Peer Feedback as a Future Competence – Improving Reflective Practice-Based Learning

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Abstract

Background
In clinical health education, limited time and resources for supervision often hinder students' development of professional competencies and reflective practice. Reflective Practice-Based Learning (RPL) emphasises peer learning and feedback as potential strategies to enhance knowledge sharing and competence development. However, empirical evidence on the strengths and limitations of peer feedback in healthcare remains scarce. This study explores how students and clinical supervisors experience formal and informal peer activities and their influence on student learning.

Method
Data were collected through six semi-structured interviews involving 32 students and 13 clinical supervisors from nursing and physiotherapy programs. Thematic analysis was conducted following Braun and Clarke's framework. Two health education students were involved throughout the research process, contributing to the development of the interview guide and the analysis.

Results
Four themes emerged: (1) Creating a safe learning environment, (2) Learning through peer activities, (3) Possibilities and limitations for peer feedback, and (4) Positions in clinical practice. Peer activities were perceived as informal and equal, fostering open dialogue, reflection,

and critical thinking. Students reported enhanced academic and clinical learning, including leadership development. However, peer learning alone may risk exclusion from the broader clinical community. The findings underscore the importance of structured frameworks, clearly defined roles, and adequate preparation for effective peer feedback. Junior students benefit from experienced peers, while senior students gain from providing feedback. Limitations include uneven responsibility distribution, skill gaps, and organisational challenges.

Conclusion

Peer learning should be viewed as a complementary approach within clinical education, supported by institutional structures and supervisory engagement.

Keywords

Reflective Practice-based Learning, RPL, Peer feedback, Peer activities, Focus group interview.

Background

In clinical practice, healthcare professionals face an increasing time pressure with insufficient time and resources for guiding students during their clinical training. The pressure is exacerbated due to more complex health issues and more advanced and available treatment in healthcare (Indenrigs- og Sundhedsministeriet, 2024). Lack of time and resources may also have implications for clinical practice due to shortage of clinical training placements (Barimani et al., 2022; World Health Organization, 2020; McKellar & Graham, 2017), lack of prioritization of student guidance in practice (Tørring & Jensen, 2022), and thus, inadequate professional supervision (Holen & Lehn, 2023). Consequently, the students may have limited time for feedback with their supervisor (Wong & Shorey, 2022), have multiple clinical supervisors (Gilmour et al., 2013; Zwedberg et al., 2020) and hence a stressful learning environment (Licqurish & Seibold, 2013; Zwedberg et al., 2020).

Lack of supervision and time for guidance in clinical practice may hamper the students' development of professional identity, decision-making skills and hinder students' professional development, learning and reflection (Severinsson & Sand, 2010). Consequently, the risk of student

attrition increases when students do not thrive and feel disconnected from the clinical education community (Rasmussen, 2010).

Higher education institutions have developed pedagogical approaches to support health students' professional development and agency to support the congruence in the transmission between campus-based teaching and clinical learning. For example, the Reflective Practice-based Learning (RPL) approach at the University College of Northern Denmark (UCN) emphasises the interplay between thinking, experience, and action to connect theory and practice (Horn et al., 2020). RPL is a profession-oriented experience-based pedagogical approach that aims to enhance students' decision-making, professional identity, judgment, and action competencies through critical reflection (Dau, 2025). RPL also fosters the student's ability to give and receive feedback and engage in peer-learning and peer-feedback processes (Nielsen et al., 2019; Tornwall, 2018).

RPL is a theoretical approach to learning, combined with six didactic principles applied to teaching, aimed at creating optimal conditions for reflection (Horn et al., 2020). The theoretical foundation posits that reflection is integral to the learning process and that learning should take place in an environment where students can experiment, think and act (Dau, 2025; Horn et al., 2020). This idea is founded in Dewey´s (1938) conceptualisation of experience as a basis for learning.

Peer feedback is defined as feedback provided by peers, e.g. from one student to another (Hattie & Timperley, 2007; Henning et al., 2006). The most widely used definition in international research originates from British education researcher Keith Topping (1998), who defines *peer assessment* as a situation in which students evaluate the quantity, value, quality, or success of their peers' products, outcomes, or learning. In this knowledge synthesis, we employ the term *peer feedback*, as it is more commonly used in a Danish educational context, where pedagogical practice tends to emphasize the feedback itself and its potential to enhance student learning, rather than the assessment of peers' performance (Danmark's Evalueringsinstitut, 2021). Following the definition, the focus of the article is healthcare students' formal and informal activities among peers to reveal understandings beyond the definition of peer feedback in clinical education.

