



July 2022

Peer Mentoring in an Entry-Level Occupational Therapy Program: Student Experiences During the COVID-19 Pandemic

Lauren E. Stone Kelly
North Central College – USA, lauren_stone86@yahoo.com

Follow this and additional works at: <https://scholarworks.wmich.edu/ojot>



Part of the Curriculum and Instruction Commons, Educational Methods Commons, Occupational Therapy Commons, and the Scholarship of Teaching and Learning Commons

Recommended Citation

Stone Kelly, L. E. (2022). Peer Mentoring in an Entry-Level Occupational Therapy Program: Student Experiences During the COVID-19 Pandemic. *The Open Journal of Occupational Therapy*, 10(3), 1-15. <https://doi.org/10.15453/2168-6408.1967>

This document has been accepted for inclusion in The Open Journal of Occupational Therapy by the editors. Free, open access is provided by ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.

Peer Mentoring in an Entry-Level Occupational Therapy Program: Student Experiences During the COVID-19 Pandemic

Abstract

Background: The COVID-19 pandemic has had significant impacts on education. During this time, educators were tasked to develop creative and new ways to engage and teach students. Mentoring has been shown to positively impact academic and psychosocial outcomes and can enhance clinical skills in both in-person and e-learning environments. However, there is need for further research on peer mentoring programs in occupational therapy curriculum.

Method: This retrospective qualitative study investigates the effects of peer mentoring on student perceptions of learning and professional development. Experiences were tracked for three semesters during the pandemic at an accredited entry-level occupational therapy program in the US. The students answered two to three questions at the end of each semester; qualitative analysis followed.

Results: Twenty-six to 28 students consented each semester. Positive experiences, improved communication, and professional skills were reported. Most of the students felt peer mentoring enhanced learning, reduced stress, and fostered comradery. Collaborative partnership was preferred, and the students often asked for more structured faculty support.

Discussion: The results are consistent with current evidence and confirm use of mentoring in entry-level occupational therapy programs may be beneficial even in adapted learning environments. This study gives insight to learning during a global pandemic and provides guidance for post pandemic pedagogical design.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

mentoring, peer mentor, occupational therapy, education, student, pedagogy

Credentials Display

Lauren E. Stone Kelly, OTD, OTR/L

Copyright transfer agreements are not obtained by The Open Journal of Occupational Therapy (OJOT). Reprint permission for this Special Section: COVID-19 should be obtained from the corresponding author(s). Click here to view our open access statement regarding user rights and distribution of this Special Section: COVID-19.

DOI: 10.15453/2168-6408.1967

Successful and meaningful occupational therapy curricula must engage students in “active, relational, and contextualized pedagogies” (Krishnagiri et al., 2019, p. 7305205080p8). As instructional designs evolve and technology and distance learning components become more prevalent in entry-level and post professional occupational therapy programs, educators are tasked with developing new and creative ways to engage students and effectively teach the core skills that are essential for every occupational therapist. As we adjust to changes in daily routines, communication and interaction patterns, and instructional strategies in response to the COVID-19 pandemic, the need for evidence-based, high-impact instructional strategies are even greater to maintain active and relational engagement with and among students.

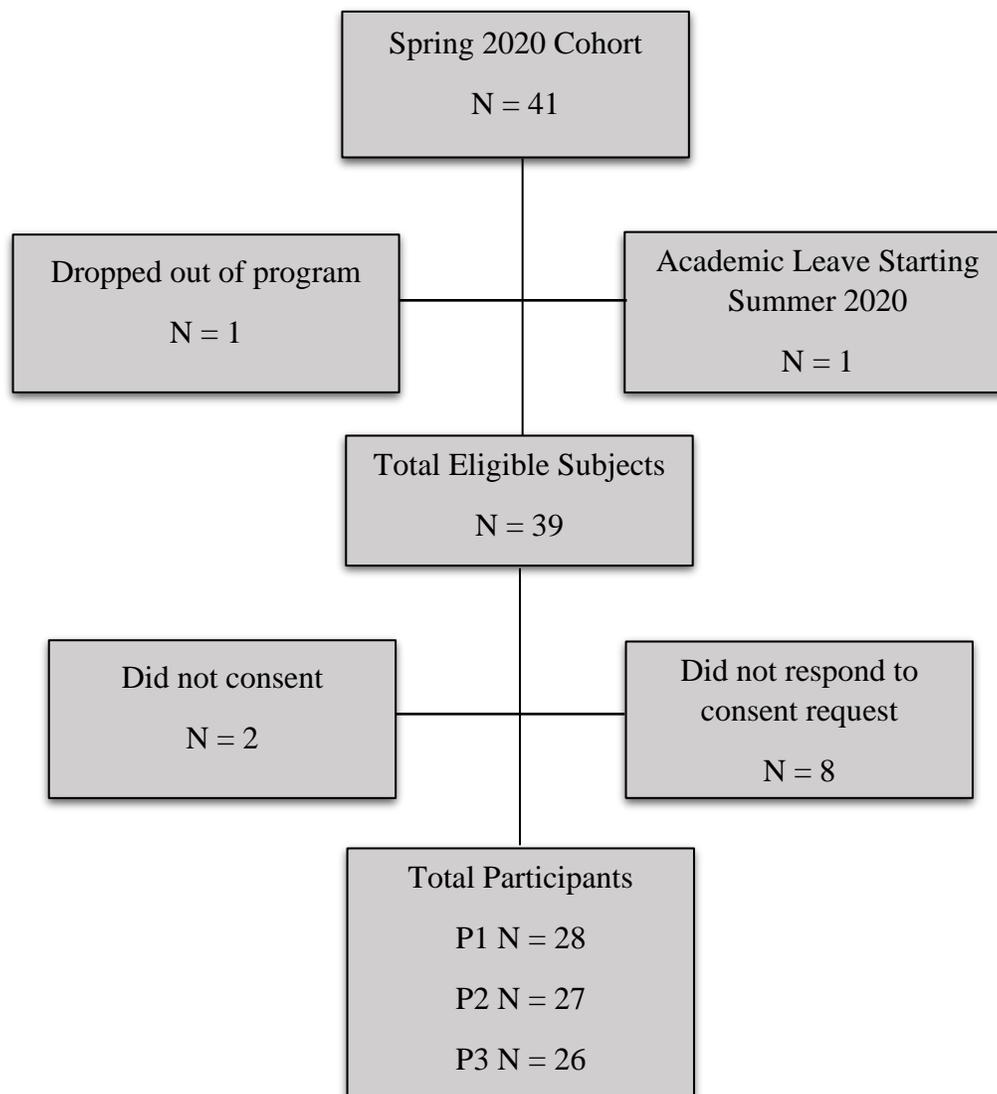
Mentoring has been shown to be an effective strategy for the development of many foundational skills that are part of the cornerstones of occupational therapy practice, including leadership, professionalism, collaboration, and self-reflection (Doyle et al., 2019; Gafni Lachter & Ruland, 2018; Jacobs et al., 2016). Peer-mentoring has also been shown to improve academic achievement, retention, academic self-efficacy, satisfaction, communication skills, and time management, and to provide students with psychosocial support resulting in enhanced personal satisfaction and well-being (Doyle et al., 2019; Gafni Lachter & Ruland, 2018; Jacobs et al., 2016). Recent research in occupational therapy educational programs also supports peer mentoring as an effective means for enhancing clinical skill development and clinical learning in both in-person and e-learning environments (Gafni Lachter & Ruland, 2018; Jacobs et al., 2016). However, there remains a need for further evaluation and research on peer mentoring programs, programmatic structures, and methods for implementing mentoring in curriculums (Doyle et al., 2019).

