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**Perspectives of Millennial SLP Graduate Students during Clinical Peer
Learning: Pilot Student Survey Results**

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Perspectives of millennial SLP graduate students during clinical peer learning: Pilot student survey results

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Abstract

Peer learning promotes cooperative learning, leadership and critical thinking skills. There is a paucity of information regarding peer learning in clinical education in speech-language pathology curricula today. The question is whether or not millennial graduate students perceive peer learning to be educationally beneficial and functioning effectively within this environment. This study begins to address possible reasons why the peer learning experience may not be as beneficial as the millennial students expect it to be.

Keywords: survey, graduate students, collaboration, peer learning, millennials

Introduction

Introduction

According to the American Speech Language and Hearing Association (ASHA), the association responsible for overseeing the certification of clinical competence of speech-language pathologists in the United States, clinical education is an essential component for speech language pathology (SLP) graduate students who are required to complete 375 direct hours of clinical practicum and 25 hours of observation in order to apply for their certificate of clinical competence (CCC) (ASHA, 2013). The purpose of this additional training is to hone the skills learned and utilized during SLP graduate student clinical education experience when providing direct services to their clients, such as analyzing, synthesizing and communicating information (Loke & Chow, 2007), in order to enhance their professional competence. So, this process essentially begins in graduate school.

At the graduate level, one strategy for learning the skills necessary for analyzing, synthesizing and communicating is through peer learning (Parr & Townsend, 2002). Boud and Lee (2005) describe peer learning as a type of pedagogy that requires students to become active players in their own learning, which is also known as self-directed learning (Williamson & Paulsen-Becejac, 2017), while collecting as well as contributing information with and amongst their peers. According to the literature, peer learning has also been found to promote cooperative learning, aid students in the development of leadership and critical thinking skills valued by future employers (Williamson & Paulsen-Becejac, 2017; Zentz, Kurtz, & Alverson, 2013; Graham, Burke, & Field, 2008; Henning, Weidner, & Jones, 2006).

In the health sciences, in addition to the SLP program, additional programs such as nursing (Loke & Chow, 2007; Chojecki, Lamarre, Buck, St-Sauveur, Eldaoud, & Purden, 2010), medicine (Field, Burke, McAllister, & Lloyd, 2007), chemistry (Hockings, DeAngelis, & Frey, 2008), and athletic training (Henning et al., 2006) have successfully use peer learning to help educate their students. For example, in nursing, it was found that peer learning facilitates overall cooperativity in learning (Chojecki et al., 2010). Likewise, when training medical students, it was found that peer learning provides the less informed students (trainees) an increased level of comfort to ask questions of their more informed students (trainers) (Field et al., 2007). Similarly, in athletic training programs, students at the entry of their program are using their peers as valuable sources for practicing their clinical skills and enhancing team based collaboration which is vital to the global interprofessional health sciences educational arena today (Henning et al., 2006). Unfortunately, there is a paucity of information regarding peer learning in clinical education in the speech-language pathology clinical arena.

Background Literature Review

The uniqueness of a millennial student (born between 1982-2002), creates differences in the preferences for learning, education and the learning environment (Roseberry-McKibbin, Pieretti, Haberstroch, & Estrada, 2016). What is known about a millennial student's learning preferences includes being an active learner instead being passive and understanding the perspectives of others (Roehling, Kooi, Dykema, Quisenberry, & Vandlen, 2011). In regard to learning, millennials prefer class discussions and active learning over traditional lectures (Roseberry-McKibbin et al., 2016; Roehling et al., 2011). Also, millennials are supposed to excel within group learning experiences and work collaboratively (McCready, 2007), but many have never had the opportunity to lead their own learning (Hughes & Berry, 2011). Therefore, shifting from traditional pedagogy to andragogy by incorporating skills such as active peer learning may engage the millennial student more than working independently (Pinto Zipp, Cahill, & Clark, 2009).

Peer learning has been found to decrease anxiety and increase confidence in learning (Zentz, Kurtz, & Alverson, 2013; Graham, Burke, & Field, 2008). Peer learning has also been found to encourage personal development. This is supported by Roseberry-McKibbin et al. (2016) who states millennials value teamwork and collaboration, work better with hands-on activities, and learn best using technology. However, a dichotomy among the millennials is found. Millennials do not value group or team based projects (Roseberry-McKibbin et al., 2016). This apparent contradictory finding questions the idea of whether or not peer learning is benefitting this group educationally, as it is emphasized in their curriculum today as seen in the Common Core State Standards (CCSS) ("Common Core", 2010).