Numerous studies suggest that peer feedback activities support knowledge sharing, confidence, learning, judgment, and competence

development (Davis & Richardson, 2017; Foulkes & Naylor, 2022; Wong & Shorey, 2022). Effective peer feedback requires careful planning and organisation (Foulkes & Naylor, 2022). Junior students may benefit from participating in activities alongside senior students in clinical settings, enhancing their future roles as mentors and collaborators (Wong & Shorey, 2022; Markowski, 2021). For graduates, activities such as peer feedback support developing skills, enhance patient care quality, and create a safe healthcare environment (LeClair-Smith et al., 2016). It also provides multiple perspectives and more feedback than any single instructor can offer (Tornwall, 2018).

Limited evidence exists on how students and clinical supervisors experience formal and informal activities among peers and their influence on students' learning. This paper addresses the following research question:

> *How do students and clinical supervisors experience formal and informal activities among peers and their influence on students' learning?*

Methods

The findings in this article stem from a practice-oriented research project investigating how peer feedback activities contribute to a rich learning environment using RPL in clinical practice. The overall project includes three sub-studies: (1) a literature study on peer feedback in Nursing, Radiography, Midwifery and Physiotherapy; (2) a qualitative study based on focus group interviews with students and clinical supervisors; (3) and an intervention study testing structured peer feedback. The overall project is based on student involvement. Thus, two students participated in the interview, read transcripts, suggested codes and themes, and helped verify the final themes.

The present paper reports findings from sub-study 2 and leans upon the findings from sub-study 1 in the background and discussion. For sub-study 2, a qualitative study designed with focus groups was chosen to gather diverse perspectives, understand attitudes, and explore ideas regarding formal and informal activities and peer feedback across groups of students and clinical supervisors (Baillie, 2019).

The focus group interviews were based on a semi-structured interview guide made by the research group and with input from the two students. The interview guide was used as a template to make sure the research questions were explored. However, the main intention was to be as open-minded as possible by asking questions regarding formal and informal activities with peers, instead of providing the participants with any predefined definition of the concept of peer feedback (Brinkmann & Kvale, 2018).

Recruiting

A sample of students from the nursing and physiotherapy education was recruited from the UCN. Moreover, a sample of clinical supervisors from the clinical practice sites affiliated with UCN and with experience in clinical education of nurse or physiotherapy students at different educational levels was included.

Inclusion criteria for students at various levels were experience with at least one period of clinical education. Exclusion criteria were not being able to speak and understand Danish.

Inclusion criteria among supervisors were experience with students at diverse levels of health education within nursing and physiotherapy.

Analysis

To identify themes, Braun and Clarke's (2022) thematic analysis was used. Reflection allowed the researchers to critically reflect on their involvement and acknowledge their own influence throughout the process. Data was derived inductively through the following six steps.

(1) Transcriptions were read and re-read to familiarize with the data and note initial ideas; (2) Codes were generated from these ideas, and relevant text phrases were collected for each code; (3) Codes were sorted into potential themes; (4) Themes were reviewed to ensure they worked with the coded extracts and the entire data set, creating a thematic map; (5) Themes were defined and named, refining the specifics and generating clear definitions and names; (6) Results were presented (Braun & Clarke, 2022).

In the first phase of the analysis, all authors familiarised themselves with the data and discussion of the preliminary ideas for codes. All co-authors contributed initial codes, which were discussed in two meetings. We agreed on a set of codes and marked relevant text excerpts.

The codes were then condensed and merged into four broader themes through collaborative interpretation. Subsequently, two authors, CBT and LSN, were responsible for steps 2 through 5. Throughout this phase, they maintained an ongoing dialogue with the remaining authors, ensuring a cohesive development of the themes. The students, who had each participated in a focus group and reviewed the transcripts, also contributed to a discussion on codes and themes. This interaction served to both inspire the authors and provide a means of validating the initial findings.Nederst på formularen

Ethics

The study was conducted in accordance with the ethical standards of the Declaration of Helsinki (World Medical Association, 2001). In Denmark, qualitative studies do not need further approval from the Ethics Committee. All participants were given both oral and written information about the study, and informed written consent was obtained before participation. Confidentiality and anonymity were secured. It was emphasised that participants could withdraw their consent at any time without consequences.