This study aimed to analyze the impacts of a course-based peer mentoring program on student experiences and perceptions of learning and professional development to inform future pedagogical approaches to entry-level occupational therapy education. This study was a retrospective qualitative evaluation of the effectiveness of implementing peer mentoring as an instructional strategy with graduate-level occupational therapy students to improve collaborative skills, communication skills, leadership, relationship building, and clinical readiness. This study also compared experiences across three unique and distinct contextual phases of classroom-based instruction to evaluate the usefulness of peer mentoring during traditional and non-traditional educational contexts.

Method

This study was a retrospective qualitative phenomenological exploration of student experiences with peer mentoring in an entry-level master of occupational therapy program at a midwestern college during the COVID-19 pandemic. Data were collected over three consecutive semesters (spring, summer, fall) following one cohort of students starting in their second semester of the program and concluding the semester before starting Level II fieldwork experiences. Peer mentoring was implemented in one to two courses each semester, with all courses being taught by the author. The institutional review board at North Central College approved this study as exempt given that data were collected as part of an established educational program and was retrospectively analyzed. The participants provided informed consent at the end of the third semester. Explanation of participant sampling is described in Figure 1.

Figure 1
Participant Pool



Sampling Strategy

Table 1 shows the course structure for each semester of this study. The first semester (P1) ran as scheduled in weeks 1–9. Because of state mandated stay-at-home orders resulting in the college closing, it was completed remotely in weeks 10–16. This period of the year was unpredictable for both students and faculty, with plans changing weekly or even daily. During this time, the students were partnered randomly and assigned tasks that put them primarily in the role of peer reviewer with their partner (completing review checklists of assignments and projects, giving feedback to their partner, discussing assignments after they were completed, etc.).

During the second semester (P2), the institution remained under state mandated stay-at-home orders, and the students completed all coursework remotely. The initial program curriculum plan was adapted at this time to keep the students on pace for their original graduation date while hoping to maximize the program's ability to complete lab-based coursework in person. Thus, all remaining theory courses (all completed fully remotely in the original curriculum plan) were moved to P2 and adapted to fit a 6-week timeline. The students completed two courses at a time for two 6-week periods. The P2 course

was taught during the first 6-week period of the semester. During P2, the students also worked in groups to complete two Level I faculty-led fieldwork experiences based on case simulations to accommodate limited on-site experiences because of COVID-19 restrictions. Peer mentor responsibilities during P2 were adjusted based on course structure and informal review of student feedback from the previous semester. During P2, the students were tasked with completing more collaborative activities with their partner (assigned randomly so as not to repeat any pairings that occurred in P1).

Additional curriculum adjustments included moving all lab-based coursework to the third semester (P3) when the institution hoped to have students on campus for in-person instruction for clinical-based programs. During P3, the students attended all lab-based courses in person except when under quarantine because of exposure to or testing positive for COVID-19. In these cases, the students participated remotely via videoconference as able. During this pre-vaccination period, state mandated restrictions fluctuated based on local, regional, and state COVID-19 trends, with the risk of return to mandated stay-at-home orders. However, the institution was never required to shut down fully during this semester. All program students and faculty began required weekly COVID-19 testing protocols during P3 because of the nature of the coursework and limitations to social distancing during clinical lab instruction. Instructional restrictions included reducing class sizes to four sections of 10–11 students and one faculty (lead instructor) as compared to the original structure of two sections of 20–21 students and two faculty (lead instructor and lab assistant). The students' groups were consistent across all courses to limit exposure and cross-contamination. As an added precaution, the students who lived with other students in the cohort were grouped together and paired as partners to further minimize exposures in the event of positive COVID-19 cases. Other pairings were randomized within each small group. The courses ran as planned in person for the entire 16 weeks.