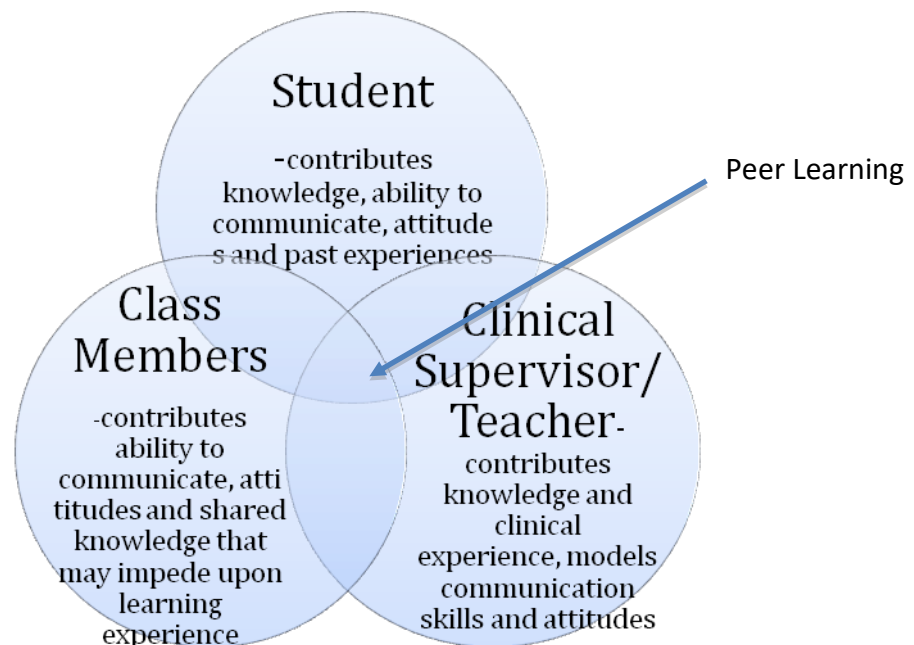
The CCSS provide expectations for learning that include using peers to acquire and learn new knowledge to add to their repertoire ("Common Core", 2010). In classroom contexts, students interact with each other throughout the day (i.e., academic classes, gym, and lunch time) and are expected to learn from each other in the early elementary years (i.e., Participate in collaborative conversations with diverse partners about *age appropriate topics and texts* with peers and adults in small and large groups). As the students move through their schooling, learning skills grow and shift in focus as students develop the skills necessary for higher level thinking (i.e., Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on age appropriate topics, texts, and issues, building on others' ideas and expressing their own clearly and persuasively) ("Common Core", 2010). Additionally, students are expected to retain or further develop these skills mastered over the course of their academic career ("Common Core", 2010). With this in mind, students should have developed the underlying skills of working together for the purpose of learning over their tenure in school to have the college and career readiness expectations that the CCSS prepares students for ("Common Core", 2010). For clarity, the CCSS is a uniform US based set of learning standards meant to facilitate the

achievement of benchmarks required in the US public school setting (“Common Core”, 2010).

Theoretical Discussion

As stated, peer learning involves social interaction. A theory which addresses nicely the interaction of learning, social awareness, and the CCSS, all elements integral to this pilot study is the Theory of Social Constructivism by Vygotsky (1978). Social constructivism draws its roots in the role social interaction plays in learning. Peer learning brings three independent silos (the student, class member that will be the partner, and the teacher) together for the purpose of learning. For peer learning to occur, along with the information provided by the teacher, both members of the peer dyad need to come into the partnership with knowledge, attitudes, and prior experiences and successfully share their knowledge and prior experiences without attitudes becoming a stumbling block (see Figure 1). Peer learning in this dynamic occurs when all the people interact and share information. When peer learning is successful, each member has the opportunity to extend their knowledge base and learns to work through their own attitudes as well with as the attitudes of the partners, while improving ability to communicate with others. Poor communication, which is often a barrier to successful learning interactions, should now be averted by working in this suggested peer learning format (Figure 1).

