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RESEARCH ARTICLE

Exploring the Experience of Peer Clinical Tutoring at the Faculty of Dental Medicine, Casablanca: A Study of Tutees' and Tutors' Perceptions

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ABSTRACT

Introduction: **During the 2020/2021 academic year, the Faculty of Dental Medicine in Casablanca implemented a peer tutoring program for students on clinical rotation in the pediatric dentistry department. Objective: To assess the perceptions of tutors and tutees regarding the tutoring system and identify potential improvements.**

Method: **A mixed-method descriptive cross-sectional study was conducted. Quantitative data were collected using self-administered paper questionnaires. The qualitative part consisted of focus groups with 30 students, equally divided between 15 tutors and 15 tutees. Quantitative data were analyzed using SPSS software, while qualitative data were analyzed using MAXQDA software.**

Results: **A total of 213 students participated in the study, with response rates of 95.4% for tutees and 97.7% for tutors. 72.2% of tutees expressed high levels of satisfaction with the quality of support provided. Tutors contributed to improving tutees' understanding of operative protocols, practical tips, and confidence. 78.1% of tutors were satisfied with the program. 65.1% of tutees and 44.7% of tutors supported expanding tutoring to other disciplines. However, tutors identified challenges, including unclear roles, insufficient preparation, and inadequate recognition of their efforts. Tutees reported a lack of involvement from some tutors and an insufficient number of tutors.**

Conclusion: **The study suggests that peer tutoring is a valuable strategy for promoting collaborative learning and improving clinical skills but requires careful planning to address the challenges identified. Recommendations from tutors include providing clear guidelines on their role, offering training, and recognizing their efforts. Tutees recommend a tutor rotation system, expanding tutoring to other disciplines, increasing the number of tutors, and providing more autonomy.**

Keywords: Clinical competence, dental, peer group, students.

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1. Introduction

The transition from theoretical learning to clinical practice is a critical milestone in the curriculum of every dental student, as they are expected to assume responsibility for real patients and provide care that is irreversible and error-free. This transition can be a source of stress and anxiety, as reported in a systematic review by Elani *et al*. (2014), which found that clinical factors alone contribute to 64% of all sources of stress among dental students.

Successfully transitioning to clinical practice requires students to develop cognitive, technical, and non-technical skills in a conducive learning environment. Personalized supervision, combining rigor and empathy, is essential to meet individual needs. Nevertheless, the increasing number of students poses a challenge for instructors, who must balance close supervision with autonomy to promote skill development.

Given these challenges, peer tutoring has proven to be a valuable pedagogical strategy, aligned with socio-constructivist theories (Topping, 1996). By matching experienced students with their less experienced peers, this approach promotes collaborative learning and mutual support, critical in medical education. Through personalized support and guidance, peer tutoring reduce the supervision burden on the faculty, improve students' educational pathway and can help them succeed in clinical practice (Burgess *et al*., 2014; UNECD, 2023).

Over the past two decades, peer tutoring has emerged as a highly effective pedagogical approach, with successful implementations in various countries, including the United States, United Kingdom, Germany, and France. Typically, peer tutoring programs rely on volunteerism, careful selection of qualified and motivated peer tutors, upfront training, and encouragement of student participation and engagement (Khalid *et al*., 2018; Racine, 2018). In some cases, peer tutors may also receive compensation.

At the Casablanca Dental Medicine Faculty (FDMC), the tutoring program was introduced in conjunction with the 2015 reform of dental studies and the introduction of a sixth year dedicated to clinical internships. The program was specifically designed to support fourth-year students who may experience stress when starting their clinical internships. Although initially planned for fixed prosthodontic, oral surgery and pediatric dentistry, logistical constraints limited its implementation to pediatric dentistry, where the unique needs of pediatric patients necessitated specialized support.

Since the 2020/2021 academic year, this clinical companionship has been mandatory for all sixth-year students and is evaluated as part of their training, based on clear pedagogical objectives and criteria. Given the importance of the peer tutoring program in pedodontics for student training, it is essential to explore their perspective.

This study aims to describe the perceptions of students acting as peer tutors and those benefiting from tutoring regarding the current tutoring experience in the pedodontics department. The study seeks to identify the strengths and areas for improvement of the program, with the ultimate goal of optimizing this pedagogical strategy and adapting it to the needs of students.