Table 1
Course Structure

Period	Course(s)	Course Length	Instructional Setting	Type of Mentoring	N
P1	Pediatric Theory (3cr)	16 weeks	Hybrid Theory • Online synchronous lab • In-person synchronous weeks 1–9 • Online synchronous weeks 10–16	Peer Reviewer	N = 27
	Pediatric Assessment and Intervention Lab (3cr)				
P2	Physical Rehabilitation Theory (3cr)	6 weeks	Online Weekly Synchronous Meetings	Collaborate on Select Assignments	N = 28
P3	Physical Rehabilitation Assessment and Intervention Lab (3cr)	16 weeks	In Person Restricted Class Size/Setup	Collaborate on Select Assignments/ Partner for Lab Skills	N = 26

Data Collection

Data collection was completed via an electronically submitted assignment at the end of each semester (P1, P2, and P3). The assignment was an open-ended review of the peer-mentor process and experience. The assignment was given a 10-point value (less than 1% of the overall course grade) and based on completion only. This was intended both to minimize instructor influence on responses and incentivize students to submit their review to support pedagogical evaluation. The instructions clearly stated that the responses would not be factored into the grade, and the students were encouraged to give

an honest review of their experiences, even if it was not positive. The point value of the assignment accounted for less than 1% of the students' overall course grade each semester, with all students who submitted a response being given full credit regardless of content or quality of response. For the assignment, the students were asked to answer 2–3 questions that would support the instructor's qualitative assessment of the successes and limitations of peer mentoring in each course. At the end of P1, the students were asked, "What did you learn from the peer mentor process?" (Q1) and "What would you change about the peer mentor and peer review process?" (Q3). After an informal review of the answers, it was determined that an additional question would provide added value in feedback of the peer mentor process moving forward. For P2 and P3, the question "What did you like best about the peer mentor process?" (Q2) was added to the assignment. As the peer mentor program advanced and as the COVID-19 pandemic continued, a desire to more formally evaluate program outcomes led the instructor to seek IRB approval. At that time, it was recommended to wait until the completion of P3 to pursue informed consent for the study to avoid influencing the students' responses.

Data Processing

Data analysis for this study was done solely by the instructor/primary researcher. The analysis approach was rooted in grounded theory and guided by a constructivist/interpretivist paradigm to approach the data with the intent to understand the subjective human experience of each student across time in regard to the peer mentoring process (Noble & Mitchell, 2016; Tie et al., 2019). To minimize bias, data from all three semesters were downloaded to an encrypted institution-issued and password protected laptop only accessibly by the researcher. Data download occurred at least 1 month after the end of P3 (after receipt of informed consent) when the researcher's memory of review content was more limited. Once downloaded, data were deidentified manually by the researcher and coded numerically for organization purposes only. Numerical organization was not correlated with identifying information. No identifying information was saved with the data, and identifying information was only available via the course's Blackboard site, which is available to the instructor, program director, and institutional information technology specialist and restricted by FERPA regulations. Some deidentified data were also saved to a password protected cloud-based server encrypted and managed by the institution. The researcher did not revisit the data for several more weeks to, again, limit the researcher's memory of the respondents' identification when analyzing the data.

Data were analyzed methodically and chronologically by question starting with P1Q1 followed by P2Q1 and P3Q1. P2Q2 and P3Q2 were then analyzed followed by P1Q3, P2Q3, and P3Q3. Initial analysis followed a general open coding process by reviewing each student's submission individually with key phrases and concepts pulled from each response. This process was completed for each semester and question before moving on to the next phase of data analysis, during which time the researcher completed a memo of the lists of concepts and phrases for each semester and question. During this process, overall concepts and themes began to emerge for each question, leading to integration of concepts and phrases being coded and organized into 6–7 categories. Coded data for each category were reviewed for each semester and questioned on three additional occasions by the researcher to ensure consistency and trustworthiness of the themes identified. Data were then quantified to expand on the identified themes to deepen the understanding of the student experience.

Results

Data were reported as number of responses fitting each theme and were used to evaluate trends across semesters and weight themes as they pertain to the students' experiences. Figures 2 and 3 provide an overview of identified themes and quantitative data for each question across semesters.