Results

In fall 2023 (24th October-7th November) six focus group interviews were conducted, with an average duration of 46 minutes. Four focus group interviews were conducted with a total of 32 students from 3rd and 7th semesters of the nursing programme and 2nd and 6th semesters of the physiotherapy programme, respectively. Two focus group interviews with 13 clinical supervisors, six from the nursing education and seven from physiotherapy were also conducted. All clinical supervisors had a minimum of two years' experience as supervisors in clinical practice. The most experienced had 16 years of experience as supervisors.

Table 1: Participant characteristics

	Nursing programme			Physiotherapist programme		
	Students		Supervisors	Students		Supervisor
	Third semester	Seventh semester		Second semester	Sixth semester	
Number of participants (Female/ Male)	11 (9/2)	8 (8/0)	6 (6/0)	6 (5/1)	7 (5/2)	7 (4/3)
Duration of interview (minutes)	38	48	40	52	47	50

In this study, our primary aim was to reveal the student's thoughts and reflections on their placement experiences, without explicitly probing their understanding of the concept of peer feedback during the interviews. This approach entailed different perspectives on the learning setting during the placement, highlighting the difference between nursing and physiotherapy students. Nursing students predominantly use the word reflection while students from physiotherapy use the word peer learning, with only one specifically mentioning peer feedback. The lack of direct mention of peer feedback could be attributed to the RPL at UCN, which encourages students to engage in a reflective discourse. Despite this potential limitation, we gained valuable insight into students' peer learning practices during their placement periods.

Four major themes appeared: 1) Creating a safe learning environment, 2) Learning through peer activities, 3) Possibilities and limitations for peer feedback, 4) Positions in clinical practice.

Theme 1: Creating a safe learning environment.

The students experience the interactions with fellow students to foster informal and equal relationships during learning activities (Speaker 4, 2nd. semester, physiotherapy) which encouraged open discussions and reduced barriers, compared to interactions with a supervisor. Students felt more comfortable discussing official and casual topics, expressing

doubts and asking questions perceived as trivial, in a more relaxed tone, contributing to positive peer relationships:

> *"It makes you dare to ask those questions that you might not always dare to ask when the clinical supervisor is there. You get an opportunity to ask the silly questions" (Speaker 8, 7th semester, nursing).*

From the clinical supervisor's perspective, these activities support a culture of learning among colleagues.

> *"If you learn from your study time that peer learning is a part of everyday life, it will do something for the culture in general among colleagues" (Speaker 7, clinical supervisor, nursing).*

Peer activities were particularly beneficial in complex clinical situations or where the students received limited guidance from supervisors:

> *"In the second semester, I didn't have a great relationship with my supervisor, but a sixth-semester student took me under her wing. It was really nice to have a student as a support person, someone I could always go to, especially since the supervisor was rarely around, and we only met for an hour a week during actual supervision" (Speaker 3, 7th semester, nursing).*

Interactions with fellow students were perceived as more of a two-way exchange, unlike the more question-answer format, where the supervisor is seeking a specific answer.

> *"When you interact with students, it's more of a two-way exchange. With a clinical supervisor, you often have to come up with the answers and figure out what they want. But with fellow students, it's a mutual exchange. That's what I really liked" (Speaker 2, 2nd semester, physiotherapy).*

Overall, the findings indicate that peer interactions are perceived as informal and equal, fostering a more comfortable environment for discussion and enhancing the opportunity to ask questions. In the absence of a supervisor, students are more inclined to openly discuss their doubts.

Theme 2: Learning through peer activities.

Students reported that peer activities supported both academic and practical learning. Junior and senior students benefit from discussing theoretical aspects within a clinical context, which also serves as exam preparation exercises. These activities improved the students' skills in teaching, debating and reflection. Collaborating with a fellow student fosters dialogue and the exchange of ideas, thereby enhancing the understanding.

> *"To explain theoretical or clinical issues to others, you must increase your reflection and learn to explain it … Of course, you also practised applying theories for exams, but it also became very clinically oriented. So, I clearly think it can promote learning and the way you support each other as students" (Speaker 8, 7th semester nurse).*

Peer activities also support the development of clinical leadership, as students learn to delegate and take responsibility for tasks.

> *"Also learning to delegate tasks and ensure they are followed through. And for her to be responsible for these tasks with me as someone who could support her if needed (Speaker 8, 7th semester nurse).*

Clinical supervisors noted that when peers from other departments accompany the students, they gain an overall view of the patient trajectory, enhancing their overall learning experience. Collaborating with senior students provided awareness of their own learning path through comparisons with more experienced students. However, some students expressed concerns that excessive peer activities could lead to a feeling of not being a part of the community of practice.

