Patterns of Peer Tutoring in Nursing

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ABSTRACT

Peer tutoring in higher education is an effective strategy for promoting academic gains. Within nursing, peer tutoring has been used in the clinical setting, but little information is available regarding its use across the nursing curriculum. A peer tutoring program was created at a regional Appalachian university to meet the needs of students with poor academic backgrounds and multiple risk factors for failure. As the program naturally evolved, students moved beyond the time-honored one-on-one model. Many tutoring patterns developed including dyad, small group, large group, skill based, assignment based, and question based. Qualitative evaluation data from the program revealed that each pattern required different tutor skills, involved varied tutor-tutoree relationships, focused on different outcomes, and had certain advantages and disadvantages. All tutoring patterns contributed to improved academic skills and performance.

Nurse educators often find that students are unprepared for the demands of a rigorous nursing curriculum. Inadequate reading, writing, and study skills hamper their ability to master science and nursing courses and successfully pass the National Council Licensure Examination. Peer tutoring is a proven strategy to improve academic achievement, progression, and retention (Goodlad, 1998; Topping, 1996).

Peer tutoring (i.e., students helping other students learn) (Topping, 1996) has been a part of collegiate education for many years but has received increased attention since the 1960s (Fuchs & Fuchs, 1997). Most early research focused on primary school tutoring programs (Goodlad, 1998; Topping, 1996), but more recent research has targeted programs in higher degree institutions (House & Wohlt, 1991; Lake, 1999; McBrayer, 2001; Walker-Bartnick, Berger, Kappelman, 1984; Whitman, 1988). All of these studies or reports have identified many benefits for students who are tutored (referred to as tutorees in the remainder of this article), including improved course performance, retention, and progression. Peer tutoring is particularly effective with educationally disadvantaged students.

Several types of tutoring have been categorized and described in the literature (Topping, 1996). These have been delineated primarily according to outcome, such as improved academic performance, enhanced learning, or strengthened social skills. In addition, peer tutoring, as described in the literature, has been initiated, developed, and directed by instructors.

Tutoring programs in nursing schools are less well documented. In most cases, the focus has been the descrip-
tion of tutoring outcomes (Clarke & Feltham, 1990; Courage & Godbey, 1992; Hughes, 1988). One study reported the effectiveness of peer teaching for clinical nursing students, citing significant gains in tutorees’ cognitive and psychomotor scores (Iwasiw & Goldenberg, 1993). However, the processes and factors related to viable tutoring programs have not been identified. Evaluation data from a current peer tutoring project (Ramsey, Blowers, Merriman, & Terry, 2000) has provided some insights into peer-tutoring processes that include characteristics of tutorees and peer tutors, the significance of the tutor-tutoree relationship, and a variety of tutoring patterns. This article focuses on academic peer tutoring for baccalaureate nursing students. The purpose of this article is to describe the setting, program, and characteristics of participants, as well as the peer-tutoring patterns that emerged as the program developed.

SETTING AND PROGRAM

The peer-tutoring project was developed a public university, located in the southern Appalachian region of the United States. Students attending the university are primarily from 35 Appalachian counties in the region. Two thirds of the counties are classified as having populations at high to moderately high poverty levels (Tennessee Department of Health, 1997). Fifty-two percent of undergraduates are first-generation college students, and 36% of students are age 25 or older. Students in the nursing program have similar characteristics. In addition, 80% of students are commuters. Almost all students (99%) work between 10 and 40 hours per week, and 83% to 93% carry a full-time course load. These factors place students at high risk for academic failure. As a result, a peer mentor-tutor program was instituted 5 years ago, supported by a grant from the Health Resources Services Administration (HRSA), U.S. Department of Health and Human Services, Division of Nursing. The peer-tutor program targets baccalaureate students at risk for academic failure at any point in the nursing program. Peer tutoring supplements classroom and clinical instruction but is not treated as a pedagogical technique (Whipple, 1987) or a means of overcoming the limitations of the lecture format (Wrigley, 1973).

The program is student directed but faculty supported. Students provide the manpower and adapt program services according to their peers’ needs. Faculty members monitor activities and provide guidance, training, and resources. The program is introduced formally during orientation to the nursing major but the program’s word-of-mouth reputation plays a key role in informing many students of its existence. The majority of tutorees self-select and volunteer for the program, but based on the success of the program, a small number are required to obtain tutoring when repeating a nursing course they previously have failed. Based on their academic abilities, tutors either volunteer or are invited to serve by members of the grant team. Most have earned a grade of B or better in the courses they tutor and most begin tutoring after completing the course.