Figure 2
Data Analysis by Semester

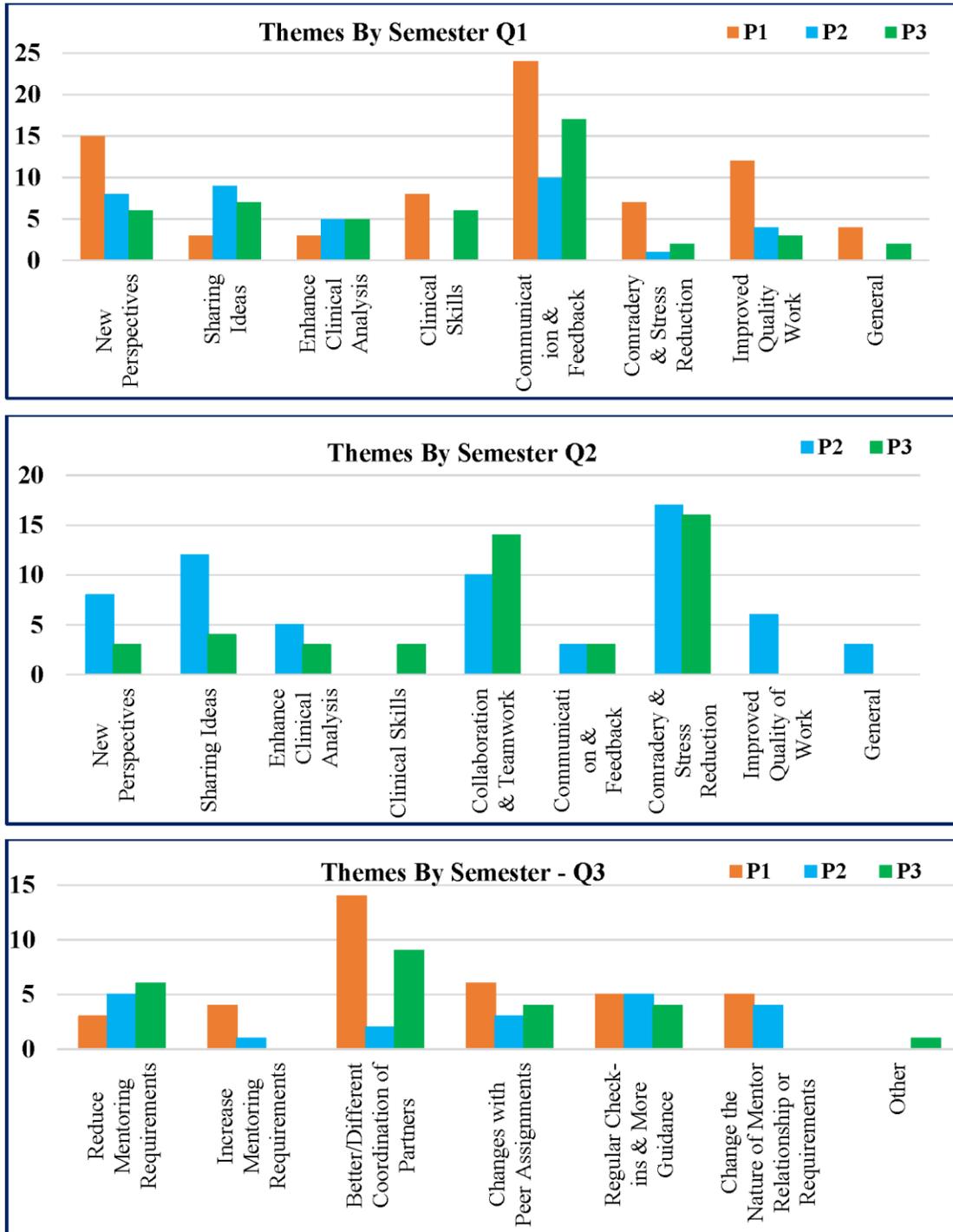
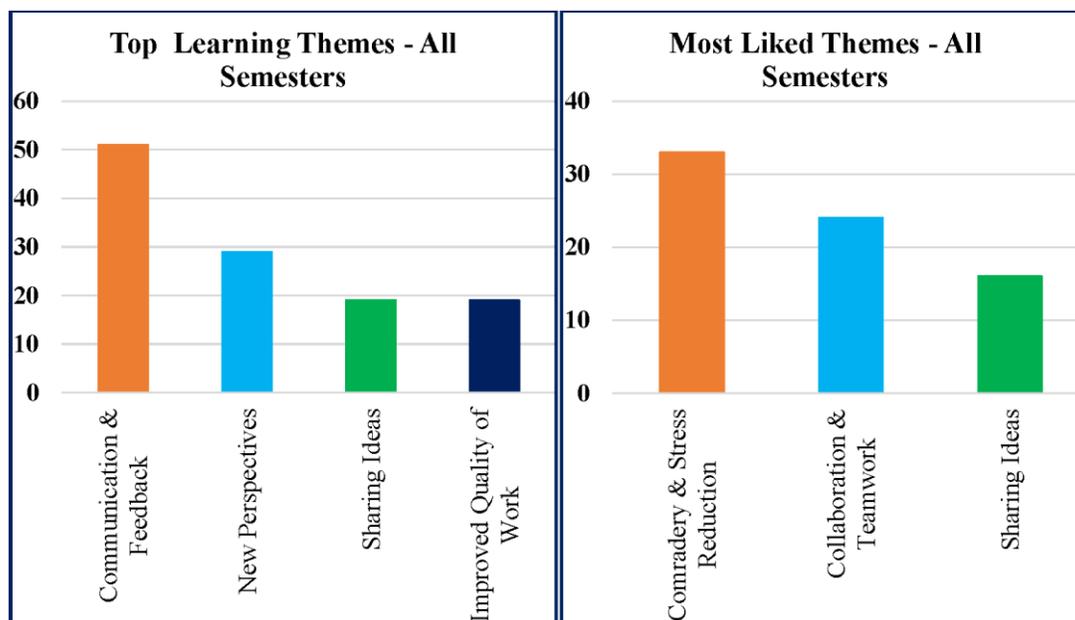


Figure 3*Data Analysis by Top Learning and Most Liked Themes*

The results from this qualitative exploration of the students' experiences with in-course peer mentoring revealed many positive and nuanced results. Overall, based on the student feedback, peer mentoring in coursework improved communication and critical thinking skills, enhanced clinical analysis and readiness for clinical practice, improved professional behaviors and workplace readiness, and offered valuable opportunities to learn from one another and practice collaboration skills that are essential in clinical settings. The students also found that the peer mentoring reduced stress and perceived workload and helped them build connections and relationships with their peers.

Q1: What Did You Learn?

