

Supplementary material

Practice guidelines for peer support

INTRODUCTION

The practice guidelines presented in this supplementary material consist of a set of systematically formulated evidence-based recommendations that describe peer support interventions and processes to assist educators during a curriculum innovation. The guidelines outlining the purpose of the guidelines, the target audience and stakeholder involvement, the scope of the guidelines, formulated guideline recommendations, quality of evidence used in the recommendations, monitoring and evaluation of guidelines and updating guidelines. For each recommendation, a summary of supporting evidence and considerations thereof are also described. The implications for implementing these guidelines have also been outlined. The guidelines development was nested in the WHO (2014) *Handbook for Guideline Development*.

PURPOSE OF THE GUIDELINES

The practice guidelines were produced in relation to a curriculum change in nursing education institutions in Lesotho, which transformed curriculum from a teacher-centred to a student-centred approach. This transformation implies a paradigm shift from behaviourism to constructivism with associated pedagogical changes. The curriculum transformation has posed a challenge for implementers, necessitating peer support.

The overall objective of these guidelines was to provide recommendations that can inform peer support interactions among nurse educators during the implementation of a curriculum innovation. These systematically developed recommendations can provide direction on peer support interventions and decision making that might benefit the educators, peer support providers, and institutional administrators, and contribute to appropriate enactment of the new curriculum and ultimately improve the quality of graduates. The practice guidelines also intend to give structure to the peer support strategy and enhance its sustainability, particularly when they are endorsed by the institutional leadership.

TARGET AUDIENCE AND STAKEHOLDER INVOLVEMENT

The recommendations in these guidelines are proposed to inform peer support interactions among educators implementing an educational innovation. These practice guidelines are based on the evidence from the integrative review and the qualitative study conducted among the educators who had implemented the curriculum innovation in the midwifery programme in Lesotho. The results from the qualitative study were triangulated with the evidence from an integrative review and used to formulate the priority areas and recommendations.

The developed guidelines are relevant to all educators who are receiving and providing support during the implementation of a curriculum change or an educational intervention in higher education institutions in LMICs. The guidelines are also essential for institutional administrators, managers and all curriculum innovators. These guidelines are intended to enhance peer support strategies among educators during the implementation of an innovation and address various aspects of such support. The guidelines should be used in tandem with the curriculum/innovation implementation plan and the institution's professional development strategies and policies.

SCOPE OF THE GUIDELINES

These guidelines outline critical elements related to peer support strategies among educators during the implementation of a curriculum innovation. Implementing a curriculum innovation presents challenges among educators when their existing skills set are redundant. Educators facing such challenges may not enact the new curriculum correctly and could benefit from peer support. The target audience for these includes educators implementing a curriculum innovation in higher education, institutional administrators and managers. The priority areas addressed in these guidelines include:

- peer supporters,
- peer support strategies,
- content/support needs,
- outcomes of peer support and
- monitoring and evaluation of the peer support strategy.

The specific recommendations and the supporting evidence for each priority area are described in the following sections.

FORMULATED RECOMMENDATIONS FOR PEER SUPPORT

The recommendations were formulated by a small group of guideline developers using the WHO (2014) *Handbook for Guideline Development* as a framework. The researcher established a task team to develop the peer support guidelines, as proposed in the WHO (2014) *Handbook for Guideline Development*. The task team consisted of a methodology expert and curriculum specialist, a senior lecturer who is an experienced mentor engaged in professional development, and the researcher. The guideline developers identified and discussed priority areas, which were informed by triangulated evidence from the integrative review and the qualitative study on educators. The themes from the integrative review and qualitative study were the basis for formulating the five priority areas. The supporting evidence for the themes was used to craft the recommendations. The formulated recommendations were discussed among the members of the task team and consensus was reached before finalising them. Seven recommendations were formulated based on the triangulated evidence from the integrative review and the qualitative study. Each recommendation formulated was evaluated against the domains described in the WHO *Handbook for Guideline Development* (2014) and the triangulated evidence. The domains considered included:

- Effects – describes the perceived benefits and harms associated with the intervention and their importance to the stakeholders
- Values and preference – describes the relative importance assigned to outcomes associated with the intervention of the stakeholders
- Resource implications – describes the anticipated relevant resources that may be required to implement the intervention in the guideline
- Equity – describes how the intervention might increase fairness and justice during the implementation of an innovation and reduce inequalities among stakeholders
- Acceptability – describes the likelihood that the stakeholders will embrace and apply the recommendations/intervention
- Feasibility – represents the practicality of using the recommendations among the stakeholders and is influenced by available resources such as financial, technological, infrastructure and human resources.

Table 5.1 presents a summary of the formulated guideline recommendations and priority areas included in the peer support guidelines.