Figure 1. *Constructivist Knowledge Sharing for Peer Learning*



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Background to the Research Question

For the later born millennials, who will have been exposed to some facet of peer learning through the CCSS in their later years of high school prior to entering college, the aforementioned concern about whether or not peer learning is benefiting students as much as believed becomes very relevant and was the impetus for this pilot research study. Students should have been taught to and practiced in coming to discussions prepared, worked with peers for the purpose of decision making, used reasoning to clarify, verify or challenge ideas, and responded thoughtfully to diverse perspectives (“Common Core”, 2010). The idea of peer learning should be second nature to these students based upon the premise of the CCSS and their prior exposure to it. Therefore, the research question for this pilot study was: What were the perceptions that first year graduate SLP students were experiencing following a semester using peer learning as a component of their clinical education? One should recall that the majority of the research cohort qualified as millennial generation and should have been exposed to the CCSS. With that said, and acknowledging that group learning is a predominant theme among their learning experiences during their formative school years, millennial students should have more familiarity with working in a group learning environment. US graduate programs using a learning environment on working more independently and in isolation so that students can foster better self-directed learning strategies (Hughes & Berry, 2011). Consequently, millennials are caught between the proverbial “rock and hard place” because of the discomfort level caused by the dichotomy in expectation of proficiency in directed self-learning at the graduate collegiate level and what they are accustomed to educationally, group peer learning, that made them successful to this point.

In designing this pilot study, two objectives were considered. First, to design a methodology that is sufficient to begin to address the aforementioned research question. Second, to test the methodology on a sample population to determine the soundness of the design and strategy considered. IRB approval was sought and achieved with each participant providing electronic informed consent at the onset of the survey.

Methodology and Procedures

Design

A descriptive/explorative, cross-sectional research design was utilized in this qualitative pilot study to begin to answer the research question. Data was collected through Qualtrics®, an online survey platform with open-ended questions (Table 1) sent to the potential participants regarding their perceptions of their experiences following a semester of peer learning in an actual, non-simulated clinical learning environment at a local public school educating children in grades kindergarten through fifth grade. The survey inquired about

the graduate students' prior peer learning environment, activities in that environment, as well as emergent, unanticipated perceptions not currently found in the peer learning literature such as competition, contribution level to the work environment, preparedness, discomfort level and critical feedback. To answer the aforementioned research question, at the conclusion of the survey, data was reviewed and analyzed to determine the students' perceptions. Transcripts were coded and explored in order to describe the perceptions. To obtain inter-coder agreement, a peer review was completed by the second author to confirm identified themes (Creswell & Clark, 2011).

Table 1. *Survey Questions*

1.	What is your definition of peer learning?
2.	Did you feel your partner started with the same level of clinical competency that you did? Why or why not?
3.	If you had a question, who did you go to first: Direct supervisor or your partner? Why?
4.	Did you feel you were in competition with your partner? Why or why not?
5.	Did you feel you and your partner contributed equally to the peer learning experience?
6.	How has your own communication skills changed following this experience?
7.	Did you ever experience your partner not being prepared? If yes, what did you do?
8.	Describe any difficulties encountered this semester working with a peer.
9.	Did you find it difficult to provide your partner with critical feedback? Why or why not?
10.	What was the most valuable skill you acquired following the peer learning experience?

Participants

The study participants were part of a cohort of twenty-six entry-level graduate SLP students who fall into the age range of being millennials. For acceptance into the program, the students needed to have a conferred undergraduate degree and have completed a minimum of twenty-five hours of clinical observation of speech-language therapy with a speech language pathologist who had their certificate of clinical competence (CCC) from ASHA. In addition to these requirements, the students needed to have completed eighteen credit hours of prerequisite coursework (Introduction to Communication Disorders, Phonetics, Introduction to Language Development, Anatomy and Physiology of the Speech Mechanism, Speech and Hearing Science, and Neural Bases of Communication). Some of the students in the cohort had undergraduate degrees in speech-language pathology which afforded them additional coursework and background while some had degrees in other fields. Additionally, while not required, some of the current cohort had experience with speech and language therapy as part of their undergraduate curriculum. These distinctions are important to remember, because although both categories of students could be included in this study population, the

difference in experience will be important to the results discussion forthcoming. At the time the study was conducted, the students were completing their second semester together in a two-year graduate program. It should be noted that this SLP graduate program is “lock-step”, meaning the students travel together as a cohort from class to class in a specified order each semester for the duration of their graduate program (Jacobs & Jacobs, 2009). Additionally, students cannot progress to coursework in subsequent semesters until they have successfully completed assigned courses and coursework. Again, this distinction is important because it will become evident in the discussion regarding trustworthiness and comfort in a later part in this article. Further, during their first semester together in graduate school, the students completed a clinical methods class and a pediatric language disorders class, both of which were required for their second semester clinical experience. This defining moment is important since it places all of the study participants at the same point clinically and educationally at the graduate level, but not necessarily in regard to their prior SLP classes and peer learning experiences.