The majority of the tutoring occurs in a specially remodeled classroom called the NURSE Center (i.e., nursing undergraduate resources for successful education). The Center is easily accessible in the College of Nursing building. In addition to study carrels used for tutoring and individual study, it also houses computers with educational programs and a resource library. The atmosphere is informal but work oriented. The Center is open 56 hours per week.

TUTOREE CHARACTERISTICS

Although variations exist among tutorees, in general, these students have more academic and learning deficits than those who are able to succeed without tutoring. Most students have failed one or more science courses, earned the minimum grade point average required for admission to the nursing program, or used courses outside the major, such as physical education, to maintain the required grade point average. Tutorees tend to be poor readers and find it difficult to select key information in textbooks. Often, they are mentally locked into a need to “read every word.” When this becomes impossible because of the significant reading assignments for nursing courses, they tend to give up in frustration. Class note taking is more likely to be “by dictation,” with an emphasis on recording every word the instructor says. Students needing tutoring also are likely to be unable to read instructors’ classroom cues, such as repetition or changes in voice inflection to emphasize important points.

In addition, tutorees’ major learning method tends to be memorization, which they equate with learning. They feel they “know” the material if they are able to recall it. Their knowledge tends to be disjointed and disconnected from reality. Tutorees tend to believe instructors and textbooks are the only sources of knowledge and their own “knowledge” must mirror these sources exactly. Another frequent feature of tutoree thinking is the tendency for premature closure. When encountering a new term or idea, they jump to conclusions about the meaning of the information after hearing only a portion of the needed details. For example, if preload means the amount of blood in the ventricle at the end of diastole, then afterload must mean the amount of blood left after ejection. In addition, tutorees often perceive learning as drudgery and possess little curiosity or experience little excitement when learning.

Tutorees are not necessarily passive learners, but they do not seem to be as actively engaged in the learning process as more successful students. In addition to their lack of engagement with the content, these students tend to be less engaged in interactions with their peers. Tutorees are less likely to initiate relationships with their peers or to offer others help.

Tutorees also have difficulty categorizing and organizing information and perceiving connections among nurs-
ing concepts. When asked to use course information to answer critical-thinking test items, tutorees often miss the point of the question when it is not fact based. They tend to look for the one “right” answer and are confused if more than one answer can be “correct” in some way.

**PEER TUTOR CHARACTERISTICS**

On the other hand, peer tutors have little difficulty organizing, categorizing, and perceiving relationships in nursing content. They often are highly self-directed learners who use various resources to interact with the content. Tutors “make the content their own” by engaging with the material and organizing and reorganizing the content into knowledge schemes that make sense to them personally. They are confident about what they know and have their “own” knowledge, based on the foundation provided by textbooks and instructors. They use analogies and metaphors to help them understand and retain the material and are skilled at comparing and contrasting. Tutors’ nursing and medical vocabularies are more extensive than those of tutorees, and they find learning enjoyable. Tutors often go beyond the required reading because they are interested in the content.

As peers, tutors are able to explain difficult material, correct inaccurate knowledge, and clarify confusing terms using analogies they have developed, memory tips, drills, and even presession assignments. After tutors recognize a tutoree’s minimal interaction with the content, some instinctively “assign” activities that “force” tutorees to increase their interaction with the material. These tutor assignments counteract passive learning and also may help correct deficits or reinforce content. For example, to understand congestive heart failure, students must know the structures of the heart and lung and how blood flows through these structures. This anatomical mastery is prerequisite for understanding many cardiac concepts, and tutors often will start with tutorees’ existing memorization ability by insisting that they drill themselves until the blood pathway is second nature.

**THE PEER TUTOR-TUTOREE RELATIONSHIP**

Peer tutoring in nursing is a specialized, interpersonal relationship focusing primarily on academic skills and knowledge and development of study skills. It is specialized because its purpose is to cultivate the development of nursing knowledge in novices under the guidance of more experienced peer tutors. The interaction is highly individualized and both process and product oriented. Although passing an examination or course often is the primary goal that initiates the relationship, peer tutoring often evolves into a testing ground for learning skills that can be applied across the nursing curriculum.