TABLE 5.1: Summary of guideline recommendations on peer support

Priority area	Recommendations
A1: Peer supporters	<p>A1.1: Peer supporters should be in possession of higher qualifications, such as Master’s or doctoral degree in nursing/health professions education and expertise in a specific discipline. In the absence of such high qualifications, a formal qualification in nursing/health professions education is acceptable for a peer supporter. The peer supporter should be knowledgeable about the principles guiding the curriculum innovation, experienced in guiding/leading colleagues, and willing to facilitate the professional growth of the peers. Attributes such as experience, motivation and commitment to peer support are valued and readily accepted among peers.</p> <p>Level of evidence used: Moderate</p>
B1: Peer support strategies	<p>B1.1: Supporters should consider the needs of the peers related to the implementation of the curriculum innovation, such as developing appropriate facilitation materials and using relevant pedagogical and assessment methods. The supporters should select the most appropriate strategies and platforms to provide support.</p> <p>Level of evidence used: Moderate</p> <p>B1.2: The institutional leadership should ensure that the support strategy has clear goals and objectives, explicit systems and mechanisms to enhance and sustain the effective implementation of the strategy during curriculum innovation.</p> <p>Level of evidence used: Moderate</p>
C 1: Content/support needs	<p>C1.1: The support providers should collaborate with the peers/educators to assess and identify support needs to enable the development of relevant and applicable content that is aligned with the implementation of the new curriculum.</p> <p>Level of evidence used: Moderate</p>
D1: Outcomes of peer support	<p>D1.1: The goals and objectives of the peer support activities should be aligned with the identified needs and directed towards sustaining the curriculum innovation, capacity building, professional growth, community of practice and scholarship.</p> <p>Level of evidence used: Moderate</p>

Priority area	Recommendations
	<p>D1.2: Institutions should recognise support strategies as a valued service and commit by allocating resources to meet the departmental/support needs to enhance peer support during a curriculum innovation.</p> <p>Level of evidence used: Moderate</p>
<p>E1: Monitoring and evaluation of the peer support strategy</p>	<p>E1.1: Institutional leadership should ensure that there is a mechanism for monitoring and evaluation of the peer support strategies used during the curriculum innovation.</p> <p>Level of evidence used: Moderate</p>

Source: Author-generated

5.5.1 Recommendations and evidence

This section describes the recommendations per priority area and the evidence considered.

A1: Peer supporters

One recommendation was developed for this priority area which focused on the characteristics of the peer supporters.

A1.1: Characteristics, qualifications and motivation of peer supporters

Recommendation A1.1: Peer supporters should be in possession of a higher qualification in education, be knowledgeable about the principles guiding the curriculum innovation, experienced in mentoring, motivated and committed to provide support and facilitate the professional growth of the peers.

Remarks:

- The evidence from the integrative review indicated that support providers possessed high qualifications in the relevant disciplines, which included being PhD holders, professional medical editors and postgraduate alumni, and/or occupied leadership positions such as associate professors and programme directors (Bang, 2013; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Pololi *et al.*, 2004; Provident, 2006). Most of the evidence in the integrative review was from

high-income countries. The guideline developers noted that in LMICs few educators might have master's or PhD degrees; therefore, emphasis should be on the supporters' experience and knowledge of the curriculum innovation. There may be a need for professional development to build the capacity of the supporters.

- Evidence from the qualitative data suggested that stakeholders valued the knowledge and willingness of supporters during support activities. The evidence further indicated that supporters were internally driven to support their colleagues. The guideline developers noted that in the absence of a qualified or willing supporter, the institution may consider collaborating with other institutions that have experienced supporters and source peer support.
- Evidence from the integrative review indicated that supporters should have experience in evidence-based practice and change processes and interest in areas in which mentees need to be mentored (Bang, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsk *et al.*, 2014; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006).
- The integrative review showed that supporter commitment and interest in mentoring are essential for an effective support strategy (Bennett & Santy, 2009; Bryant *et al.*, 2015; Provident, 2006; Sexton *et al.*, 2016). Similarly, qualitative evidence from the stakeholders suggested that knowledge, experience and willingness of the peer supporter are essential in a peer support strategy.
- Guideline developers noted that supporter qualification, experience and commitment to professional development were essential elements for a successful peer support strategy.
- The evidence from the integrative review was of levels III and V of good quality, as classified in the JHNEBP Research Evidence Rating Scale (Addendum D). No randomised controlled trials or systematic reviews on peer support during an innovation were found during the integrative review.

Note: *The remark on the quality of the evidence used (levels III and V) applies to all the recommendations and will not be repeated in the subsequent recommendations.*

Summary of evidence and considerations

Effects: The integrative review evidence described the outcomes of support strategies for the innovations or new programmes. Positive outcomes were reported in all innovations/new programmes included in the integrative review (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).

Qualitative evidence from the stakeholders also suggested positive outcomes, which included educator empowerment, enhanced competencies and improved implementation of the curriculum innovation. However, the qualitative evidence also indicated that there were negative emotional reactions towards the support providers among colleagues who were being assisted during the implementation of the new curriculum.

