

The Practical Deviations, Theoretical Logic, and Practical Reconstruction of Peer Role Model Education and Academic Atmosphere Construction in Medical Schools

Yuqin Wu

Wenzhou Medical University Renji College, Wenzhou, Zhejiang, 325035 China

Abstract

Fostering an academic atmosphere serves as the core vehicle through which medical schools implement the principle that “moral education is the fundamental task.” It is not only a key indicator of the quality of medical education but also an essential pathway for medical students to internalize the professional ethos of medicine at an early stage. Peer role model education fits well with young students’ ways of thinking and the practical features of medical education. It has special value in building a positive academic atmosphere. It has thus become a widely adopted strategy in medical schools. However, in practice, current peer education models generally exhibit real-world deviations such as narrative homogenization, process fragmentation, and mechanism unidirectionality, resulting in the insufficient release of their empowering effects. This paper systematically elucidates the internal logic of peer role model education in empowering academic atmosphere construction, and based on this, reconstructs a three-stage progressive practice system of “Inspiration, Action, and Leadership,” providing theoretical support and an operational framework for medical schools to establish regularized and long-term mechanisms for academic atmosphere construction.

Keywords

Medical schools; peer role model education; academic atmosphere construction; empowering mechanism; medical professionalism.

1. Introduction

The Guideline for Curriculum Ideological and Political Construction in Higher Education Institutions explicitly requires medical professional courses to cultivate students’ spirit of “respecting life, healing the wounded and rescuing the dying, being willing to contribute, and loving boundlessly” [1]. The realization of this educational goal is inseparable from the cultivation and support of a sound academic atmosphere. For medical schools, building a good academic atmosphere ties to the growth of medical students’ professional ethics. It ties to the base of patient safety. Its success or failure directly affects the overall quality of the future healthcare workforce. Medical education is lengthy, content-heavy, and practice-intensive. The deep-seated issues underlying academic atmosphere problems cannot be resolved through administrative mandates or traditional, teacher-centered instruction alone.

Peer role model education, as a student-centered educational approach, has been widely applied in academic atmosphere construction practice by virtue of its natural affinity and persuasiveness. Relevant research has mainly developed along three directions: functional analysis, pathway exploration, and integration with medical characteristics [2][3][4]. However, existing studies largely focus on positive functional descriptions and case experience summaries, lacking systematic analysis of the internal mechanisms through which peer role model education empowers academic atmosphere construction, and particularly insufficient attention has been paid to the real-world deviations encountered in practice.

On the basis of analyzing the practical deviations in peer role model education at medical schools, this paper reveals the theoretical logic by which it empowers a sound academic atmosphere, and further reconstructs a three-stage progressive practice system of “Inspiration, Action, and Leadership,” with a view to promoting the transformation of peer role model education from experience-based to scientifically guided practice and comprehensively enhancing its effectiveness in empowering academic atmosphere construction.

2. Practical Deviations in Peer Role Model Education at Medical Schools

Peer role model education possesses natural advantages for empowering the construction of a sound academic atmosphere[5]. However, in practical operation, due to insufficient understanding of its educational regularities, most institutions’ practices exhibit three levels of real-world deviations, which together restrict the full release of its empowering effects.

2.1. Homogenization of Role Model Narratives and Insufficient Depth in Value Guidance

Right now, schools pick peer role models in a common practice. They only look at academic performance. They only choose students with high GPAs and lots of awards.

These role models’ stories are all very much the same. They all follow the same simple success path: “study hard—get good grades—become a role model.” According to Bandura’s social learning theory, similarity between the observer and the role model is the core condition for activating vicarious experience [6]. Schools always show these role models as perfect people. They never face any difficulties. This makes the gap between them and common students much bigger than it should be. Students no longer feel they are similar to these role models. The way to make vicarious experience work is blocked. This common practice makes it hard for students with weaker basics to relate to them. It makes students believe that grades are the only thing that matters. The result is that value-based guidance remains superficial, including medical professionalism, academic honesty, and caring for others.