2. Method

To achieve our objectives, we conducted a mixed-methods descriptive cross-sectional study, combining both quantitative and qualitative approaches. The study population consisted of all 4th- and 6th-year students enrolled at the Faculty of Dental Medicine of Casablanca during the 2023–2024 academic year. Students who refused to participate and interns were excluded. For the qualitative component, a voluntary non-probability sampling method was used, based on individual participants' willingness to join the study. The sample consisted of 30 students, including 15 tutors and 15 tutees, divided into six focus groups.

Ethical approval and necessary permissions were obtained before the study began. Informed consent was collected from each participant, and permissions from the hospital care center director and the head of the pedodontics department were obtained to access students during their clinical internships.

TABLE I: Identification of Students

Variables	4th-year Students N (%)	6th-year Students N (%)
Sex		
Male	56 (44.4)	34 (39.1)
Female	70 (55.6)	53 (60.9)
Age		
20	6 (04.8)	–
21	69 (54.8)	–
22	41 (32.5)	5 (05.7)
23	7 (05.6)	51 (58.6)
24	3 (02.4)	23 (26.4)
25	–	5 (05.7)
26	–	1 (01.1)
Repeating		
Yes	10 (07.9)	9 (10.3)
No	116 (92.1)	78 (89.7)

The quantitative component of the study was conducted using a self-administered questionnaire, distributed in paper form to students during their internship and towards the end of their semester-long clinical training. The questionnaire for tutees consisted of 19 closed-ended questions, while the tutor questionnaire had 22 questions, with two open-ended questions in both questionnaires. The questionnaires were divided into four distinct sections: respondent identification, communication of objectives, organization and quality of tutoring, and degree of satisfaction.

The qualitative component of the study was conducted at the Faculty premises, using a structured interview guide that explored participants' overall experience, satisfaction, pedagogical benefits, and suggestions for improvement. Participants were informed of the study's anonymity and confidentiality prior to the interviews, which lasted between 45 minutes and 1 hour and were recorded using the 'Voice Recorder' application on the researcher's smartphone.

Data analysis was conducted separately for quantitative and qualitative data. Quantitative data were analyzed using SPSS software, with variables described in terms of means and standard deviations. Open-ended questions were analyzed using thematic analysis. Qualitative data were analyzed using MAXQDA software (VERBI Software, Berlin), with variables described in terms of percentages and frequencies.

3. Results

The response rates were 95.4% (126/132) and 97.7% (87/89) for 4th- and 6th-year students, respectively. Among respondents, 55.6% of 4th-year students and 60.9% of 6th-year students were female, with mean ages of 21.46 ± 0.77 and 23.45 ± 0.912 years respectively. Sociodemographic details of respondents are presented in Table I.

76.2% of tutees and 52.9% of tutors reported receiving clear communication of learning objectives. Tutors primarily used the clinical internship supervisor (42.5%)

TABLE II: Perception of the Help Provided by Tutors According to the Tutees

	Completely agree N (%)	Partly agree N (%)	Not really agree N (%)	Strongly disagree N (%)
My tutor helped me with the following activities:				
– Welcoming the child and their companion	46 (36.5)	47 (37.3)	23 (18.3)	10 (7.9)
– Organizing the technical platform	55 (43.7)	51 (40.5)	15 (11.9)	4 (4)
– Clinical examination	68 (54)	42 (33.3)	15 (11.9)	1 (0.8)
– Diagnostic approach	57 (45.2)	49 (38.9)	18 (14.3)	2 (1.6)
– Establishing the treatment plan	57 (45.2)	44 (34.9)	23 (18.3)	2 (1.6)
– Psychological approach	44 (34.9)	43 (34.1)	37 (27.8)	4 (3.2)
– Explaining tasks in progress	52 (41.3)	50 (39.7)	21 (16.7)	3 (2.4)
– Introduction to anesthesia	62 (69.2)	31 (24.6)	23 (18.3)	10 (7.9)
– Placing a dam	69 (54.8)	31 (24.6)	18 (14.3)	8 (6.3)
– Prophylactic therapies	47 (37.3)	52 (41.3)	21 (16.7)	6 (4.8)
– Restorative therapies	50 (39.7)	54 (42.9)	13 (10.3)	9 (7.1)
– Pulpal therapies	34 (27)	37 (29.4)	17 (13.5)	38 (30.2)
– Dental extractions	38 (30.2)	34 (27)	18 (14.3)	36 (28.6)
– Prosthetic procedures	38 (30.2)	34 (27)	18 (14.3)	36 (28.6)
– Managing complex therapies	26 (20.6)	39 (31)	25 (19.8)	36 (28.6)
– Managing time factors	28 (22.2)	49 (38.9)	27 (21.4)	22 (17.5)
– Progressive responsibility until autonomy is acquired	46 (36.5)	5 (39.7)	25 (19.8)	5 (4)
– Supervision in completed tasks	57 (45.2)	50 (39.7)	13 (10.3)	6 (4.8)
Did the tutoring allow you to reduce stress?	38 (30.2)	49 (38.9)	30 (23.8)	9 (7.1)
Did the tutoring allow you to improve patient care efficiency?	44 (34.9)	56 (44.4)	22 (17.5)	4 (3.2)