Values: The qualitative evidence suggested that stakeholders considered experience, expertise and commitment of the supporter as important for effective peer support. Similarly, the evidence from the integrative review indicated that interest and commitment to peer support and the innovation are essential values.

Resources: The most relevant resources in this recommendation include human resources and time. The institutional administrators need to allocate appropriate human resources for the peer support strategy.

Equity: Most of the evidence from the integrative review was from high-income countries and supporters were highly qualified, ranging from associate professors and PhD holders to postgraduate alumni (Bang, 2013; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Pololi *et al.*, 2004; Provident, 2006). In LMICs very few supporters may possess such high qualifications in education, therefore deliberately identifying and capacitating educators who are willing and interested in professional development could help ensure that those in need will be able to access peer support.

Acceptability: The qualitative evidence from the experiences of stakeholders regarding peer support suggested that knowledgeable, experienced and willing supporters are essential in a

peer support interaction. Therefore, the peers are more likely to accept and participate in support activities that are provided by qualified and experienced supporters.

Feasibility: The qualitative evidence from the stakeholders suggested that limited knowledge and experience levels of the supporters may affect the practicality and influence the quality of peer support. The lack of knowledge and honest self-assessment among the individuals in need of assistance may also affect their potential for seeking support. However, the lack of knowledge and honest self-assessment related to the implementation of the curriculum innovation may be mitigated through objective peer evaluation, supervision and performance appraisal reports. The qualitative evidence from the stakeholders showed that early adopters were essential in supporting the implementation of the new curriculum. Therefore, the capacitation of early adopters of the innovation may increase the feasibility of peer support in the face of limited resources in LMICs or when there is no funding for robust professional development.

B1: Peer support strategies

Two recommendations were developed for this priority area which focused on selecting support strategies and characteristics of effective peer support strategies.

B1.1: Selecting strategies for providing support

Recommendation B1.1: Supporters should consider the needs of the peers related to the implementation of the curriculum innovation, such as developing appropriate facilitation materials and using relevant pedagogical and assessment methods. The supporters should select the most appropriate strategies and platforms to provide support.

Remarks:

- Both the integrative review and the qualitative evidence suggested that the support providers should consider the various support strategies and select those that will best meet the needs of the peers.
- The integrative review evidence identified team mentoring strategies as group-facilitated mentoring, unit-based mentoring, collaborative mentoring, paired mentoring such as dyads leading to triads, peer-to-peer mentoring, online peer observation and multiple techniques, which include hybrid and multiple approaches to mentoring (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*,

2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).

- Similarly, the qualitative evidence indicated that support among stakeholders was provided using group approaches such as workshops, presentations on specific topics, meetings and paired techniques such as supportive peer reviews, hands-on support and one-on-one methods. Face-to-face interactions and electronic platforms such as WhatsApp groups and email communication were engaged in.
- The qualitative evidence also highlighted the limitations of using electronic platforms, such as availability and functionality of the communication infrastructure and poor connectivity. The evidence from the integrative review also identified technological challenges such as system failure, connectivity and data loss (Bang, 2013).
- The guideline developers recommend that the support providers in LMICs be aware of these limitations associated with the use of technology when selecting the mode/platform to use for providing support. The supporters also need to be aware of the technological capacity of the mentees before deciding on a technological platform.
- The guideline developers recommend that support providers consider and tailor-make support strategies based on the needs of their peers.
- The quality of evidence has already been described earlier.

Summary of evidence and considerations

Effects: The integrative review evidence described the outcomes of various peer support strategies used during the implementation of an innovation or new programmes. The outcomes included improved and sustained patient outcomes, professional growth, professional networks, the acquisition of knowledge and skills, designed curricula and updated modules, and improved research capacity (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).

The qualitative evidence from the stakeholders also highlighted positive effects of the peer support strategies, which include the empowerment of peers, improved awareness and understanding of the curriculum innovation, enhanced specific competencies to implement the new curriculum, the promotion of teamwork and strengthened resilience of supporters.

Values: The qualitative evidence from the stakeholders indicated that different strategies were used during the support activities. The qualitative evidence suggested that both team and individualised approaches during support activities are considered important among stakeholders. The integrative review highlighted trust, honest affirmation, openness to self-disclosure, collegial relationships, relevant and applicable learning opportunities, regular and positive feedback, confidentiality and role of co-mentoring as essential values in peer support engagements (Bang, 2013; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Provident, 2006).

Resources: The most relevant resources in this recommendation are those required for the selected specific strategy, which may include infrastructure, technological equipment and connectivity, time, human resources and the associated financial resources (Bang, 2013; Bennett & Santy, 2009; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Provident, 2006). Evidence from the stakeholders also highlighted time, communication infrastructure and human resources.

Equity: The evidence from the integrative review did not explicitly address equity. However, peer support strategies used had the potential of improving the competence of implementers and sustaining the interventions with subsequent long-term impact reducing inequalities among communities. Strategies selected for the peer support should be accessible to all peers.