2.2. Fragmentation of the Educational Process and Low Efficiency in Knowledge-Action Transformation

Most medical schools run peer education programs. They only use lecture-style formats. The educational process becomes a one-time transfer of information. Ajzen’s Theory of Planned Behavior states this, a big gap exists between people’s intentions and their actual behaviors. People need concrete action plans to bridge this gap [7]. Students may feel brief emotional resonance during sharing activities, but the lack of specific action guidance, ongoing process supervision, and timely feedback support causes their willingness to change to fade rapidly once they return to their original learning environment. This creates a “knowledge-action gap”. Brief emotional resonance exists. It fails to trigger subsequent behavioral change. This practical discrepancy shows a key point. Peer education remains confined to fleeting cognitive touchpoints. It fails to extend to sustained behavioral implementation. This makes it difficult to fundamentally resolve the deep-seated issues in academic atmosphere construction.

2.3. Unidirectional Operation Mechanism and Lack of Long-Term Development Momentum

Presently, Right now, the standard peer education model has a fixed pattern. Schools pick a small number of excellent students. These students act as long-term role models and share their own experiences with their peers. However, Prochaska and DiClemente’s transtheoretical model of behavior change suggests that if the observer’s learning behavior lacks sustained positive reinforcement and a meaningful transition between old and new roles, such behavior is highly susceptible to regression and relapse during the maintenance stage [8]. The

consequences of this operational deviation are as follows: role model resources are concentrated in a few students, making it difficult to cover groups with different levels and needs; ordinary students are always positioned as passive recipients, lacking an institutionalized channel to grow from those who are led to those who lead. When existing role models graduate and leave, the absence of timely replenishment of new role model cohorts leads to the dilemma of a demonstration power vacuum.

The above three types of real-world deviations are mutually reinforcing and represent the main reasons for the current insufficient effectiveness of peer role model education. Narrative homogenization causes role model education to lose its appeal to different student groups; process fragmentation prevents limited educational activities from being transformed into sustained behavioral change; and mechanism unidirectionality makes it difficult for role model resources to achieve self-renewal.

3. Theoretical Logic of Peer Role Model Education Empowering Academic Atmosphere Construction at Medical Schools

The fundamental reason why peer role model education can foster the development of academic atmosphere construction is that it aligns with the comprehensive educational logic of progressing from value identification to behavioral transformation and ultimately to long-term maintenance. Peer groups, due to their high similarity in age, experiences, and values, naturally possess the conditions to serve as effective vehicles for ideological and political education [5]. Drawing on existing theories, the intrinsic mechanisms through which peer role model education empowers the development of academic atmosphere construction can be explained from the following three dimensions.

3.1. Cognitive Construction Dimension: Reducing Cognitive Resistance through the Basis of Similarity, Laying the Trust Foundation for Academic Atmosphere Construction

Peer role models share the same age, similar educational backgrounds, and upbringing as ordinary students; they face similar academic pressures, career uncertainties, and life choices. Therefore, compared to other forms of role model education, peer role models are more likely to evoke a sense of “perceived similarity” in students, meaning that students will spontaneously compare and relate their own situations to those of the role models. This sense of similarity lowers students' resistance to role model education. It makes students more willing to listen and more open to the ideas being shared. Social learning theory explains this point. Similarity between the observer and the role model is the core condition for activating vicarious experience [6]. To make this similarity work, role model stories need to show a full growth journey. They should include all the difficulties, struggles and setbacks the role models faced. If a role model's story seems completely perfect, this “perfect script” actually makes ordinary students feel less similar to them. We should replace images of perfect success with full stories of growth. This is the key to using the power of similarity and helping students share the same values.

3.2. Emotional Resonance Dimension: Providing Behavioral Paradigms through Contextual Sharedness, Injecting Transformative Motivation into Academic Atmosphere Construction

Peer role models are in the same learning environment as regular students. They take the same courses, follow the same assessment guidelines, and conduct their clinical practice at the same sites. Ajzen's Theory of Planned Behavior tells us this. The shift from “wanting to do something” to “actually doing it” requires support for the intention to act. People need to observe others'

learning processes in order to translate goals into action plans [7]. This shared learning context provides a clear starting point for the implementation of intentions. This starting point requires no additional processing. Observers can directly recall the role model's behavior in that context and think, "I can do that too in the same situation." For students, this learning approach significantly narrows the gap between "knowing" and "doing." It provides them with clear motivation in specific contexts, offering a practical pathway to achieve the goal of "unifying knowledge and action"—a goal we strive for when fostering a positive academic environment.