The most successful tutor-tutoree relationship is one in which there are shared learning styles, similar backgrounds, and mutual regard. When both tutor and tutoree learn in a similar manner and share comparable methods for acquiring knowledge and skills, communication is enhanced, which makes it more likely that tutors can succeed in helping tutorees learn. In addition, it is helpful if tutors have past experience with the tutorees’ instructors because tutors can coach tutorees on the instructors’ typical cues. When tutors and tutorees like each other or are willing to learn enough about each other to develop mutual regard, tutors’ suggestions are more likely to be heard and tutors are more likely to “go the extra mile” for the tutorees.

Formation of the tutor-tutoree relationship is challenged by differing self-concepts. Peer tutors come to the relationship as the “helper and achiever,” who has a record of success. In addition, the tutors’ self-concepts are enhanced by faculty members who recommend and seek out the tutors, asking them to become peer tutors. On the other hand, the tutorees’ self-concepts are characterized by feelings of failure, underachievement, and wasted effort. Tutorees often obtain help because they have failed a nursing course or are at risk for failure. They also may be working hard to learn nursing content but finding that their efforts are not producing positive results. These two different identities must be left behind as the tutor-tutoree relationship develops. Tutors must become helpers, counselors, and guides, rather than “superiors,” and tutorees must begin to see themselves as competent learners and partners in content mastery.

**PEER TUTORING PATTERNS**

In the course of the naturalistic development of the student-initiated and student-directed peer-tutoring program, seven patterns of peer tutoring were used. Program data, collected as part of the evaluation process for the HRSA grant, enabled the authors to create an initial description of each pattern and compare them. The descriptions were developed from a comparative analysis of qualitative interviews with tutors and tutorees, the program director’s field notes, open-ended surveys, records of participation, and focus group discussions. The interviews and focus group discussions were audi-taped and transcribed.

Although the global outcome for all the tutoring patterns was improved academic performance, each approach contributed to that outcome in a different way. The peer-tutoring patterns are divided into two categories. The first, long-term patterns, includes one-on-one and dyadic tutoring. Both are based on extensive involvement with tutors over an extended period of time. The second, episodic patterns, includes small group, large group, skill-based, assignment-based, and question-based tutoring. These peer-tutoring patterns typically engage tutors and tutorees for more limited periods of time. In addition, tutoree group membership and tutor leadership often is flexible and changing.

**Long-Term Tutoring Patterns**

Long-term tutoring patterns emphasize the tutor-tutoree relationship and tutorees’ idiosyncratic character-
Tutors find great personal satisfaction when tutoring within these patterns. These patterns appear naturally, congruent with the "need to help others" motivation of many students.

**One-on-One Peer Tutoring.** One-on-one tutoring is a classical model best suited for students with significant difficulties in mastering nursing content. It is the preferred pattern to promote interactive learning for students who remain disengaged in group learning situations, such as classrooms or seminars. This pattern allows the fullest development of the tutor-tutoree relationship. Because the tutor-tutoree relationship is transparent and easily examined within this pattern, it is immediately apparent, after the introductory phase has passed, whether the relationship can progress. The relationship either develops into a rich supportive one, even a friendship, or quickly is abandoned. Both parties are intensely invested in the relationship when it continues.

Tutorees who benefit most from this pattern tend to be those who have many academic deficits and learning difficulties. Compared to their peers, tutorees who benefit most from one-on-one tutoring have underdeveloped and a more limited repertoire of academic skills, a narrow conception of learning, and a relative inability to help themselves. They have difficulty "reading the instructor" and fail to recognize instructors' cues in the classroom. If they do hear an instructor's remark that certain content is important, they fail to follow through by focusing on that content when studying. They tend to consider learning something that occurs "at school" but is unconnected with "real life." Without help, these students have difficulty recognizing how their notes can be improved, how one can study other than memorization, and how to read for important points.

When working with these tutorees, tutors function as diagnosticians and role models. Both academic skills and nursing knowledge are emphasized. Tutors working within this pattern often share more of themselves and become strongly invested in the tutorees’ learning and success. Individual tutoree weaknesses are more quickly exposed, making it easier for tutors to identify weaknesses and provide individualized assistance. The tutors’ role modeling of successful academic behaviors is communicated directly to tutorees. In response, tutorees, perhaps for the first time, become active learners. This pattern provides frequent, immediate, and accurate feedback, as tutorees try different approaches to learning.