Acceptability: The qualitative evidence from the stakeholders suggested that tailor-made and individualised peer support strategies, based on the educational landscape associated with implementing the new curriculum, are likely to be accepted. In a similar light, evidence from the integrative review indicated that contextualised support programmes, relevant and applicable learning opportunities, experiential learning opportunities, collaborative mentoring, writing self-determined goals, co-creating scope and expectations of the peer support

interactions were acceptable among stakeholders (Bennett *et al.*, 2013; Bryant *et al.*, 2015; Hall & Zierler, 2015; Pololi *et al.*, 2004; Sexton *et al.*, 2016).

Feasibility: The qualitative evidence from stakeholders suggested that various strategies were feasible, although time was a constraint where support activities were conducted after official working hours. Limitations associated with the use of technological platforms in LMICs may also make the provision of support unfeasible. Evidence from the integrative review suggested that support strategies used were feasible, although some showed technical and time limitations, lack of mentoring experts and difficulty of pairing peers with supporters in different locations (Bang, 2013; Furimsky *et al.*, 2014; Provident, 2006).

B1.2: Characteristics of an effective support strategy

Recommendation B1.2: The institutional leadership should ensure that the support strategy has clear goals and objectives, explicit systems and mechanisms to enhance and sustain the effective implementation of the strategy during curriculum innovation.

Remarks:

- Evidence from the integrative review described the elements of effective support strategy as including clear organisational and operational mechanisms, strategies to sustain innovation, effective communication and feedback, monitoring and evaluation, leadership and responsibility, and guidelines for interaction (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016)
- The qualitative evidence from the stakeholders suggested that the effectiveness of unstructured support is compromised due to limited accountability by both the supporter and the supported, lack of monitoring and evaluation, limited tangible support for implementation, inadequate time to engage in support activities and inadequate support provided to resistant colleagues. These limitations might be addressed by implementing structured peer support strategies and identifying a committee or a focal person to be responsible and accountable for the support activities in the institution. There is also a need for monitoring and evaluation of the peer support strategies implemented in the institution.

- The evidence from the integrative review suggested that an effective peer support strategy should have a clear vision, goals and guidelines for engagement in the support strategy, involvement of senior educators, institutional approval, administrative systems and established committees for support strategies (Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).
- Evidence from the integrative review emphasised that the commitment and capacitation of the institutional leadership are essential for an effective support strategy. The integrative evidence further specified the provision of resources, recognition and acknowledgement of champions of the innovation, monitoring compliance and ongoing support as some of the essential responsibilities undertaken by the institutional leadership (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).
- The leadership should also be conscious of the support needs of the educators in their institution. The qualitative evidence from the stakeholders concurred with the integrative review evidence in suggesting the endorsement of peer support by administrators as fundamental for its effectiveness. The qualitative evidence also highlighted limited accountability when the institution did not endorse the support strategy. The endorsement of the support strategy may be enhanced by ensuring institution administrators' buy-in of the guidelines and communicating them to the educators themselves, thereby committing their support.
- Both the qualitative evidence and the integrative review highlighted the importance of communication in enhancing peer support using suitable communication media. All the evidence from the integrative review underscored the importance of mentor-mentee communication and the sharing of information (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). The qualitative evidence further indicated that unstructured

communication in some institutions compromised the sharing of information on the exemplary practice.

- The evidence of the integrative review described the importance of monitoring and evaluation, the provision of ongoing feedback and reinforcement as essential elements for an effective support strategy (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). In the same manner, the qualitative evidence reiterated that accountability drives monitoring and evaluation and highlighted that a lack thereof compromised the effectiveness of the unstructured support strategies.
- The integrative review highlighted disconnections in relationships such as difficult personalities, power differences, relocation and physical proximity, working in isolation and lack of clarity of mentoring roles as some of the threats to an effective peer support strategy (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). The evidence from the integrative review also identified timing and time limitations such as time-consuming models, time lapses between implementation and technological challenges that may affect the effectiveness of support strategies.
- The guideline developers recommend that support providers take cognisance of the essential ingredients of effective peer support strategies, be alert of the threats and take appropriate precautions.

Summary of evidence and considerations

Effects: The integrative review evidence described the systems and mechanisms that resulted in a successful and sustained support strategy and implementation of an innovation (Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016). The evidence underscored the importance of institutional buy-in and approval of the support strategy to enhance its effectiveness. The stakeholder evidence also revealed that the peer support activities resulted in educator empowerment and improved competencies. The qualitative evidence further

indicated that without administrative ratification, there was limited accountability from both the supporters and the supported, as they did not feel obliged to participate in support activities. The guideline developers suggest that institutions establish mechanisms such as assigning a senior/experienced educator to be responsible for the peer support interventions to enhance accountability.