Overall, the students consistently reported that peer mentoring supported development of their communication skills, especially in terms of giving and receiving feedback. This was the most commonly reported answer for Q1 across all three semesters (see Table 2). During P1, when roles were primarily review-focused, many of the students found they learned by having another person who understands the assignment and the context of their work provide feedback in a way that did not seem threatening or critical. Receiving feedback from a peer before submitting an assignment versus from an instructor after grading was perceived as more constructive and supportive in the development of their critical thinking skills.

In all three semesters, the students reported increased confidence with giving and receiving feedback. Many of the students similarly reported improvements in communication skills and development of their clinical "voice" as they processed concepts and cases with their peers, with one student writing they valued learning "how to voice your opinions and figure out the best way to work with others now before we enter the field." Others also reportedly were challenged by and learned ways to deal with conflict resolution and reconciliation with a professional peer through the peer mentoring process, which they reported helped in developing their clinical communication skills.

While improved communication skills were the most reported learning benefit across all semesters, it was notably highest in P1 while in a "reviewer" role and in P3 during on-ground instruction while in a

“collaborator” role focusing on clinical application of skills. This supports societal postulations that during pandemic closings of schools, face-to-face interactions provided more nuanced communication opportunities for and among learners than virtual settings. Of note, P1 and P3 were both a traditional semester length (16 weeks), with both having an on-ground component, while P2 was 6 weeks in length and fully online. The prolonged length of P1 and P3 compared to P2 may also explain this difference in student experience, as the students had more time to develop relationships and more opportunities to encounter conflict and disagreements that would challenge student communication and collaborative problem-solving than may be experienced in a shorter time period. This is supported by the students reporting learning collaboration skills that fostered development of critical analysis and sharing ideas among the mentors that supported expansion of clinical skills, as noted in Table 2.

Similarly, the students frequently reported that working with a peer enhanced their learning and helped them prepare for real-world interactions with coworkers and team members. The students shared ideas, which enhanced understanding of concepts and cases, and worked together in a way that simulated real-life clinical practice as is reported in Table 2.

In addition to developing communication and collaboration skills, the students also reported that peer mentoring improved the quality of their work and made them better students. The students reported improved memory of course content through peer conversations and that required peer mentor collaborative assignments helped to round out their approach to work. Some also noted that having a peer mentor kept them accountable for their work and kept them from procrastinating. Overall, the students reported that working with a peer reinforced their learning and retention of material covered in class. One student summed up the peer mentoring experience well:

Overall, I found having a peer mentor this semester extremely helpful. I never realized how nice it is to have someone look at either my writing assignments or videos of myself to get a second opinion. It was also nice being paired up with another peer in case I had questions regarding the course. I learned . . . we had our own unique ways to administer the assessments and interventions. This shows me that when I am a therapist, there is not just one specific right way to help a client. Additionally, I can turn to other occupational therapists in my practice for ideas or advice for treating a client. I am thankful that I had [a] peer mentor, and found this to be a valuable experience!

Q2: What Did You Like Most?

Following P1, Q2 was added to gather additional information about the students’ experiences with peer mentoring. This question aimed to gauge how well the students personally liked the peer mentoring experience as compared to reflecting on their learning and preferences for mentoring. Across all three semesters, three themes emerged as the most liked aspects of peer mentoring: collaboration with peers, sharing of ideas, and comradery and stress reduction. Collaboration opportunities ranked highly for all semesters as it had for Q1. Many of the students highlighted their appreciation of peer mentoring in the context of the pandemic. In particular, the students liked that peer mentoring helped them feel connected to their classmates during P2 when the pandemic led to the school shutdown and shift to remote learning. Table 2 provides examples of the students’ responses.

Pandemic-related support was also noted in P3 with the students reporting that they liked the positive impact the peer mentor relationship had on their pandemic experience in and out of school. Two

students expressed great appreciation for peer mentoring as part of the courses because of the stress they felt related to the pandemic and other world events. Their responses also are in Table 2.

Other students liked that the experience helped them build relationships with other students they did not know as well, thus expanding their personal and professional network and support system both during online and in-person instruction. In addition, the students liked that the peer mentoring partnerships enhanced the quality of their work and improved their knowledge retention of course materials.

When asked about what they liked, several of the students shared strategies they employed to make their peer mentoring partnership successful. Many noted using cloud or Internet-based document sharing programs, video calling each other, texting, and scheduling meetings. Many of the students related these strategies to professional behaviors they needed to develop before entering the field (see Table 2).

Q3: What Would You Change?

The students' feedback to Q3 was overwhelmingly positive, and many did not make any change requests when answering this question in any semester. However, while most of the students had positive feedback on the peer mentoring process in all three semesters, some did not enjoy the process and expressed this in their answer to Q3. Many times, the students did not provide specific recommended changes, and instead they expressed what they disliked. The students often reported that peer mentoring added work to their already busy workload, which insinuates that less peer mentoring assignments would be a change they would like to see. Others expressed feeling that peer mentoring was unnecessary because students socialize together and support each other outside of class, implying they would prefer to eliminate the peer mentoring program. For example, this student's response to all three questions at the end of P2:

(Q1). I learned that I can learn from other people's opinion. But as a cohort we already talk and support each other outside of class. We don't do this in other classes, and I feel like we were just fine.

(Q2). As a cohort we already talk and support each other outside of class. We are good about helping each other when needed. I am not a fan of the peer mentor partnership.

(Q3). As I mentioned last semester, we mentor each other outside of class. We already have something similar in place as a cohort and we are able to help each other out when needed.

While these comments are valid, the respondents did not acknowledge any benefits the peer mentoring process provided them professionally, which is in contrast to the majority of the respondents, indicating that these responses may be outliers. In general, the students requested that the peer mentoring process continue, especially in P2 and P3, when the peer mentoring process was more collaborative.