**Dyad (Two-on-One) Peer Tutoring.** The dyadic tutoring pattern is similar to the one-on-one model. It also promotes interactive learning, allows maximum gains for students with various learning needs, and facilitates tutors’ diagnosis of skill deficits and knowledge-base weaknesses. The unique aspect of this pattern is the tutorees’ interrelationship. The spotlight is shared when there are two tutorees. Shy and easily embarrassed learners have a cushion of support when another person is present to deflect the tutor’s attention. In addition, tutorees often share similar learning styles, levels of ability, and skill deficits, and often are friends outside the tutoring arena. The friendship promotes a level of comfort and support that allows each student to be more open with the tutor.

Tutorees come to the dyadic role in the peer tutoring setting because of their preexisting friendship. If their relationship is positive, supportive, and noncompetitive, they are able to promote each other’s success. If their interaction is negative or codependent, the tutor-tutoree relationship often is unable to bring about the desired academic outcomes. Dyads are able to take the tutor-tutoree interaction beyond the immediate tutoring context. During a session, tutorees gain help from each other, as well as from the tutor. After a session, they are able to

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**TABLE 1**

Long-Term Patterns of Peer Tutoring

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>One-on-One</th>
<th>Dyad</th>
</tr>
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<tbody>
<tr>
<td>Peer tutor role</td>
<td>Diagnose learning needs; teach academic skills; use professional vocabulary; organize content to fit tutorees’ frames of reference</td>
<td>Same as one-on-one pattern; identify and encourage behaviors that promote academic success in each member of the dyad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participate actively; offer positive support for partner; contribute knowledge; maintain positive, supportive relationship with partner; has equal role with tutor in directing the session</td>
</tr>
<tr>
<td>Tutoree contribution</td>
<td>Attempt to learn content on own; has equal role with tutor in directing the session; has an obligation to use the help provided</td>
<td>Same as one-on-one pattern</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ability to learn on own; improved academic performance</td>
</tr>
<tr>
<td>Focus</td>
<td>Overcome academic deficiencies; develop professional vocabulary; acquire mental structure for the content</td>
<td>Improved academic performance; understanding of content versus memorization</td>
</tr>
<tr>
<td>Expected outcome</td>
<td></td>
<td>Highly personal; tutorees are involved in tutorees’ success; tutorees are able to use tutorees as resources for each other</td>
</tr>
<tr>
<td>Tutor-tutoree</td>
<td></td>
<td>Highly personal; tutors are intensely involved in tutorees’ success</td>
</tr>
<tr>
<td>relationship</td>
<td></td>
<td>Highly personal; tutors are involved in both tutorees’ success</td>
</tr>
</tbody>
</table>

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jog each other’s memory, discuss the tutor’s suggestions, remind each other of the tutoring interaction, and continue to engage each other with the content.

In this pattern, tutors are able to use individualized methods but have the added advantage of using the strengths of each tutoree to augment their own expertise. In addition, words of encouragement, support, and affirmations reach more than one set of ears, making the tutor’s time doubly effective.

Table 1 describes the major characteristics of the two long-term tutoring patterns, including differences in the tutor’s role, the tutorees’ contributions, the focus, expected outcomes, and the tutor-tutoree relationship. In contrast to the two long-term patterns, the five episodic patterns emphasize outcomes to a much greater degree. These patterns also are more curriculum driven than individually focused.

**Episodic Patterns of Peer Tutoring**

**Small Group Peer Tutoring (3 to 6 students).** The small group pattern offers several of the advantages of both one-on-one and dyadic tutoring but expands the resources available to learners. The group interaction provides a high energy level and supports the excitement of learning. Tutors are able to draw from the knowledge of each group member. In the long-term patterns, tutors “fly solo,” as the one person with the knowledge. In this episodic pattern, tutors are more like conductors who coordinate the expression of knowledge possessed by the group members. Tutors can use the Socratic method of teaching more easily in the small group because individual members share the spotlight. If necessary, more reticent group members can take a “back seat,” without compromising their interaction with the content.

In the small group setting, tutorees usually are comfortable asking their questions and sharing their areas of confusion. Often, specific “sticking points” common to all members of the group are identified. Tutors also are often familiar with these points and can prime the group in advance to focus on these areas of difficulty. Because group members bounce ideas off each other, individual tutorees can “shine” and receive confirmation that they do “know something.” Attempting to explain the content to others in the group often is the best kind of engagement with the material for these students.

Relationships within the small group peer tutoring session shift constantly. Leadership changes from session to session and within a single session. If the tutor is temporarily at a loss, the group is still able to proceed.