Besides being enrolled in nine credit hours of academic coursework during their second semester, the SLP graduate students were additionally enrolled in a semester long clinical internship class where they provided supplemental treatment services to pediatric clients already identified as requiring services through an individualized educational program developed by a licensed SLP. Completion of this clinical experience is the point of genesis of the pilot study. This internship class was scheduled to meet two days per week, for two hours at a time over the course of a fifteen-week semester outside of the university at a public school in New Jersey. For the purposes of the class, two 45- minute treatment sessions and one 30-minute education session took place during each assigned class time. This class was the first in a sequence of clinical classes. In order to meet the criteria for inclusion in the survey used in this pilot study, students needed to complete this second semester curriculum successfully. The qualifying number of students eligible to receive the survey totaled twenty-six (N=26), broken into 13 two-person peer dyads.

Creating the Peer Dyads for the Pilot Study

To create the peer dyads, the SLP graduate students were randomly assigned their peer partner by the university program’s Clinical Director. The partner dyads remained the same over the course of the entire semester. Additionally, each peer dyad was assigned to a licensed and certified SLP clinical supervisor (University adjunct employees) for the semester who oversaw the provision of treatment. These supervisors were randomly assigned to two dyads (supervising four students at a time). As per ASHA requirements (ASHA, 2013), each supervisor directly observed at least 25% of the treatment session, reviewed all written documents, as well as provided written and verbal feedback to the peer dyads to help guide them in the development of their written work.

At the start of the internship course, the SLP graduate students were guided through models of peer learning and how peer learning would be utilized as part of the clinical internship. At the inception of the first treatment session, each peer dyad was assigned two pediatric clients. Each student would always be responsible for treating their pediatric client in the dyadic group throughout the duration of the semester. For the peer learning experience to occur, the first student took the lead in the planning and executing their treatment with their assigned pediatric client while the other student acted as an active participant in the session. An active participant was defined as serving as a communication partner for the pediatric client for practicing treatment goals as well as serving as a data collector during the treatment session. At the end of the first 45-minute session, the roles reversed. The second student in the dyadic group each peer dyad took responsibility for treating their assigned pediatric client while the prior graduate student of the dyad served as the active participant in this second 45-minute treatment session. This process was repeated every week throughout the semester.

In addition to each student in the peer dyad serving as an active participant in the treatment sessions, clinical paperwork was assigned to all twenty-six students that had to be completed daily over the course of the semester. The students were tasked with collaborating on developing treatment plans, lesson plans and progress notes, all of which culminated in a semester summary report. A successful treatment plan prepared by the students had to meet the following requirements: it had to outline long term goals for the semester, short term objectives that built upon each other to meet the long term goals, indicate the treatment approach that would be utilized to meet the short and long term goals, and provide the rationale as to why the goals and treatment approach(es) were chosen. Each peer dyad also created one lesson plan per client for each treatment session, each plan of which delineated the plan for the day and were due before each treatment session. Progress notes analyzed what occurred during each therapy session and were due the following session after treatment was provided. The semester summary was a culminating review of the progress or lack thereof that occurred over the course of the semester. Treatment was only provided for thirteen of the fifteen weeks as the first week the students learned about the peer learning process and prepared for their clients and the last week was used as a review for the semester.

Study Details

At the end of the semester and conclusion of the first clinical experience, a survey link to participate in this study was emailed to the aforementioned students of the clinical internship class by the administrative assistant of the SLP department. A letter of solicitation and implied informed consent accompanied the survey link, all of which was approved by the university IRB. Of the twenty-six students in the cohort who completed the semester long peer learning clinical experience, the total study response rate was 42.3% with

eleven (11) students completing the survey in its entirety. All participants completed an electronic informed consent, which was the first question of the survey. It should be noted that of the twenty-six students eligible to participate in this study, only one was male. Therefore, a question on gender was not asked in the demographics portion of the survey because of the difference in number between males and females and anonymity would have been compromised if gender was specified on the survey details. Because the N was smaller than preferred, this study became a pilot study. According to Creswell and Clark (2011), in qualitative studies, data saturation is achieved between 15-20 participants. Data saturation is defined as the point where new emerging themes will no longer be attained from a greater number of study participants. Therefore, since only eleven participants completed the survey in its entirety, data saturation was not achieved. Yet, a sound methodology for future research was achieved.

The survey was developed based on prior qualitative studies from nursing literature reviewed, which examined experiences in peer tutoring (Loke & Chow, 2007). The survey was a traditional, qualitative survey with 10 open-ended questions organized across seven themes: competition, level of contribution to the work environment, preparedness, discomfort level, critical feedback, peer learning and skills attained. The questions were conceived to relate across multiple categories so as to capture the greatest amount of information relevant to the students' peer learning perceptions.