The most requested changes to the peer mentoring process following P1 related to partnering students and the partnership process. Many of the students requested to choose their own partners to "make it easier" to work together, though several acknowledged the professional benefit of being assigned a partner. Other students wanted to change partners throughout the semester to get the chance to work with other students, and some students requested more structured support from the faculty, including periodic check-ins or group meeting with the faculty to support their peer relationship. Overall, in P1, the students wanted a more collaborative relationship with their peer mentor instead of being in a "reviewer" role. These students often felt they were not confident in their skills to support their peer as a reviewer of their work.

I feel that I was not completely confident in my own answers or my work, let alone to give advice to others on theirs. I did not want to leave them a review, causing them to change it in a revision, but end up being incorrect. I felt the same with the feedback I received from them, not knowing if either of us were correct in our notes. I also felt like oftentimes it was very difficult to come up with comments or revisions for them to even make.

As the year progressed and the peer mentoring process transitioned to be more collaborative, requests to change partners significantly decreased and the students overwhelmingly reported enjoying having a collaborative partner in subsequent semesters. In all three semesters, the students requested more structured relational support from the instructor, with several students recommending periodic check-ins or tracking of peer mentoring activity by the faculty. The students felt this would enhance the experience and support those students who had conflicts or challenges in their partnership.

One thing I would change about the peer mentor process for this course is to have some sort of periodical check in process/review with the instructor. I think there were times that there was a lack of communication between my peer mentor and I that was not being solved on our own and needed that extra help from an instructor.

Additional change requests were made across all three semesters, including requests to increase mentor activities, while others requested less mentor activities. Though overall requests for fewer mentor activities increased from P1 to P3, many of the student responses indicated this was based on a desire to be more independent in a way that demonstrated professional growth versus a negative experience with mentoring.

Overall, review of the students’ responses to all questions across all three semesters revealed that the students’ experiences with peer mentoring were positive and that most of the students reported enjoying collaborating with their peers. The students overwhelmingly noted the professional benefits of peer mentoring in developing their clinical skills and professional behaviors. Most of the students felt the peer mentoring process helped prepare them for their clinical fieldwork rotations and future jobs as an occupational therapist. The students also noted the social benefits of the program and that it boosted comradery among the cohort and reduced school and pandemic related stress.

Table 2
Student Responses Q1 and Q2

Q1 – What did you learn?	Q2 – What did you like best?
<p>Enhanced Quality of Work</p> <p>I learned a new level of trust in another person. Group projects are not something that I thrive in. I am someone who would rather take everything on myself so that I can ensure that it gets completed. Through the past few peer mentor experiences, I have learned to trust the other person to complete their side of things with the same effort.</p> <p>When there is another person relying on me, it made me want to get started on the assignments sooner in the week. The peer mentorship process is a reminder to be respectful of each other’s time.</p>	<p>Enhanced Quality of Work</p> <p>I think that it is great because I felt that I learned things from her and vice versa. We each brought different thinking and creativity to the table that allowed us to communicate well and create strong answers. Two brains are better than one!</p> <p>I found that I learned a lot . . . and having two different perspectives allowed us to complete higher quality work. I learned that talking through different cases and interventions helped me become a better student.</p>

Q1 – What did you learn?	Q2 – What did you like best?
<p>Learned Professional Collaboration</p> <p>Collaboration is an important and essential aspect that is used constantly in occupational therapy practice, so I think that it was beneficial I start that process now in school. I hope to maintain a collaborative relationship with my co-workers in my future practice.</p>	<p>Developing Professional Skills</p> <p>It was very beneficial to meet with someone else to help narrow down topics and specify more in-depth towards different approaches for each case. Overall, having the opportunity to collaborate with a fellow classmate was helpful in brainstorming ideas and better analyzing each case throughout each week.</p>
<p>Improved Communication Skills</p> <p>[It] gave us time to brainstorm and not just rush through things because we had to work with each other's schedule it allows two different thought processes and conversation about why you think what you think and why someone else's interventions or goals may be a bit better. The case studies were VERY helpful to go through together . . . because that is what we will have to do in real life.</p>	<p>Benefits of Collaborative Partnership</p> <p>I really liked the way the peer mentor worked this semester because we worked together for assignments instead of doing our own and then coming together . . . Honestly, I thought this one went really well and I learned a lot from a different perspective.</p> <p>I found it beneficial to build a relationship with someone over an extended period of time as this replicates a real-life scenario. In whatever setting we are working in, we will be required to collaborate with the same coworkers and will not have the option to choose who we work with.</p>
<p>I learned how to provide, and take constructive criticism and also how to brainstorm with a peer. I thought it was an awesome learning experience, and it showed me how beneficial collaboration can be.</p>	<p>More Connected with Classmates</p> <p>Because we no longer have in-person discussions that would usually take place in lab, it was nice to talk to someone each week and share our thoughts and feelings on different cases and assignments. Plus, it's nice to see people's faces because I truly do miss seeing everyone in class.</p>
<p>Giving & Receiving Feedback</p> <p>I enjoyed their feedback because it wasn't negative; they didn't say 'this is wrong', but they highlighted different ways I could have approached an assignment. Their feedback was formatted to inform me of their own viewpoints, not to criticize my work. I provided similar information [to my peer]. I enjoy giving constructive feedback to others because I want them to do well in this program and learn from this process.</p>	<p>Helped Build Relationships</p> <p>It 'forced' me to work with and collaborate with someone who I typically would not have asked for help or their opinion on an assignment. I really enjoyed getting to hear thoughts from someone that I don't talk to about assignments often and get a different perspective on interventions or goals. It worked out really well!</p> <p>I also was paired with a classmate that I did not know well and did not work with often within classes. It was a pleasure to get to know her and learn about her philosophies as a student and future practitioner.</p>
<p>Conflict Resolution</p> <p>I learned how to work with someone and create a more valuable partnership through collaboration. I learned how to problem-solve and come to a resolution with my partner when we didn't agree on something. I think that this was a valuable lesson to take away as this will occur in many aspects of my life, including clinical practice. Over time, I felt that my partner and I learned how the other person works on tasks, and this helped us complete our assignments in a timely and efficient way.</p>	<p>Reduced Stress</p> <p>I think it was extremely helpful to have a peer mentor this semester due to the stressful year. [My mentor] and I both dealt with adversity this year, it was nice to have a partner through all of the classes for support, both for school assignments and outside of school. [My partner] and I got to know each other much more being partners . . . and I am very thankful to have had [them] as a partner.</p> <p>Reduced Stress</p> <p>The thing I liked best about the peer mentor partnership is never feeling completely alone when doing a project or working through a</p>