> *"I think there is a risk that it comes down to a division between the students and the staff. I try to step out of the student role to become part of the staff … it worries me that it might end up becoming a club of students" (Speaker 2, 7th semester, Nurse).*

In summary, peer activities were found to support both academic and clinical learning, enhancing, debating and clinical leadership in addition to insight into patient trajectory and students' own learning path.

However, an overemphasis on peer activities may lead students to feel excluded from the broader clinical community.

Theme 3: Possibilities and limitations for peer feedback.

The organisation of peer activities varies by location, with some clinical settings planning them while others offer different opportunities for peer interaction.

Possibilities

Regardless of the nature and frequency of the activities, both students and clinical supervisors agreed on the importance of clear frameworks, structure, and guidelines for peer feedback activities. Defined roles and explicit requirements were deemed essential to prevent misunderstandings and to manage the varying abilities of junior students in receiving feedback.

> *"Peer feedback requires some structure. There needs to be guidelines, a framework to work from, so that nothing is misunderstood" (Speaker 6, 6th semester Physiotherapy).*

Junior students often find sparring with more experienced students instructive, especially when they have doubts. However, students at similar educational levels share more common thoughts and issues, making it easier to speak up. Senior students found it beneficial to give feedback to junior students, as it leverages their experience and encourages them to explore areas, they are unsure about, translating theory into practice.

> *"There was a third or fourth semester student in the xx-department with me. She was really good at pushing me in a challenging way, making me reflect on things. She asked questions I couldn't answer, so I had to look them up. (Speaker 6, 7th semester Nursing).*

Some senior students emphasize the value of starting with a practice case or problem relevant to the individual, although structured processes may sometimes hinder this.

> *"I was just there as a fourth-semester student and participated in the weekly reflections, which had a predetermined topic. And I thought*

that was a bit unfortunate because then I felt that I couldn't talk to my supervisor about what I needed, because it was decided that this was what we were going to talk about" (Speaker 8, 7th semester, Nursing).

Clinical supervisors highlighted the importance of understanding the individual students' personalities to match them appropriately, ensuring that peer activities benefitted all involved.

"When I supervise first-semester students, I get to know them. Then, in the second semester, I focus on personality for pairing, so if second-semester students are challenging, I match them with a fourth-semester student who can handle it" (Speaker 2, Clinical Supervisor, physiotherapy).

Thus, clear frameworks, structure, and guidelines for peer activities are considered essential by both students and clinical supervisors. Defined roles and explicit feedback requirements help to manage the varying abilities of junior students. Junior students benefit from sparring with experienced peers, while those at similar levels find it easier to discuss common issues. Senior students gain from giving feedback, applying theory to practice. Starting with relevant practice cases is effective, although structured processes can sometimes limit this. Clinical supervisors emphasise understanding individual student personalities for appropriate matching.

Limitations

Junior students often struggle to effectively engage unless senior students are adequately prepared and motivated. Lack of motivation or preparedness from senior students may hinder the learning opportunities for junior students, as the absence of prior planning can lead to confusion: "Well, shall I be accompanied by you?" (Speaker3, 2nd semester physiotherapy). This statement underscores the need for clear roles and responsibilities in peer activities.

Senior students may find themselves overwhelmed and disrupted by the responsibility of working with junior students, particular in the absence of adequate support and structure, leaving them feeling as though they must navigate the mentoring on their own, expressing that teaching

others may be beneficial, but it can also be disruptive to their own learning:

> *"It was beneficial in a few parameters – that is, in terms of teaching others. But for me, it was very disruptive" (Speaker 4, 7th semester, Physiotherapy).*

Feedback requires pedagogical insight and communicative skills. Students often find it easier to provide feedback to peers with whom they have a close relationship. When feedback is given to others, it requires a more pedagogical approach to avoid discouraging the recipient.

Some students experience giving feedback on activities as enriching, as opposed to others, who emphasise being pedagogical to avoid the recipients feeling they did everything wrong.