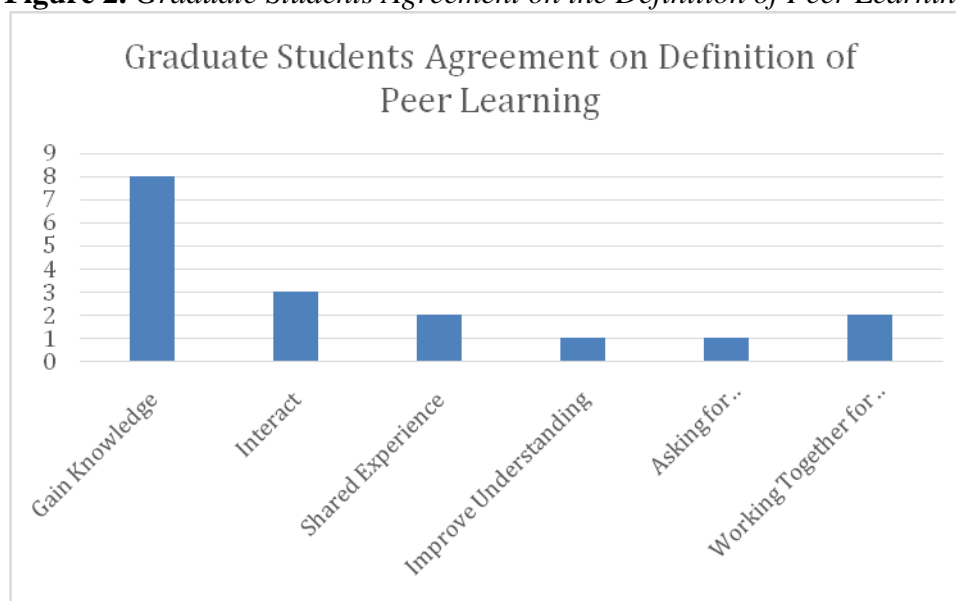
Findings/Results

The foundation underlying this article is that millennials thrive in a group dynamic environment for collaboration, education, and learning according to the literature (Roseberry-McKibben et al., 2016; Roehling et al., 2011; Hughes & Berry, 2011; Zylla-Jones & McCready, 2007; Henning et al., 2006). However, also important to remember is the dichotomous findings published that millennials do not value team based group projects (Roseberry-McKibben et al, 2016). The results of this study support these dichotomous findings.

The overarching research question guiding this study is: what are the millennial graduate students' perceptions of working in a group dynamic when utilizing peer learning techniques? In order to answer this overarching research question, ten distinct qualitative questions were asked of the eleven participating students (See table 1). Each of the answers are discussed herein with graphical representations provided for key findings.

Figure 2 shows the results of question one on the survey, from the eleven survey participants, which was: What is your definition of peer learning? Totals do not equal eleven across the figure because students were not constrained to only declare one understanding of peer learning. So many of the participants provided multiple definitions for peer learning.

Figure 2. Graduate Students Agreement on the Definition of Peer Learning



In answering this question, to begin, eight of the eleven respondents agreed that peer learning is the gaining of knowledge with a partner. Other terms that were used to define peer learning included interaction (3/11 students), shared experience (2/11 students), working together to achieve a common goal (2/11 students), improving understanding (1/11 students) and asking for ideas and/or clarification (1/11 students). However, please recall from the literature that when millennials work with a partner, it was reported that they have difficulties coming together to achieve the defined common goal, such as successfully working on a group project (Roseberry-McKibben et al, 2016).

The second question asked whether the participants felt that their partner in the dyad began the experience with the same level of clinical competence that they did. Participants were asked to expound on their impressions.

In answering question two, there was a bifurcated response. Of the eleven participants to the first part of the question, five of eleven students responded that they agreed they shared the same level of competence at the inception of the clinical experience. Similarly, six of eleven students responded that they did not agree. For the second part of question two about why they agreed or disagreed, three major themes emerged. The three emergent themes were: that the students had a previous undergraduate experience (6/11 students), students were not at the same level of their peer at the inception of the clinical experience (7/11 students), and in regard to not having the same level of clinical experience as their peer, of these seven respondents, six students attributed competency to only their undergraduate experience. The third theme that emerged is interesting because it is related to an undergraduate experience rather than to the current graduate experience they were immersed in. To note, undergraduate clinical experience is not a prerequisite for the graduate program, but includes skills such as volunteer work and/or experience with

children. Curiously, no mention of equivalent competence between peers in the dyad occurred citing the graduate experience skill sets such as previously mentioned lesson plans, progress notes, treatment plan, and semester summaries.