The disadvantage of the small group pattern is that when the overall group energy level is low or when one or two members are discouraged, learning may be compromised for everyone. The tutor must find a balance between allowing group members to “vent” and keeping control to move the group in a positive direction.

**Large Group Peer Tutoring (6 or more students).** Large group peer tutoring is the pattern most similar to the traditional classroom. The tutor-tutoree relationship loses individual integrity, and tutors relate to the group “personality.” Tutors are most effective in this situation when they have had personal experience with the instructor who is teaching the tutorees. Effectiveness also increases when tutors have a positive relationship with the professor and when they have an affinity for the content. In the most successful sessions, tutors are able to manage the group to prevent the more vocal members of the group from dominating the session.

The benefits of this pattern include group interaction, freedom of expression, and maximum application of tutors’ knowledge and skills for the benefit of many. Learners are more likely to voice their questions when a peer conducts the session, although the group is large. In addition, large groups may “spin off” smaller study groups where active engagement with the content continues. Examination reviews also provide reassurance to tutorees that they do grasp the content. The assurance occurs when the topics they have studied prior to the session coincide with the topics the tutor selects for presentation, when they are able to answer the tutor’s questions aloud or to themselves, and when their answers coincide with others’ answers. The total effect is the creation of a group consciousness of the content that enhances individual learning. Tutorees often deliberately use large group reviews as a verification activity that puts the capstone on their study preparation for an examination. The courses most often reviewed in this manner are the more challenging ones in the curriculum and those with large amounts of medical-surgical content.

What is lost in the large group pattern is the tutors’ diagnosis of learners’ idiosyncratic learning needs. Therefore, large group review is not the choice for every tutoree. Large group reviews may be effective for students who are “quick studies,” who readily recognize the essential parts of the topics being presented, and who often grasp additional hints on the particular issues of importance to the instructor, which are presented by tutors.

The program described in this article also has used large group tutoring for students repeating a course they previously have failed. A handpicked peer expert, selected by course faculty, conducts this type of sessions. The tutor works closely with the faculty member and seeks to not only review content, but also help tutorees understand how the faculty member thinks about the content. These sessions are most effective if held on a regular basis and as close as possible in time to the actual class sessions, so the content is fresh in the learners’ minds.

However, large-group tutoring for students repeating a course magnifies the tutorees’ identity as “failures.” These students often feel such sessions are a part of their “punishment” for having failed the course. In addition, the tutor’s role as expert and as a “superior” student also stands out. Therefore, tutors simultaneously must promote group cohesiveness and engagement with the content and cope with a negative group identity. After tutorees in this group pattern cope with their frustration,
the group can become a positive support group. The tutor’s relational task is to promote a “we’re in this together” mentality.

**Skill-Based Peer Tutoring.** Certain skills typically are problematic for many students, such as the calculation of medication doses. In the ETSU nursing program, peer tutoring for specific skills includes topics such as preparing dosage and calculation problems using the method of dimensional analysis, recognizing common electrocardiogram patterns, using sterile technique, and understanding the nursing process and its use as a guide for client care. Skill-based tutoring involves a single session and is focused on gaining the ability to perform the task or skill.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Small Group</th>
<th>Large Group</th>
<th>Skill-Based</th>
<th>Assignment-Based</th>
<th>Question-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer tutor role</td>
<td>Diagnose learning needs; teach academic skills; use professional vocabulary; organize content to fit tutorees’ frames of reference; guide/facilitate group interaction; prevent dominating behavior during sessions; evaluate “quiet” members for engagement with content</td>
<td>Use personal expertise; control and direct the session; select content; promote engagement with the content by encouraging questions</td>
<td>Expert</td>
<td>Validate the requirements and standards for the assignment; communicate with faculty for clarification; evaluate tutorees’ work for its fit with the requirements</td>
<td>Expert; broad knowledge of content across the curriculum; skilled use of references; validate tutorees’ knowledge</td>
</tr>
<tr>
<td>Tutoree contribution</td>
<td>Participate actively; avoid dominating; support others’ contributions; has greater role than tutor in controlling session</td>
<td>No allowance for idiosyncratic learning needs; can assume passive role; active role is expressed by answering and asking questions; lesser role than tutor in directing the session</td>
<td>Active engagement with content; performance of return demonstration; equal role with tutor in directing the session</td>
<td>Produce product for evaluation; willingness to hear and act on criticisms; equal role with tutor in directing the session</td>
<td>Makes and breaks contact with tutor; greater role than tutor in directing the interaction; formulate clear questions</td>
</tr>
<tr>
<td>Focus</td>
<td>Further development of existing knowledge</td>
<td>Comprehensive review; identification and highlighting of most important content</td>
<td>Master a skill at the novice level; ability to perform</td>
<td>Creation of a product that matches established criteria</td>
<td>Obtain small amounts of accurate information</td>
</tr>
<tr>
<td>Expected outcome</td>
<td>Understanding of content and ability to apply knowledge in testing situations</td>
<td>“Good grade” on the test</td>
<td>Ability to perform in an actual or simulated practice setting</td>
<td>“Good grade” for assignment</td>
<td>An answer to a specific question</td>
</tr>
<tr>
<td>Tutor-tutoree relationship</td>
<td>Casual; tutor’s knowledge of members’ needs varies</td>
<td>Superficial; tutor may not know the names of all tutorees</td>
<td>Superficial to casual; tutorees may prefer to be more anonymous; tutor’s reputation may determine attendance</td>
<td>Usually personal; most often based on prior interactions during one-on-one, dyad, or small group tutoring; may be based on interaction with the tutor as a mentor</td>
<td>Random and superficial; based on tutor’s reputation or standing as an informal or formal leader</td>
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</tbody>
</table>