3.3. Behavioral Formation Dimension: Providing Meaning Incentives through Role Transformation Mechanism, Ensuring the Long-Term Maintenance of Academic Atmosphere Construction

Peer role models are not fixed labels but rather a dynamic system of role transitions. Research shows this. In peer education, observers can change slowly from learners to facilitators. They go through three steps: participation, identification, and role-playing [9]. Prochaska and DiClemente's transtheoretical model reveals that when people keep going only for themselves, their motivation is limited [8]. The role-transition system has deep meaning here. When learners get the new identity of "new peer role model", their behavior can last much longer. They get two kinds of motivation. One comes from their own progress. The other comes from the meaning of helping others with their experiences. Peer role model education forms a self-renewing educational system. Building an academic atmosphere no longer depends on a few excellent students. It now spreads influence among all ordinary students.

On the cognitive construction level, students feel similar to peer role models. This similarity forms the base of value recognition. It also gives an inner source of trust for building an academic atmosphere. On the emotional resonance level, students and peer role models have shared experiences. These experiences create conditions for turning knowledge into action. They help students turn their recognition into real actions. At the behavioral formation level, students and peer role models can change roles. This role change gives long-term power to the first two levels. It lets individual actions come together to create a group effect.

4. Practical Reconstruction of Peer Role Model Education at Medical Schools Based on Theoretical Logic

Based on the above three-dimensional empowerment logic and targeting the three types of real-world deviations in current practice, this paper reconstructs a three-stage progressive practice system of "Inspiration, Action, and Leadership." Each stage has its own emphasis while interconnecting with the others; the achievements of the previous stage provide conditions for the subsequent stage, and the effects of the subsequent stage, in turn, consolidate the achievements of the prior stage, jointly promoting the overall operation of the empowerment chain.

4.1. Inspiration Stage: Establishing Value Identification through Authentic Narratives

The core task of this stage is to activate the basis of similarity through authentic and diverse role model narratives, establish students' value identification and emotional trust in the role models' experiences, and provide the psychological prerequisites for subsequent behavioral transformation.

Establish a stratified and classified role model repository. Break away from the single selection criterion of only considering academic grades and set up multiple role model categories such as academic progress, research innovation, clinical practice, medical ethics, voluntary service, and self-reliance. Focus on students who have experienced learning difficulties and achieved

progress through their own efforts, as well as students who have performed prominently in clinical practice and voluntary service, so that different types of students can find reference coordinates similar to their own circumstances in the role model repository.

Promote a sharing model that emphasizes “telling a complete growth story”. Peer role models must follow a specific narrative structure in their sharing sessions. The structure is “challenge—attempt—setback—adjustment—breakthrough”. They should honestly present the confusion and self-reflection they experienced during their personal growth. We should guide these role models to incorporate medical professionalism into their personal stories. A typical example is warm-hearted stories about the first patient they encountered during clinical rotations, this approach can convey the value of life through concrete examples.

Explore innovative ways to share the stories of outstanding role models. We can continue to hold traditional in-person sharing sessions, while also making full use of campus new media platforms. On these platforms, we can create diverse promotional content, such as short videos and photo-text features about the role models’ learning journeys, as well as exclusive interviews with outstanding individuals regarding their career development. These initiatives will make our communication more interactive and engaging.

4.2. Action Stage: Promoting Knowledge-Action Transformation through Immediate Connection

This stage has one central goal. The goal is to fully utilize the positive transformative power of peer role models. Schools can assign small and executable tasks for students. These tasks turn students’ trust and recognition built in earlier stages.

Arrange minor and accomplishable learning tasks. During the final fifteen minutes of the role model sharing session, set aside time for immediate action, during which peer role models propose a task that is directly related to the topic of the sharing, has a low barrier to entry, and is practical. For example, following a presentation on improving research skills, assign the task: “Read a paper from CNKI and learn how to cite references.” Participants should write down their specific action plans on the spot and share them within their groups to hold themselves accountable for high-quality completion.