The third question directed to the eleven student participants addressed who they approached for assistance during the clinical experience. Here the students had the option of citing either their direct supervisor or their dyadic partner. Students were also asked to explain what their motivations were for approaching the individual that they selected. Although a simple bifurcated answer should have resulted, the students replied with three almost equal responses: they approached their dyadic partner (6/11 students), they approached their supervisor (2/11 students), and most interestingly, “it depends” (3/11 students). The reasons given were simple and was only answered by two of the eleven students. One replied “it was a matter of convenience” while the other replied “more comfortable with my supervisor”.

The fourth question addressed competition in each dyad and why the individuals felt that way. Overwhelmingly, ten of the eleven students responded that they did not feel they were not in competition. One student replied that they were feeling competitive, and among these eleven responses, eight students elaborated that there was no competition among themselves in the dyad because they wanted to work as a team and do what was best for their client.

Question five asked if the dyadic partners felt that they contributed equally to the peer learning experience. Again, overwhelmingly nine of the eleven students replied that they contributed equally to the peer learning experience, however they expounded that equal meant addressing one person’s weakness(es) with the other person’s strength(s). Two of the eleven students responded that they felt totally dismissed by their partner in the experience.

Question six addressed evolving communication skills among the dyads. This question was important because using technology is the preferred communication modality among millennials (Hughes & Berry, 2011). However, understandably, in the healthcare professions, technological communication is not preferred where face-to-face patient/provider encounters are occurring.

In answering this question, nine of eleven students answered that their communication style with their dyadic partner changed during the semester whereas only two of the eleven students indicated that their communication skills did not change. Interestingly, four of the nine respondents who indicated their communication style changed, mentioned awareness of their own communication styles, a level of maturity that evolved, and appreciation among both members of the dyad concerning their roles as collaborative partners in the dyad. Two additional students of this group elaborated that their communication improved because they gained confidence in voicing their opinions and concerns to their partner.

Question seven addressed the concern that many students face when forced to work together: one of the members of the dyad not being adequately

prepared and how they handled that situation. In their responses, six of the eleven responded they believed their partner was not an equal contributor. Five of the eleven responded that their partner was adequately prepared and contributing regularly. When confronted with responding about how they handled the situation of the partner not adequately being prepared, most of the respondents indicated that they resorted to a self-preservation approach using backup plans, doing the work, and not discussing it with their partner or their supervisors. One student mentioned that they did approach the concern with their partner.

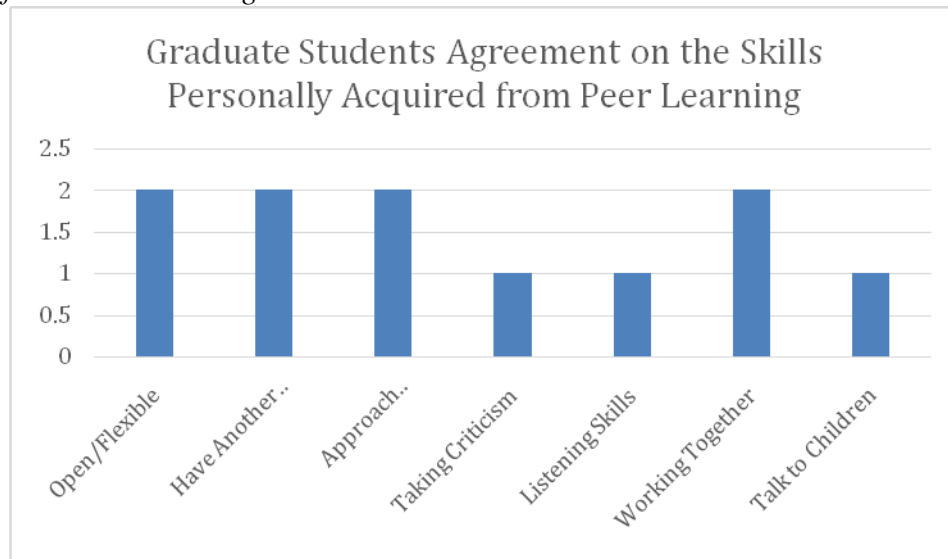
Question eight was concerned with addressing difficulties encountered when working with their peer. Students again were allowed to respond with any and all difficulties such that the number of themes identified in the responses exceed the eleven participants.

Eight themes emerged with thirteen responses. Difficulties were categorized as follows: writing (3/11 students), consistency (1/11 students), data collection (1/11 students), unprofessionalism of their partner (1/11 students), unwilling to work together (1/11 students), preparedness (1/11 students), and activity choice (1/11 students). Interestingly, four of the eleven respondents also indicated that there were no difficulties encountered in the peer learning experience.