The tutor-tutoree relationship usually is short term, unless tutorees already have established a relationship with the tutors and are extending that relationship.

The relationship is of minimal importance if tutors are proficient in the skill. Tutorees often direct the session through questioning. The skills addressed in such tutoring sessions are relatively self-contained, requiring a limited amount of background knowledge. Tutors must be able to explain and demonstrate the skill. They often prefer skill demonstrations by saying, “this is what worked for me.” After observation of the tutor’s performance, tutorees demonstrate the skill or a portion of it in response. Tutors may continue a session until tutorees
are evaluated as sufficiently skilled in the task to be able to function independently. Tutors act primarily as evaluators.

Assignment-Based Peer Tutoring. Although skill-based tutoring is related to a specific, practice-oriented skill, assignment-based tutoring is related to the educational curriculum and attaining a particular academic nursing skill. The interaction in this pattern also is tutor initiated in most cases. However, when tutors are more advanced in the major than tutorees and familiar with the courses tutorees currently are taking, tutors may offer help in advance. For example, in the community-based curriculum of the ETSU nursing program, students are required to design and implement many educational interventions that affect communities’ health. Working with various groups and knowing who should be contacted and how to plan so such a project goes smoothly often is difficult for novices. Tutors are able to guide tutorees in actions that facilitate success.

Papers, such as research critiques, are another example. Although academic honesty is an issue, in this case, tutors focus on tutorees’ writing skills and understanding of the assignment. Assignment-based tutoring requires a good working relationship between tutors and faculty members so tutors can provide the most accurate help. Tutorees typically attend a session with a portion of the assignment completed. The tutor then acts as a reviewer and evaluator, comparing tutorees’ work to the assignment criteria. Tutors also may focus on tutorees’ understanding of what the instructor is seeking in the assignment. This often is helpful when tutorees lack the ability to “read” instructors. The tutor-tutoree relationship is outcome oriented and typically lasts only a single session.

Question-Based Peer Tutoring. Question-based tutoring occurs when tutorees randomly contact peer tutors by telephone or in person. At ETSU, tutors are available in the NURSE Center, which serves as the primary location for all activities of the peer tutor program. Tutors’ reputations are their “calling cards,” which leads tutorees to contact a tutor. In this peer-tutoring pattern, the interaction is initiated and concluded by tutorees who ask a question and continue to interact with the tutor until they are satisfied with the answer. The outcome is the satisfaction of an immediate need to know. Question-based tutoring is focused on individual facts or a single concept. It is designed to provide learners with a valid, “authoritative” resource.

Table 2 describes the major characteristics of the five episodic peer-tutoring patterns, again including differences in the tutor’s role, the tutorees’ contributions, the focus, expected outcomes, and the tutor-tutoree relationship.

**SUMMARY**

The seven patterns of peer tutoring discussed in this article emerged as a result of peer tutors’ efforts to help students with academic difficulties. Other than the one-on-one pattern, each was conceived and implemented by the tutors. For each pattern, the tutors’ skills, tutorees’ needs, desired result, and tutor-tutoree relationship differ, although the distinctions are not always clear. The patterns are specific to nursing education and have not been discussed previously in the literature. The advantages and disadvantages of the two types of peer tutoring are presented in Table 3.

**REFERENCES**
