then they ask how is the course is going to play out. Sometimes, because they are only up to asking questions, they

ask you if it is going to be more interesting later. Those are the kind of questions that they ask.

[(NT)]

3.4. Managing Difficult (Confronting) Situations

The sessions also provided junior students with opportunities for assisting them to get answers to aspects of their professional roles that could be confronting and would require some self-management. This was particularly the case for paramedic peer learners who were keen to know about how they might cope with confronting situations such as road trauma or patients with mental illnesses.

Have you ever been to anything majorly traumatic or anything like that, anything nice and juicy sort of thing and how did that make you feel sort of thing. I know with a few of them they'll basically try to be counsellors without knowing it, so that was pretty interesting.

[(NT)]

Also how to handle the stress and if you're working with someone who's difficult, how to handle it. Those sorts of things, just being able to chat with someone who's of a similar level, knows where you're coming from and just how they've had to deal with some of the harder things that we do have to deal with.

[(PL)]

4. Discussion

This study examined the learning and teaching within near-peer teaching in undergraduate nursing and paramedic education occurring beyond that intended within the curriculum. While we had observed that such activities occurred during near-peer encounters, students in the focus groups provided valuable descriptions that enabled analysis. Clearly, there is a hidden curriculum that operates within these near-pear teaching and learning relationships. The hidden curriculum refers to learning that occurs beyond that intended through the defined curriculum. It can occur through informal interactions with others such as faculty members, other students and others, such as health professionals (Gaufberg et al., 2010). The concept of the existence of the hidden curriculum in health care professional education is not new, yet has not been previously described in relating to the near-peer teaching and learning relationship. The hidden curriculum has been identified as playing an important role in students' professional socialisation (Karimi et al., 2014) and development of professional values (Phillips, 2013) and cultural competence (Paul et al., 2014). Furthermore, Allan et al. (2011) argue 'it is via the hidden curriculum that students are socialised into professional behaviours and practice. These socialisation processes are influenced by the roles of experienced professionals who act as practice teachers, mentors and role models for students.' Despite the impact of the hidden curriculum, it is rarely formally assessed (Mossop et al., 2013).

Literature identifies the potential of the hidden curriculum to be negative. Such negative views may be reflected in many ways, such as through a teacher's or clinician's personal beliefs and values, resulting in stereotyping of patients or colleagues, and subsequently causing conflict for the student (Phillips and Clarke, 2012). Yet, much of the available literature identifies deliverers of the hidden curriculum as faculty members. That which is delivered between student peers has received little attention to date (Hafler et al., 2011). Our findings suggest that there are valuable learning opportunities to be harnessed within them that cannot be provided by lecturing staff. Near-peer teachers were seen to have credibility and an authority over the type of knowledge that was obtained. The hidden curriculum in this context is therefore, powerful. Harnessing the positive learning, while ensuring that those

less desirable attitudes or behaviours that could emerge, is important (Holmes et al., 2015). Our research suggests there is great value in the near-peer teaching encounters for junior students. It has been suggested that sense of community is likely to benefit students' studies, assisting them to develop a sense of belonging (Mossop et al., 2013) within their chosen profession. We would not, however, advocate randomly including near-peer teaching for the sole purpose of allowing students to experience such hidden curricula aspects. The encounters in our programs have been carefully planned and managed within a particular curriculum area for both year levels. Mossop advocates that once hidden curriculum 'influences have been identified, they may need to be managed' (Mossop et al., 2013). In our case, this will ensure that learning experiences are positive for all concerned.

The literature presents a range of benefits of near-peer teaching particularly for peer teachers, namely development of transferable educational and mentoring skills for professional practice (Naeger et al., 2013; Ten Cate and Durning, 2007), reinforcing their knowledge and being able to share their expertise (Burgess and Nestel, 2014). However, this analysis of hidden curriculum uncovered more benefits for junior students than have previously been described. More research is needed to explore these benefits and how they work to advantage these learners later in the courses, in particular, when they commence clinical placements. Much is written about clinical placements being important for students' professional identity and socialisation (McKenna et al., 2010; Weaver et al., 2011). However, these experiences suggest that near-peer teaching and learning encounters begin to facilitate this process and are invaluable for development of beginning professionalization (Michalec, 2011), particularly for junior students yet to experience real clinical placements assisting alleviate associated anxieties (Lockspeiser et al., 2008). The way in which focus groups from the two disciplines complemented each other, suggests that it is possible that such hidden curricula operated across a range of health professions and this warrants further exploration.

While there has been broad-based recognition of the concepts of both the informal and the hidden curriculum, the student perspective of these elements has been poorly described in the medical education literature (Ozolins et al., 2008). In one of the few available studies on nursing students and the development of professionalism through the hidden curriculum, peers were found to be an important resource (Karimi et al., 2014). Despite the growing body of literature around hidden curriculum and near-peer teaching, no studies have examined these concepts together. This signifies the uniqueness of the current study and the need for future research. In their similar study with medical students, Lockspeiser et al. (2008) suggested that the social and cognitive congruence afforded by near-peer teaching was valuable, particularly for junior students, facilitating their transition into the course and empathising with them, as well as fostering potential informal support mechanisms.

There are limitations surrounding this study. Focus group interviews were conducted with students from one university in Australia and cannot be generalised to other settings. However, there may be similarities with other near-peer programs that are recognisable. Interviews were focussed on exploring peer teachers' and learners' experiences of participating in near-peer teaching and learning, and questions did not focus specifically on aspects of the hidden curriculum. Hence, more research is needed to examine if there are other aspects of learning that occur, positive and negative, during near-peer learning, and positively managing components of the hidden curriculum. As experiences were self-reported in this study, observational studies may uncover other aspects of operating hidden curricula.

5. Conclusion

Near-peer teaching is often employed in the health professions in clinical skills teaching. However, within these encounters operates a hidden curriculum that also provides powerful learning opportunities, particularly for junior students. Yet, little is known about this aspect. Strategies to harness the positive aspects, and mitigate less desirable behaviours and attitudes, are important considerations for those implementing near-peer teaching. Further research is required to further explore the operation of the hidden curriculum in these encounters, including across different disciplines and learning contexts.

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