> *"So, we were very unsure about how much criticism we could actually give, to avoid completely undermining their confidence." (Speaker 2, 6th semester, Physiotherapy).*

Clinical supervisors highlight the risk of learning errors, especially among students who struggle in certain areas. Their involvement is essential to ensure a reasonable educational level and to prevent learning errors. However, supervisors often face organisational challenges, such as time constraints and logistic issues, which can impede their ability to oversee peer activities effectively:

> *"Yes. What can be challenging … if you have a student who struggles in some areas, they might end up learn something that is not correct. There, you must intervene, but my experience is that I do not have time to oversee all peer learning activities" (Speaker 6, Clinical supervisor, nursing).*

Overall, the limitations of peer learning in clinical education are multifaceted. Junior students' reliance on senior students, overwhelming responsibility felt by senior students, the required pedagogical and communication skills, and the organizational challenges faced by supervisors all contribute to the difficulties in effective peer activities.

Theme 4: Positions in clinical practice.

Peer activities in clinical education may involve complex dynamics of competition, power asymmetry, and hierarchical positioning, which can impact the learning experience. Competition between students, especially those at the same level or between junior and senior students, can create tension and hinder collaborative learning. Clinical supervisors have observed that some students strive to stand out and present themselves well, which can lead to conflicting roles and confusion. Therefore, the definition of roles beforehand seems important to prevent competition from becoming counterproductive:

> *"They both want to stand out and present themselves well. So, it's important to act as a catalyst and tell them to decide on their roles with the patient beforehand" (Speaker7 Clinical supervisor, Nursing).*

> *"In clinical practice, you aim to learn as much as possible and engage in areas of interest, just like other students. So, you're mindful of whose toes you might step on and whether you'll get the experiences you hope for" (Speaker 2, 6th semester, Nursing).*

In some cases, one student may dominate the peer activity, leading to the other student's withdrawal and hence perceiving the activity as less meaningful:

> *"I enjoy being the only one, but I'm also worried, like you mentioned, that someone else might dominate the conversation. But I do like having my own space" (Speaker 2, 7th semester, Nursing).*

The management of power dynamics and asymmetry seems to be a challenge in clinical practice. Senior students must remember the limited knowledge and experience of junior students, which can lead to harsh feedback and negative experiences. A supervisor emphasised the need for moderation:

> *"Well, I think when sixth-semester students give feedback to first-semester students, they often forget how little you know at that stage. They can be a bit harsh. So, I always step in as a moderator, but it*

doesn't always turn out to be a good experience" (Speaker 7, Clinical supervisor, physiotherapy).

Quiet students, who may be reluctant to speak up, face additional challenges in peer activities. Clinical supervisors recognise the need to create a supportive framework that encourages participation from all students:

"But if we could create a framework and support it, that would help. We try daily to encourage them to speak up, but it's difficult, especially with those who are reluctant to say anything" (Speaker 4, Clinical supervisor, physiotherapy).

The hierarchical nature of clinical settings further reinforces the asymmetry experienced by students. Patients and health professionals may inadvertently contribute to this hierarchy by engaging more with senior students or qualified professionals, leaving the junior students feeling sidelined:

"There's a bit of a hierarchy when you're out there. Patients tend to talk more to fourth or fifth-semester students. But if a 'real' physiotherapist is present, they usually take charge, and it's hard to step up" (Speaker 4, 2nd semester, Physiotherapy).

Overall, the positioning of students in in the clinical practice involves navigating competition, power dynamics, and hierarchical structures. These factors may lead to student withdrawal and a perception that learning situations are not meaningful. To address these challenges, there is a need for frameworks and models that facilitate equitable peer feedback and support all students in their clinical educational journey.

Discussion

The purpose of this study was to answer the research question: *How do students and clinical supervisors experience formal and informal activities among peers and their influence on students' learning?*

Our findings indicate that interactions among students are perceived as informal and equal, fostering a conducive environment for discussion. In the absence of a supervisor, students are more inclined to openly

express their doubts. Comparable results have been observed in other studies. For instance, a qualitative study from Sweden (Zwedberg et al., 2021), involving interviews with 15 midwife students in a peer-learning model during clinical placement in three different hospitals and obstetric units in Stockholm, revealed, that an open and safe atmosphere among peers enabled students to discuss more freely and constructively than with their preceptors. Additionally, a systematic review and qualitative synthesis by researchers from the University of Greenwich, London, UK, (Markowski et al., 2021), highlighted that peer support mitigates stress, anxiety and other challenges in clinical education. These findings suggest that peer activities contribute to a supportive and safe learning environment.