Values: The qualitative evidence showed that stakeholders considered peer support intervention as important. The endorsement of peer support by administrators was perceived as fundamental for effective peer support by the stakeholders. The qualitative evidence also indicated that stakeholders valued the tailor-made support that was readily available and accessible. The evidence from the integrative review also amplified the value of peer support and shed light on the value of involvement of senior educators, a strong mandate from institutional leadership, effective communication and recognition of mentors and successes achieved (Bennett *et al.*, 2013; Fleming *et al.*, 2015; Sexton *et al.*, 2016).

Resources: The most relevant resources for this recommendation include those required for the selected specific strategy, which may consist of clear operational policies and guidelines, time, human resources, incentives, communication, connectivity, training, capacitated leadership and the associated financial resources (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). The resources should also be aligned to the needs of the units or organisation. The qualitative evidence also emphasised the importance of institutional autonomy in enabling the appropriate distribution of resources. The guideline developers suggest that institutions that are non-autonomous need to identify and assign a senior educator who will be mandated to mobilise resources for peer support strategies. Most of the evidence from the integrative review indicated that resources essential for effective strategies were mobilised based on the needs of individual institutions.

Equity: The evidence from the integrative review did not explicitly address equity. However, peer support strategies used had the potential of improving the competence of implementers and sustaining the interventions with subsequent long-term impact reducing inequalities among communities.

Acceptability: The qualitative evidence suggested that support strategies that were endorsed by administrators and tailor-made were considered important and therefore likely to be accepted among peers. Similarly, evidence from the integrative review indicated that institutional approval and commitment, and contextualised interventions improve the acceptability of the support strategy (Fleming *et al.*, 2015; Hall & Zierler, 2015; Magers, 2014; Sexton *et al.*, 2016).

Feasibility: The evidence from the integrative review suggested that ensuring institutional commitment and approval of the support strategy enhances the feasibility of putting in place various mechanisms to increase the effectiveness of the support strategy (Fleming *et al.*, 2015; Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016). The qualitative evidence from the stakeholders suggested that the monitoring and evaluation of support activities is compromised when institutional leaders are not capacitated in the implementation of the new curriculum. Limited connectivity in some institutions made effective use of electronic communication challenging. Furthermore, limited institutional autonomy also made the acquisition of resources essential for the support strategy difficult.

C1: Content/support needs

One recommendation was developed for this priority area on content and support needs for the peer support strategy.

C1.1: Determining/assessing the support needs

Recommendation C1.1: The support providers should collaborate with the peers/educators to assess and identify support needs to enable the development of relevant and applicable content that is aligned with the implementation of the new curriculum.

Remarks:

- The evidence from the integrative review showed that it was important to identify areas needing support, co-create a mentoring scope with the mentees, sequence guiding support activities, provide learning materials with relevant focused activities and provide experiential and contextualised learning to enhance the support provided (Bang, 2013; Bennett & Santy, 2009; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016).

- The qualitative evidence from the stakeholders also highlighted the importance of considering the educational landscape associated with implementing the curriculum innovation and educational/competency needs of the peers to enable the development of appropriate content for support.
- Both the integrative and the qualitative evidence suggested that individuals appreciate the support activities that are relevant to their needs. Hence, support providers should be able to conduct a needs assessment and design content that is tailor-made to individual support needs (Bryant *et al.*, 2015; Pololi *et al.*, 2004).
- The integrative review evidence emphasised the importance of awareness of the need for support among peers/educators, openness to self-disclosure of weaknesses and identifying areas needing support, seeking support and voluntary participation in the support activities (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Provident, 2006). Self-disclosure of weaknesses can be enhanced through the creation of a supportive and emotionally safe environment among peers to promote the sharing of personal information (London, 2003). Knowledgeable individuals should also be encouraged to share information with peers experiencing challenges during support activities. The evidence from the stakeholders showed that the difficulties that implementers were experiencing directed most of the peer support activities.
- The evidence from the stakeholders suggested that awareness of the need for support among peers is compromised by the cultural background of individuals, which does not encourage young people to develop skills such as critical thinking and self-assessment. Therefore, support providers should be aware of the cultural factors that may hinder self-assessment and openness about individual weaknesses. These limitations might be minimised by promoting a culture of openness among peers and encouraging them to develop a culture of questioning and sharing information.

Summary of evidence and considerations

Effects: The integrative review evidence described the content of the support activities based on the innovation or new programme that was implemented. Structuring the support content in line with the type of innovation or new programme enhanced the support strategy. The support activities and innovations described in the integrative review were successfully implemented (Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016). The qualitative evidence from the stakeholders indicated that peer support resulted in the empowerment of educators, enhanced competencies and improved implementation of the curriculum..

Values: The evidence from the integrative review highlighted the importance and value of trust, openness to self-disclosure, maintaining confidentiality and honesty during the interactions (Bang, 2013; Bryant *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Provident, 2006). The qualitative evidence indicated that peers had different levels of understanding and capabilities related to the implementation of the new curriculum, which necessitated tailor-made activities. The evidence suggested that individuals valued respect during support activities that addressed their needs and improved their self-efficacy.