Question nine asked: Did you find it difficult to provide your partner with critical feedback? Why or why not? Eight of the eleven respondents indicated they had difficulty while three out of eleven did not. Themes emerging addressed not wanting to create havoc or hostility, being ignored, and fearing expression of their concerns.

The last question on the survey supplemented the first question about the peer learning experience, particularly asking what was the most valuable skill acquired from the peer learning experience. Figure 3 illustrates the seven major themes that emerged from the respondents as follows: being open and flexible (2/11 students), understanding another person's point of view (2/11 students), ability to approach conversations (2/11 students), ability to work together (2/11 students), ability to take criticism (1/11 students), developing listening skills (1/11 students), and talking to children (1/11 students).

Figure 3. Graduate Students Agreement on the Skills Personally Acquired from Peer Learning



Discussion/Implications

After reviewing the findings based upon the aforementioned research question, (What are the perceptions first year SLP students experienced following a semester using peer learning as a component of their clinical education?) seven themes emerged. It is important to recall that a secondary review was conducted by the second author and the seven themes identified were corroborated independently. Table 2 shows which questions pertain to each of the seven themes specified.

Table 2. Relationship of Questions and Themes

<u>Theme</u>	<u>Questions Appertaining</u>
Competition	Q2, Q4
Level of Contribution	Q2, Q5
Preparedness	Q3, Q7
Discomfort Level	Q3, Q9
Critical Feedback	Q3, Q6, Q9
Peer Learning	Q1, Q8
Skills Attained	Q6, Q10

Looking at the findings by theme, competition (Q2, Q4) was not found to be perceived as a problem by ten of the eleven students. Even though competition was judged not to be an issue, five students additionally reported having better clinical competency than their peer and four students reported having less clinical competency than their peer. One student found competition to be an internal struggle as shown in this quote: “I still feel competition with my peers in all circumstances even though the attitude of competition may not

be reciprocated towards me.” Positive comments included “We were going through the process together”, “I feel that we were both sharing in a learning experience and we both wanted to help one another”, and “I personally did not, however at times I feel my partner felt like she was in competition with me due to her previous experience.” This student justified her feeling by explaining that “she (partner) would overshadow my lesson plans and lead a session I created a lesson plan for”.

Level of contribution (Q2, Q5) and preparedness (Q3, Q7) also brought interesting results as the perceptions reported by the students to these two questions were similar. Nine out of eleven students reported equal contribution with positive comments such as “Each of us had our strengths” and “Where my partner lacked in some areas, I excelled and vice-versa.” However, five out of eleven students reported their partner had been unprepared for their sessions as mentioned in this quotation: “I did not mention it to anyone as I don’t feel it’s my place.”

Discomfort level (Q3, Q9) and critical feedback (Q3, Q6, Q9) addressed the students’ perceptions on trust for who to turn to when looking for an answer to a question as well as the ability to provide critical feedback were linked. It was reported that two out of eleven students went directly to their supervisor with a question and four out of the eleven went to their partner. Six out of the eleven respondents reported that who they went to with their questions was dependent on the situation. Seven out of eleven respondents reported difficulty providing critical feedback to their partner. Examples of difficulty included comments such as “Hard to have the authority to say anything critical”, “I don’t think any student wants to be told how to do something by another student”, and “I did not want to offend her.” Providing critical feedback may begin with the respondents looking at their own communication skills.

Recall that trustworthiness was addressed early on as a potential issue among the dyads in this article. Fortunately, some of this concern was eliminated because of the backgrounds of the students coming into this study. For example, these students all met the same 18 credit SLP prerequisite class requirements. Therefore, they are theoretically working on an equal educational plane thus allowing the assumption that any issues of lack of trustworthiness are coming more from discomfort in the peer dyadic learning environment than in equality in educational experience. Although, some of the students had slightly more educational SLP experience than others, it did not appear to be significant in these responses.

Skills attained (Q6, Q10) looked at the students’ perceptions of what they learned over the course of semester. When asked has their own communication skills changed following this experience, nine respondents reported a change in their own skills. Examples of changes were shown in the following quotations: “I am now aware of my own communication”, “I regard our time together as a collaborative effort and that both of our ideas and efforts have equal value”, “Can’t control every situation,” and “I have improved my ability to voice my opinions and concerns.” Contradictory to the positive examples of growth in

communication skills are examples of personal experiences providing the critical feedback as are shown in the following quotations: “I felt like I wasn’t being heard and my opinions were not valued,” and “Hard to have the authority to say anything critical.” The following quotation evidences the finding that sometimes discomfort leads to the attainment of skills: “I have matured in communicating with my supervisor, partner, and clients. I feel more comfortable bringing up sensitive topics and am more willing to express my opinion.”