Our findings demonstrate the value of practice cases or problems as a starting point for peer activities, aligning with RPL, where peer activities are considered to provide in-time authenticity in discussing and addressing real-life problems, essential for guiding professional judgement (Dau & Nielsby, 2021). The integration of ethics, work, labour and thinking forms the foundation for the development of reflective practice and professional judgement (Arendt, 1958).

Enabling students to reflect peer-to-peer from their own experiences aligns with one of the principles from RPL, which incorporates students' own experiences into teaching and learning activities, which can support the learning process (Horn et al., 2020). Furthermore, our findings indicate that students perceive peer activities as supportive of both academic and clinical learning. The Swedish study by Zwedberg et al. (2021) corroborates our results, highlighting that a share critical approach and common critical approach and the same theoretical education, the students were able to discuss how certain situations were managed in the obstetric units. Critical enquiry and reflection meant that the students got a new perspective on learning when working in pairs on an equal level (Zwedberg et al., 2021). In agreement with the study by Zwedberg et al. 2021) our research suggest that peer-activities can aid students in clinical learning to delegate tasks and practice clinical leadership. However, the transferability of the Swedish study to a Danish context may be limited, as the Swedish midwifery education program is a master's degree, whereas our findings are based on a bachelor's level health professional educational programme. Furthermore, our study includes students at various stages of their education, while the Swedish study focus-

es on students in the final part of their education. We also found that an overemphasis on peer activities may lead to feelings of being excluded from the broader community of practice.

To understand the significance of this, it is relevant to consider Lave and Wenger's theoretical analysis of learning in communities of practice (Lave & Wenger, 2003). They propose that learning occurs through interaction with others in social contexts, with the concept of "legitimate peripheral participation" highlighting that the learning process requires accepted participation in the community of practice. This participation is both a condition for learning and a fundamental component of its content (Lave & Wenger, 2003). Lave and Wenger also emphasize the role of contradictions as a fundamental developmental dynamic, where tensions between "newcomers" (students) and "old timers" (health professionals) continuously foster learning (Lave & Wenger, 2003).

Furthermore, the results reveal that positioning in clinical practice is shaped by competition, power dynamics, and hierarchical structures, which can lead to disengagement and a sense that learning lacks meaning. To counter this, educational models must promote equitable peer feedback and inclusive learning environments. Looman et al. (2022) reveal that constructive power dynamics, where equity and openness guide interactions, may foster fearless learning. This requires students and educators to become aware of implicit beliefs and make them explicit, encouraging collaborative learning and involving supervisors to support safe and meaningful engagement. Clinical agreements should reinforce these practices to ensure all students benefit from clinical education (Looman et al. 2022).

It can thus be argued that peer activities should not stand alone as a learning model in the clinical part of the education. Students should simultaneously have the opportunity for "legitimate peripheral participation" in the community of practice, thereby achieving the associated learning benefits. This perspective is supported by the Swedish study (Zwedberg et al., 2021), which emphasises the importance of viewing peer activities as a supplement to students' learning rather than a replacement for it.

Our study demonstrated that both students and clinical supervisors generally agree on the necessity of a clear framework, structure, and guidelines for peer feedback activities. It is important that students' roles are clearly defined, and there should be an explicit requirement for pro-

viding feedback. The previously mentioned meta-synthesis (Markowski et al., 2021). Also, it underscores the importance of a proper introduction to peer activities. The study indicates that teaching and training in peer learning is essential, as they involve a shift in the approach to guidance for both students and preceptors. Preceptors found it beneficial to have access to a range of resources, such as handbooks and e-learning materials. Therefore, we can interpret that for peer activities to be successful, they must be well-prepared and supported by clear frameworks, structure and guidelines.

Discussion of the method

Involving students in the entire research process, from discussing the interview guide to analysing interview text, proved to be beneficial. This comprehensive engagement became research-oriented competence-building for students. Furthermore, their involvement fostered collaboration and contributed to the overall quality and depth of the research by maintaining the practice-oriented reality that students are a part of.

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Conclusion

The findings reveal that peer activities are perceived as informal and equal, fostering open discussions and inquiry. Without a supervisor, students express doubts more freely. Peer activities enhance academic and clinical learning, debates, leadership, and insights into patient trajectories. However, excessive focus on peer activities may lead to exclusion from the broader clinical community. Clear frameworks and guidelines seem to be essential, with defined roles and feedback requirements. Junior students seem to benefit from experienced peers, while senior students gain from providing feedback. The limitations connected to peer activities include reliance on senior students, overwhelming responsibility, necessary skills, and organisational challenges.

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