Resource implications: The most relevant resources in this recommendation are those required for the execution of specific activities, which include time, human resources, communication and connectivity to enable the assessment of support needs.

Equity: The assessment of the needs should be made known to all individuals in the institution to enable the development of comprehensive content that will meet different needs. The evidence from the integrative review indicated that the needs of individuals or the specific innovation determined the support activities (Bang, 2013; Bennett & Santy, 2009; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016). Therefore, the focus should be on aspects related to educational innovation and ensuring that identified needs are addressed during peer support activities. The qualitative evidence also highlighted that the support strategies were needs-driven. The guideline developers recommend that support providers carefully tailor-make support activities to meet the needs of different individuals.

Acceptability: The qualitative evidence suggested that tailor-made content based on the educational landscape associated with the implementation of the curriculum innovation is likely to be accepted among peers. The inclusion of content/activities related to the curriculum innovation, such as the new pedagogical and assessment approaches, may make the peer support strategies more appealing to the peers.

Feasibility: The qualitative evidence from the stakeholders suggested that determining the support needs among peers can be done. However, the indifferent attitudes of peers may make the assessment of learning needs difficult. Institutional leaders should create a safe and supportive environment that encourages the giving and receiving of feedback and the sharing of personal information to enhance self-disclosure.

D1: Outcomes of peer support

Two recommendations were developed for this priority area which focused on outcomes of peer support and institutional commitment to the peer support strategy.

D1.1: Outcomes of effective peer support

Recommendation D1.1: The goals and objectives of the peer support activities should be aligned with the identified needs and directed towards sustaining the curriculum innovation, capacity building, professional growth, community of practice and scholarship.

Remarks:

- The evidence from the integrative review shed light on some outcomes of effective peer support strategies, which include sustainable innovation, professional and personal growth, scholarship and establishing a community of practice (Bang, 2013; Bennett & Santy, 2009; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016).
- Similarly, the qualitative evidence from the stakeholders indicated that peer support enhanced specific competencies among educators, empowered peers, improved awareness of the curriculum, enhanced learning, improved implementation of the curriculum and resulted in a publication as some of the outcomes of peer support among stakeholders.

- The guideline developers recommend that support providers utilise approaches that promote self-directedness, critical thinking and personal growth.

Summary of evidence and considerations

Effects: The integrative review evidence indicated that effective support strategies promote the sustainability of the innovation, professional and personal growth, scholarship and community of practice. The evidence showed successful implementation of the innovations with positive outcomes, which included improved patient outcomes, successful utilisation of the fundamental curriculum, the acquisition of various skills among professionals, scholarship and enhanced community of practice (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).

Values: The qualitative evidence indicated that support strategies had positive outcomes that were important to the peers. The stakeholders felt that peer support activities were empowering and stimulated self-directedness, improved awareness of the curriculum and enhanced learning and implementation of the new curriculum.

Resources: The resources necessary in this recommendation include human resources, time, infrastructure, finances, communication and connectivity to enable the utilisation of various strategies and attainment of the goals and objectives of the peer support strategy.

Equity: The integrative review evidence indicated that participants in different innovations had access to appropriate support strategies and resources, which enhanced implementation and promoted professional growth (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016).

Acceptability: The qualitative evidence suggested that peer support activities were acceptable among peers, with stakeholders reporting the positive outcomes, which included the acquisition of transferable skills, enhanced competence and resilience. However, the qualitative evidence indicated that there were also negative emotional reactions of educators

towards the peer support. These emotional reactions might compromise the acceptability of the support.

Feasibility: The qualitative evidence from the stakeholders suggested that it is feasible to engage in a variety of support activities during peer support. Limited resources in LMICs may restrict the use of strategies requiring technology and connectivity.

D1.2: Institutional commitment to the peer support strategy

Recommendation D1.2: Institutions should recognise support strategies as a valued service and commit by allocating resources to meet the departmental/support needs to enhance peer support during a curriculum innovation.

Remarks:

- The evidence from the integrative review highlighted the importance of an institutional mandate and commitment to and investment in support strategies (Bang, 2013; Bennett *et al.*, 2013; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Provident, 2006). In addition, the qualitative evidence underscored the importance of administrative endorsement as essential for an effective support strategy. The endorsement by institution administrators may be enhanced through their buy-in of the guidelines. The administrators can also communicate the guidelines to the educators, thereby emphasising their importance and committing support.
- The integrative review also suggested the importance of recognition of mentoring as a valued service that can promote growth of the institution (Bennett *et al.*, 2013; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Sexton *et al.*, 2016).
- The evidence of the review further underscored the importance of investing in capacity development and developing leadership strategies (Bang, 2013; Bennett *et al.*, 2013; Furimsky *et al.*, 2014; Fleming *et al.*, 2015; Hall & Zierler, 2015; Sexton *et al.*, 2016). Developing the capacity of the leadership can enhance implementation of an innovation and peer support strategies.