TABLE III: Perception of Tutor's Competencies According to the Tutees

	Completely competent N (%)	Rather competent N (%)	Partially competent N (%)	Not at all competent N (%)
How do you rate your tutor's competencies in meeting your expectations?				
Pedagogical skills	49 (38.9)	58 (46)	16 (12.7)	3 (2.4)
Relational skills	58 (46)	44 (34.9)	19 (15.1)	5 (4)
Technical skills	58 (46)	58 (46)	5 (4)	5 (4)
Organizational skills	50 (39.7)	53 (42.1)	17 (13.5)	6 (4.8)

and internship logbook (10.3%) as communication channels.

Qualitative findings revealed that tutors expressed difficulties in understanding their role: "We need clear guidelines on our role as tutors, including tasks to be performed and evaluation criteria."

3.1. Tutee Experience

Tutees reported receiving assistance with skills listed in Table II. Most tutees (72.2%) rated the quality of support as "good" or "excellent," and 87.3% judged their tutors' knowledge as "good" or "excellent" (Table III). Tutees perceived the tutoring program as having a significant impact on their training. Tutors contributed to improving their understanding of operative protocols, teaching practical tips, boosting confidence, developing technical and social skills, and managing difficult situations.

Qualitative feedback from tutees highlighted the benefits of tutoring:

Thanks to tutoring, I gained confidence during clinical care.

Tutors share many practical tips and help us gain speed.

This experience was positive for me. The presence and support of the 6th-year student enabled me to manage stress effectively.

My tutor guided me in communicating with the mother and reminded me of the importance of obtaining her consent before providing any treatment » My tutor provided me with invaluable assistance in performing thorough clinical examinations and successfully completing pulpotomies. Their presence was also crucial in managing challenging children and addressing the psychological aspects of care.

Most tutees (72.2%) agreed that the current tutoring system was suitable, and 65.1% supported expanding tutoring

to other disciplines. However, some tutees identified weaknesses, such as a lack of involvement from some tutors or a tendency for others to perform tasks instead of guiding tutees.

3.2. Suggestions for Improving the Tutoring Program

Tutees recommended several improvements, including increasing the number of tutors to ensure a balanced ratio with tutees, implementing a tutor rotation system to promote diversity of experiences, and encouraging collaborative projects between tutors and tutees.

3.3. Tutors Experience

78.1% of tutors expressed satisfaction with the organization of the pediatric dentistry tutoring program. 65.5% believed they were able to assess the performance level of their tutees. 39.1% of students were partially motivated to accompany their tutees from the beginning of the internship (Table IV). Students reported accompanying their tutees in various tasks, such as welcoming the child (59.8%), organizing the technical platform (60.9%), and conducting clinical examinations (75.9%) (Table V).

The qualitative study showed that 14 out of 15 tutors reported positive relationships characterized by mutual respect, open communication, and cooperation:

> All the 4th-year students were respectful, they felt comfortable with us, and considered us as colleagues with more experience.

According to the tutors, the tutoring program helped reinforce their clinical knowledge, particularly in the areas of dentino-pulpal and prosthodontic therapies:

> Learning depends on the patient's care needs; if the patient requires pulp or prosthodontic treatments, the student tutor will certainly have the opportunity to learn more.