Q1 – What did you learn?**Q2 – What did you like best?**

situation. It was nice to have another brain to bounce ideas off or talk through something when you can't quite get to it yourself. Since it was a stressful semester due to all the changes, we had previously experienced, it was nice to have this and relieve some of the anxiety school can bring about.

It is good to have someone to talk to about life and what's going on in the world. I learned a lot from my peer mentor's ideas about our case studies and [their] views on things that are currently happening in the world. It is great just to have someone to talk to and work with at this time of the pandemic. It made things a little bit easier.

Discussion

Previous studies have described the benefits and experiences of students with mentoring in post professional occupational therapy programs and other medical and allied health programs (Christiansen & Bell, 2010; Doyle et al., 2019; Gribble et al., 2017; Jacobs et al., 2016; Kuhn & Castano, 2016; Norcross et al., 1995). The results of this study support the findings of previous studies further proving peer mentoring among students in health care programs to be a valuable pedagogical tool (Christiansen & Bell, 2010; Doyle et al., 2019; Gribble et al., 2017; Gribble et al., 2018; Hogan et al., 2017; Jacobs et al., 2016; Kazerooni et al., 2020; Latham et al., 2020; Nolinske, 1995; Norcross et al., 2020; Ruland & Gafni Lachter, 2015).

The experiences of the students in this study provide additional insight into mentoring effects during hybrid, remote, and on-ground instruction. The unique experience of these occupational therapy students during various stages of the COVID-19 pandemic has allowed the comparison of mentoring across various learning environments. Other studies have shown benefit of mentoring in distance learning and on-ground (Christiansen & Bell, 2010; Doyle et al., 2019; Latham et al., 2020; Ruland & Gafni Lachter, 2015), and more recent studies also affirm the benefit of peer mentoring virtually in the context of the COVID-19 pandemic (Kazerooni et al., 2020). This study provides further evidence that peer mentoring remains beneficial in hybrid coursework and temporary e-learning contexts.

While the students in this study seemed to have enjoyed and benefited most from collaborative mentoring, this study also indicates there may be unique benefits of mentoring in online versus in-person coursework, including stress reduction and relationship building. Mentoring in e-learning programs have been studied previously, finding positive outcomes for this type of peer interaction to support students educationally, professionally, and personally (Doyle et al., 2019; Jacobs et al., 2016; Ruland & Gafni Lachter, 2015). Though the students in this study were able to meet in person before going fully online for instruction, the student responses support past studies that explore explicitly distance-based instruction (Doyle et al., 2019; Jacobs et al., 2016; Kazerooni et al., 2020; Norcross et al., 2020). However, having prior relationships with fellow students likely supported the success of the peer mentoring program given the challenges of developing new and meaningful relationships in virtual-only settings.

Limitations

While objective feedback was sought from the students and efforts were made to minimize influence on the student responses, some of the students may have felt compelled to answer questions

more positively knowing that instructor grading would influence their overall course grade. Even though the assignment was worth less than 1% of the overall grade, and the students were encouraged to be open and honest and reassured that the grade was based on completion and not on content, some of the students may not have felt safe to be fully transparent about their experiences of the peer mentoring program and process. As such, future attempts should be made to distance feedback from course grade and make submissions anonymous to facilitate greater transparency and honesty of student experiences.

Despite the limitations of this study, the positive results should encourage faculty to consider implementing a formal mentoring program for on-line and hybrid coursework and as an on-ground instructional tool. This information can inform faculty as they consider the pedagogical use of mentoring and how to implement such a program depending on the course content and structure.

Implications for Occupational Therapy Practice

In the future, medical and allied health educational programs, especially entry-level occupational therapy programs, may benefit from implementing a peer mentor program to support student success and overall well-being. Structured programs that track student activity and integrate faculty advising may be most beneficial in supporting students as they develop professional and collaborative skills that can translate to the workplace (Christiansen & Bell, 2010; Doyle et al., 2019; Krishnagiri et al., 2019; Kuhn & Castano, 2016; Nolinske, 1995; Norcross et al., 2020; Ruland & Gafni Lachter, 2015). Major considerations for instruction in entry-level occupational therapy programs should be given to partnering assignments versus self-selection, structured opportunities for feedback and faculty participation in the pairing to enhance the peer process, and the type and number of mentoring activities required each week and for the duration of the course to balance independent learning and partner collaboration.

Conclusion

Based on the student responses, the peer mentor experience was overwhelmingly positive. The collaborative peer mentor relationship in P2 and P3 appears to have been most liked by the students and more beneficial than a peer reviewer relationship. Overall, peer mentoring seems to have provided positive support to the students, especially during pandemic related remote learning and the school's shut down, and when on-campus to collaborate on clinical skill performance. Though some of the students did not enjoy the peer mentoring process, the majority of the student respondents provided positive and constructive feedback indicating success of the program overall.