Summary of evidence and considerations

Effects: The evidence from the integrative review indicated that institutional commitment, aligning departmental needs and resources, investing in capacity building and recognising mentoring and its successes contribute to successful peer support and sustainability of the innovation (Hall & Zierler, 2015; Magers, 2014; Provident, 2006; Sexton *et al.*, 2016).

Values: The qualitative evidence indicated that administrative endorsement was considered necessary for peer support strategies. The evidence further suggested that there was limited tangible support and limited accountability, which could compromise the peer support. Accountability may be enhanced by institution administrators' buy-in of the guidelines and promoting the utilisation during peer support strategies.

Resources: The resources required for this recommendation include clear policies and guidelines, performance appraisal systems, time, human resources, competent leadership, communication and connectivity.

Equity: The institutional leadership should ensure that resources are aligned with the support needs of all departments/units and that these resources are equitably available and accessible.

Acceptability: The qualitative evidence suggested that stakeholders view institutional commitment as important and therefore acceptable for a successful peer support strategy.

Feasibility: The qualitative evidence from the stakeholders suggested that obtaining institutional commitment is feasible through the rippling effects of exemplar practice from other institutions.

E1: Monitoring and evaluation of the peer support strategy

One recommendation was developed for this priority area which focused on the monitoring and evaluation of the peer support strategy.

Recommendation E1.1: Institutional leadership should ensure that there is a mechanism for monitoring and evaluation of the peer support strategies used during the curriculum innovation.

Remarks

- The evidence from the integrative review suggested that monitoring and evaluation can sustain peer support strategies and innovations (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). Some of the activities that were aligned with monitoring and evaluation in the integrative review include the monitoring of compliance, progress reports, the provision of ongoing support, reinforcement and redirection, and the provision of expert feedback.
- The qualitative evidence from the stakeholders also suggested that accountability drives the monitoring and evaluation of a strategy. The evidence indicated that there was no monitoring and evaluation, as no specific individual was responsible for the peer support activities. Therefore, the institutional leadership should establish a committee or mandate a focal person who could be held accountable for peer support activities in the institution. Such an intervention may enhance the peer support interactions during a curriculum innovation.
- Monitoring and evaluation of the peer support strategies and activities should be conducted regularly, especially during the initial phases of implementing the curriculum innovation. Regular monitoring and evaluation may help determine the effectiveness and relevance of the peer support strategy as well as identify any challenges that may be encountered.
- Monitoring and evaluation tools should be used for gathering information on peer support activities and reports written. Such information is also crucial for the monitoring and evaluation of the peer support guidelines as well as evaluation of the implementation of the curriculum innovation.
- There is a need for institutional commitment to the peer support strategy and the involvement of senior educators to enhance the monitoring and evaluation of the support activities (Bennett *et al.*, 2013; Fleming *et al.*, 2015; Sexton *et al.*, 2016).

Summary of evidence and considerations

Effects: The integrative review evidence indicated that monitoring and evaluation may be a strategy to enhance and sustain support strategies (Bang, 2013; Bennett & Santy, 2009; Bennett *et al.*, 2013; Bryant *et al.*, 2015; Fleming *et al.*, 2015; Furimsky *et al.*, 2014; Hall & Zierler, 2015; Magers, 2014; Pololi *et al.*, 2004; Provident, 2006; Sexton *et al.*, 2016). The qualitative evidence from the stakeholders highlighted the challenges associated with lack of monitoring and evaluation, which included lack of accountability among the support providers and the peers, and lack of follow-up on and reinforcement of the support strategy.

Values: The qualitative evidence suggested that the peers valued monitoring and evaluation and utilised peer review activities and frequent meetings to share and evaluate one another's work related to the implementation of the new curriculum. The evidence also indicated that the stakeholders valued the endorsement of the peer support strategy by administrators. The integrative review evidence also underscored the importance of institutional commitment (Bennett *et al.*, 2013; Fleming *et al.*, 2015; Sexton *et al.*, 2016).

Resources: The resources necessary for this recommendation include validated tools for monitoring and evaluation, human resources, time and committed leadership.

Equity: The institution should ensure timely and objective monitoring and evaluation of all peer support strategies and activities. The use of validated tools for monitoring and evaluation may enhance equity for this recommendation.

Acceptability: Both the integrative review and the qualitative evidence underscored the importance of monitoring and evaluation of peer support strategies as essential for a successful support intervention. Such an agreement suggests the acceptability of this recommendation in the guidelines.

Feasibility: The evidence from both the integrative review and the stakeholders suggested that this recommendation is feasible with the institutional commitment to the support strategy. Therefore, it is important for the institutional leadership to endorse the support strategy and establish a monitoring and evaluation mechanism.