But even with knowing the commonalities of working together, troubling information was reported. Additional results that emerged from the survey are the dichotomous results: Millennials are accustomed to working together but are dysfunctional when asked to work with a peer. This seems to be because the group dynamic is not as comfortable as they perceive it to be; additionally, they are contradicting their own responses across the themes. For example, this is evidenced by the quotations “Bringing goals together was difficult,” “Partner was not easy to work with,” and “Lack of working cohesively as a dyad, unwillingness to work together, and competing for attention.” Additionally, dysfunctionality in the dyad could be related back to whom the students would go to first if they had a question. Six out of eleven respondents (54.5%) said they would go to their partner, two out of eleven (18.2%) respondents said their supervisor, and three out of eleven (27.3%) said it depended upon the situation. For example, this was evidenced with quotations such as “But I really look towards my supervisor for guidance”, “If I knew she (partner) wouldn’t know the answer, then my supervisor”, and “I would ask my supervisor because she would have more information on the subject than my partner (who was provided with the same initial information I was)”. Such comments should not be heard among a group of students who are working effectively in a desired peer learning experience.

Recall that the literature emphasizes that millennials are supposed to have the capability to participate successfully in and want experiential learning experiences (Roseberry-McKibbin et al., 2016) which is social constructivism at its best. However, what students need to understand and inculcate from peer learning experiences is effective communication with peers which defines a successful peer learning experience. Communication, therefore, is the common thread (referring back to Figure 1) of social constructivism theory, in that it reflects effective exchanges of knowledge and attitude across the three silos of learning when done well. So, even with social constructivism as the underpinning to bringing together the students because learning is social, the next step would be to cultivate positive attitudes to alleviate any discomfort they may have communicating with their peer. As reported in the survey, the students did not always know how to provide critical feedback to their partner in a constructive way. Also, many felt pressure in not being able to control the situation, feeling they were not valued, or not being heard. So what? By cultivating positive attitudes and coupling it with successful communication skills learned in the peer learning environment, along with the ability to voice

opinions and concerns, will well-serve these millennial graduate students as they moving forward into their careers upon completion of graduate school.

Lessons Learned

Although not generalizable beyond the small population studied herein, there are some lessons learned. This pilot study only begins to address possible reasons why the peer learning experience may not be as beneficial perceived by millennial students as the researcher expected it to be.

- Clues concerning a lack of recognition about the benefits by millennial graduate students were identified thematically, such as by competition; level of contribution-preparedness; and discomfort level-critical feedback-skills attained, from this study.
- Regarding contribution-preparedness specifically, peer learning is difficult to achieve successfully when the dyads need to be contributing equally, but are unable to do so or perceive the group is not functioning that way.
- Regarding discomfort level-critical feedback-skills attained, students see the value in good communication skills, yet do not have the skill set to take control of their own learning. This ties directly back to the idea that this group of students are unable to master self-directed learning (Hughes and Berry, 2011).
- Perception of the millennials being able to work successfully in a group is not supported even though they were exposed to peer learning earlier in their educational journey.

Future Directions

This pilot study was successful in meeting the first objective: the methodology was sound, thereby showing it is possible to ascertain answers from millennials sufficient to begin to answer the aforementioned research question: What are the perceptions first year SLP students experienced following a semester using peer learning as a component of their clinical education? Completing the pilot study was beneficial since, although answers were obtained, this methodology demonstrated that the questions need to be modified moving forward to obtain more specificity in the answers attained from the students. Regarding the second objective of this pilot: to test the methodology on a sample population to determine the soundness of the design and strategy, it is clear that with proper modification of the questions as indicated, this methodology will be successful in questioning larger groups of millennials regarding peer learning.

Future research should be directed at a wider age range of millennials, focusing in on the younger millennials who have been educated under the

umbrella of the CCSS, which specifically requires them to work with peers for learning. Findings from this type of future study would help educators understand both learning and pedagogical strategies best suited for the millennial student as they progress through graduate programs which are really designed to be more self-directed.

Take Home Message

Millennials are a unique breed because they are the first group of students exposed to the CCSS, exposed to peer learning, and yet are expected to understand how to transition to self-directed learning environments at the collegiate level. Understanding more about what the benefits and risks are about coming from a peer learning environment can only enhance the opportunities educators have to enhance their learning experiences and successes at the collegiate and graduate levels.

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