This study provides solid additional evidence that peer mentoring is a valuable pedagogical tool and should be considered for integration into entry-level occupational therapy curricula. While the student experience during pandemic learning provided a unique student perspective, educators should take the unprecedented context of the pandemic into consideration when using this evidence to inform their use of peer mentoring as a pedagogical tool. The additional stresses of the global pandemic as well as many prominent events of social discourse that occurred in 2020 should also be considered when generalizing or applying the peer mentoring strategies described in this study. Future research and other pandemic era research may provide additional insight into the student experience during the COVID-19 pandemic that could supplement this study when analyzing and applying peer mentoring in post pandemic education.

Overall, this study reinforces previous research that have found peer mentoring to be beneficial to allied health students. Peer mentoring may be a beneficial pedagogical strategy to implement on a course level or as a program-wide process to support student engagement, stress reduction, comradery among cohorts, and for development of clinical and professional skills in entry-level occupational therapy programs.

References

- Christiansen, A., & Bell, A. (2010). Peer learning partnerships: Exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing, 19*(5-6), 803–810. <https://doi.org/10.1111/j.1365-2702.2009.02981.x>
- Doyle, N. W., Gafni Lachter, L., & Jacobs, K. (2019). Scoping review of mentoring research in the occupational therapy literature: 2002-2018. *Australian Occupational Therapy Journal, 66*(5), 541–551. <https://doi.org/10.1111/1440-1630.12579>
- Gafni Lachter, L. R., & Ruland, J. P. (2018). Enhancing leadership and relationships by implementing a peer mentoring program. *Australian Occupational Therapy Journal, 65*(4), 276–284. <https://doi.org/10.1111/1440-1630.12471>
- Gribble, N., Ladyshevsky, R. K., & Parsons, R. (2017). Strategies for interprofessional facilitators and clinical supervisors that may enhance the emotional intelligence of therapy students. *Journal of Interprofessional Care, 31*(5), 593–603. <https://doi.org/10.1080/13561820.2017.1341867>
- Gribble, N., Ladyshevsky, R. K., & Parsons, R. (2018). Changes in the emotional intelligence of occupational therapy students during practice education: A longitudinal study. *British Journal of Occupational Therapy, 81*(7), 413–422. <https://doi.org/10.1177%2F0308022618763501>
- Hogan, R., Fox, D., & Barratt-See, G. (2017). Peer to peer mentoring: Outcomes of third-year midwifery students mentoring first-year students. *Women and Birth, 30*(3), 206–213. <https://doi.org/10.1016/j.wombi.2017.03.004>
- Jacobs, K., Ryan, C., & Doyle, N. (2016). The nature, perception, and impact of e-mentoring on post professional therapy doctoral students. *American Journal of Occupational Therapy, 70*(Suppl. 1), 7011510198p1. <https://doi.org/10.5014/ajot.2016.70S1-PO2065>
- Kazerooni, A. R., Amini, M., Tabari, P., & Moosavi, M. (2020). Peer mentoring for medical students during the COVID-19 pandemic via a social media platform. *Medical Education, 54*(8), 762–763. <https://doi.org/10.1111/medu.14206>
- Krishnagiri, S., Hooper, B., Price, P., Taff, S. D., & Bilics, A. (2019). A national survey of learning activities and instructional strategies used to teach occupation: Implications for signature pedagogies. *American Journal of Occupational Therapy, 73*(5), 7305205080p1–7305205080p11. <https://doi.org/10.5014/ajot.2019.032789>
- Kuhn, C., & Castano, Z. (2016). Boosting the career development of postdocs with a peer-to-peer mentor circles program: Mentor circles combine the advantages of both mentoring networks and peer-to-peer mentoring. *Nature Biotechnology, 34*(7), 781–783. <https://doi.org/10.1038/nbt.3631>
- Latham, C., Rngl, K., & Hogan, M. (2020). Transforming students' educational experience through cultural mindedness, peer mentoring, and student input. *The Journal of Nursing Education, 59*(4), 194–202. <https://doi.org/10.3928/01484834-20200323-04>
- Noble, H., & itchell, G. (2016). What is grounded theory? *Evidence Based Nursing, 19*(2), 34–35. <https://doi.org/10.1136/eb-2016-102306>
- Nolinske, T. (1995). Multiple mentoring relationships facilitate learning during fieldwork. *American Journal of Occupational Therapy, 49*(1), 39–43. <https://doi.org/10.5014/ajot.49.1.39>
- Norcross, J., afni Lachter, L., Doyle, N., Niemeyer, L., & Jacobs, K. (2020). Equal peer-mentoring as a tool for professional and academic development: Evaluation of an online e-mentoring program for doctoral students. *American Journal of Occupational Therapy, 74*(4), 74115204911. <https://doi.org/10.5014/ajot.2020.74S1-PO7322>
- Ruland, J., & Gafni Lachter, L. (2015). Enhancing leadership and communication by utilizing a peer-mentoring program: Lessons from three years of implementation. *American Journal of Occupational Therapy, 69*(Suppl. 1), 69115101341. <https://doi.org/10.5014/ajot.2015.69S1-PO4079>
- Tie, Y. C., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *Sage Open Medicine, 7*, 1–8. <https://doi.org/10.1177/2050312118822927>

Lauren E. Stone Kelly, OTD, OTR/L, is an assistant professor of occupational therapy at North Central College, Naperville, IL.