QUALITY OF EVIDENCE USED IN THE RECOMMENDATIONS

Evidence used to develop the recommendations was derived from triangulating the results of an integrative review on peer support strategies and evidence from a qualitative study that explored the experiences of educators regarding peer support during the implementation of a new curriculum in a low-income country. The integrative review included quantitative designs, qualitative designs, case studies and non-research organisational experiences. The evidence was evaluated using the JHNEBP Research Evidence Appraisal Tool (Addendum A) for the evidence from non-research organisational experiences, the Critical Appraisal Skills Programme (CASP) for the qualitative design (Addendum B) and the Centre for Evidence-Based Management Tool for case studies (Addendum C) for case studies. Evidence from seven out of the eleven reports included in the review were rated at a strength of Level V and good quality (rated B), while the other four were at Level III of good quality based on the JHNEBP Research Evidence Rating Scale (Addendum D).

Data from the qualitative study were obtained through semi-structured face-to-face interviews, which were audio-recorded, transcribed verbatim and analysed inductively. Until recently, guideline development relied heavily on evidence from systematic reviews of randomised controlled trials. However, there has been a shift towards the use of qualitative evidence in guideline development (Lewin & Glenton, 2018; WHO, 2014).

MONITORING AND EVALUATION OF THE GUIDELINES

Monitoring and evaluation of these guidelines will be conducted at different nursing education institutions in LMICs, which will be using these recommendations for peer support activities during curriculum change. Monitoring and evaluation mechanisms will be employed to assess the effectiveness of the guidelines during peer support interactions. Tools for monitoring and evaluation will be developed, validated and used to collect and analyse data related to peer support interactions during curriculum innovation. The monitoring and evaluation should be done once every semester to assess the peer support interactions, changes in stakeholder practice and performance related to the implementation of the curriculum change.

UPDATING THE GUIDELINES

The guidelines should be updated every five years based on the new evidence that may emerge during the monitoring and evaluation processes that may affect the relevance of the recommendations. The WHO (2014) recommends that all guidelines be updated regularly to keep them relevant to needs and consistent with emerging evidence. Based on the evidence from the monitoring and evaluation processes and emerging scientific literature, the recommendations that will be considered to be no longer appropriate/ relevant will be supplemented and the guidelines updated. The process of updating the guidelines will be conducted by a multidisciplinary team, which will include the members who participated in the development of these guidelines, experts on peer support and critical appraisers.

IMPLICATIONS FOR IMPLEMENTING THE GUIDELINES

The developed guidelines propose strategies and processes that are essential to enhance peer support during curriculum innovation. At this point, it is worth mentioning some of the inherent implications of which implementers of the guidelines need to be mindful:

Institutional leadership commitment: The successful implementation of the guidelines is dependent on the commitment of institutional leadership. The administrators and managers need to ensure that the guidelines are disseminated to all educators and assign a responsible officer or committee to drive the peer support strategy and implementation of the guidelines.

Clarification of roles and responsibilities: It is important to clarify the roles and responsibilities of key players associated with the implementation of the guidelines for peer support. The institutional leaders need to consider the capabilities and skills of the educators engaged in peer support.

Resource allocation: Aligned with leadership commitment stated above is the allocation of resources essential for the peer support activities, as outlined in the recommendations. Resources may include human, material and time. Poor resource commitment for the support activities might set the stage for unsuccessful/ineffective peer support interventions.

Recognition of peer support as a valuable service: It is important to acknowledge peer support as an important strategy, particularly during the curriculum change. Educators who

are sceptical of their ability to appropriately enact the new curriculum might benefit from peer support, hence the need for the guidelines.

Feedback related to the implementation of the guidelines: Timely feedback should be provided to acknowledge successes and offer alternatives related to the guidelines implementation. It is important to promote a collegial environment that enhances dialogue and effective communication between the support providers and their peers.

Monitoring and evaluation: There should be deliberate plans and strategies for monitoring the implementation of the peer support and the guidelines. Lack of a clear strategy for monitoring and evaluation might blind the institutional leadership to the success or failure of the guidelines and/or the peer support strategy.

CONCLUSION

Implementing a transformed curriculum can be overwhelming, even for experienced educators, particularly when there are no planned ongoing support strategies. Naturally, when faced with difficulties, individuals may engage in unstructured peer support. However, such support can be short-lived or inconsistent, thereby threatening the enactment of the new curriculum. Such a peer support strategy needs structure in the form of practice guidelines to enhance the interactions. The proposed guidelines present contextualised processes and strategies that might improve self-efficacy among peers, enhance the fidelity of curriculum enactment and ultimately sustain the curriculum innovation.

Further research in this field is recommended to evaluate the efficacy of the guidelines and the fidelity of implementing the curriculum innovation among nursing education institutions.

DECLARATION OF CONFLICTS OF INTEREST

None of the members of the guidelines development group had any personal, family or financial interest. The development of these guidelines was not funded; however, the first author received a PhD tuition fee bursary from the University of the Free State, which did not influence the content of the guidelines. Ethical clearance to conduct the study was obtained and written consent was sought from the qualitative study participants. The expert reviewers

consented to participate in the Delphi survey after receiving a detailed information brochure about the study.

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