Set up “1+N” peer learning groups. These learning groups include one peer model and four to six ordinary students. The peer role model takes charge of the whole group, responsible for developing study plans, organizing daily activities, and arranging routine group study and discussion sessions. Peer role models and ordinary students keep frequent communication and cooperation. This interactive environment prepares ordinary students to take on leadership roles in the future.

Build a complete feedback system and positive incentive rules. Schools can set up fixed review and summary rules. Peer role models assess the learning progress of every group member. Schools offer special honors for excellent performers. These honors include the “Academic Atmosphere Improvement Badge” and “Best Study Group” title. These honorary awards count towards students’ comprehensive quality assessment results.

4.3. Leadership Stage: Achieving Long-Term Maintenance through Role Transformation

The core goal of this stage is to boost students’ internal learning motivation through a tiered role transition system. The system helps students grow from ordinary learners into new peer role models.

Build a layered role growth system with four fixed levels. The system follows the path of “Learner—Participant—Sharer—Peer role model”. Students can earn role upgrades based on their personal performance. Students with consistent one-month completion of basic learning tasks and obvious personal progress can gain the identity of “Participant”. Students who can

share personal learning experiences inside the group can take the role of “Sharer”. Students who master mentoring abilities and finish standardized training can become official “Peer role model”. These new models take charge of guiding new members of subsequent learning groups. Build a cross-grade and cross-specialty academic atmosphere community. Break down grade and specialty barriers and establish a support mechanism of “seniors guiding juniors, clinical students guiding pre-clinical students.” Organize senior clinical medical students to provide professional cognition and learning method guidance for junior pre-clinical medical students, and invite students on clinical placement to share clinical learning experiences and professional insights.

Improve the support mechanism for peer education. The school should set up a special fund for peer education, establish a peer model training system, and regularly conduct training in communication skills, guidance methods, mental health, and other areas to enhance the comprehensive quality and guidance ability of peer models. The work experience of peer models should be incorporated into social practice credits and serve as an important reference for awards, evaluations, and recommendations for graduate studies.

5. Conclusion

The fundamental challenge of academic atmosphere construction in medical schools lies in how to transform external educational requirements into students’ internal value identification and sustained behavioral habits. The unique value of peer role model education resides in its inherent alignment with the complete educational logic from cognitive construction to emotional resonance and then to behavioral formation. When authentic accounts of personal growth replace polished self-presentations, ordinary students and outstanding role models establish a foundation of trust; when small tasks connect to the practical learning process, recognition builds a bridge to action; When participants grow into new peer role models through role-switching, academic atmosphere-building is elevated to a collective pursuit. Such a shift from external driving forces to internal generation represents the core significance of peer role model education in fostering an academic atmosphere.

References

- [1] Ministry of Education of the People’s Republic of China. (2020). *Guiding outline for ideological and political construction of courses in higher education institutions* (Jiao Gao [2020] No. 3). http://www.moe.gov.cn/srcsite/A08/s7056/202006/t20200603_462437.html
- [2] Li, Z. J., & Wang, S. J. (2022). Innovative paths of peer role model education in colleges and universities in the new era. *Journal of Ideological and Theoretical Education*, (3), 145–149. <https://doi.org/10.16580/j.sxlljydk.2022.03.026>
- [3] Chen, M., & Zhou, K. (2021). Connotation, problems and paths of academic atmosphere construction in colleges and universities in the new era. *Studies in Ideological Education*, (6), 138–142. <https://doi.org/10.16580/j.sxjyj.2021.06.023>
- [4] Zhang, D. Q. (2013). *An introduction to medical humanities*. Science Press.
- [5] Guo, Z. L. (2024). Functions and realization paths of peer education for medical students. *Journal of Jinzhou Medical University (Social Science Edition)*, 22(4), 55–58. [https://doi.org/10.13847/j.cnki.lnmu\(she\).2024.04.013](https://doi.org/10.13847/j.cnki.lnmu(she).2024.04.013)
- [6] Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- [7] Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)

- [8] Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395. <https://doi.org/10.1037/0022-006X.51.3.390>
- [9] Arendale, D. R., & Hanes, A. R. (2019). Leader identity development model for peer study group facilitators. *Learning Assistance Review*, 24(2), 9–38.