The tutors also reported benefits from the program, including enhanced communication skills, shared experiences, and a positive impact on the tutees' soft skills, particularly in areas such as work organization, patient communication, and stress management. One tutor observed: "I think we actually help reduce the stress of 4th-year students."

Student tutors expressed mixed opinions: 10 out of 15 participants highlighted the sense of responsibility and improved performance. However, concerns were raised about the insufficient recognition of their efforts by supervisors, the feeling of "wasting time", and increased fatigue due to the demands of the internship:

> The tutoring experience was mixed. The sense of responsibility and improved performance were beneficial, but the lack of recognition from supervisors was disappointing.
> The main drawback of tutoring for me is the exhaustion that can result from helping multiple students at the same time, managing difficult children, or having to provide materials and sterilization, which adds to the workload.
> There was fatigue due to the fact that we had to start the tutoring internship at 8:30 am and then follow up with our own care internship at 11:30 am, which was particularly exhausting.

44.8% of students do not envision a university career following their tutoring experience.

TABLE IV: Self-Assessment of the Tutor

	Yes N (%)	No N (%)	I do not know N(%)
– Did you receive training on the principles of tutoring in clinical internships before starting your pediatric dentistry internship?	11 (12.6)	73 (83.9)	3 (3.4)
– Were you absent during your tutoring?	16 (18.4)	71 (81.6)	0 (0.0)

	Completely agree N (%)	Partially agree N (%)	Not really agree N (%)	Strongly disagree N (%)
– Did you feel able to assess the level of performance and gaps of your tutee?	8 (9.2)	49 (56.3)	29 (33.3)	1 (1.1)
– Did you feel able to receive questions, comments or suggestions from your tutee?	18 (20.7)	60 (69.0)	8 (9.2)	1 (1.1)
– Did you notice an improvement in the quality of exchange with your tutee?	28 (32.2)	45 (51.7)	11 (12.6)	3 (3.4)
– Did you notice an improvement in the quality of care provided by your tutee?	21 (24.1)	49 (56.3)	17 (19.5)	0 (0)
– Did being a tutor allow you to increase your confidence in your own clinical competence?	30 (34.5)	42 (48.3)	14 (16.1)	1 (1.1)
– Did you feel controlled by the internship supervisors?	31 (35.6)	36 (41.4)	17 (19.5)	3 (3.4)
– If you had the choice, would you willingly take on your tutoring mission again?	13 (14.9)	27 (31)	25 (28.7)	22 (25.3)
– Did your tutoring experience allow you to consider an academic career?	2 (2.3)	23 (26.4)	23 (26.4)	39 (44.8)

TABLE V: Perception of the Help Provided by Tutors

	Completely agree N (%)	Partially agree N (%)	Not really agree N (%)	Strongly disagree N (%)
Did you feel motivated to accompany the student from the beginning of the internship?	23 (26.4)	34 (39.1)	25 (28.7)	5 (5.7)
In your opinion, were you able to help your tutee in:				
– Welcoming the child and their companion	52 (59.8)	27 (31)	5 (5.7)	3 (3.4)
– Organizing the technical platform	53 (60.9)	28 (32.2)	2 (2.3)	4 (4.6)
– Clinical examination	66 (75.9)	17 (19.5)	2 (2.3)	2 (2.3)
– Diagnostic approach	62 (71.3)	22 (25.3)	1 (1.1)	2 (2.3)
– Establishing the treatment plan	60 (69)	20 (23)	3 (3.4)	4 (4.6)
– Psychological approach	52 (59.8)	25 (28.7)	9 (10.3)	1 (1.1)
– Explaining tasks in progress	43 (49.4)	37 (42.5)	4 (4.6)	3 (3.4)
– Introduction to anesthesia	60 (69)	21 (24.1)	5 (5.7)	1 (1.1)
– Placing a dam	65 (74.7)	16 (18.4)	5 (5.7)	1 (1.1)
– Prophylactic therapies	42 (48.3)	25 (28.7)	15 (17.2)	5 (5.7)
– Restorative therapies	48 (55.2)	28 (32.2)	7 (8)	4 (4.6)
– Pulpal therapies	40 (46)	20 (23)	8 (9.2)	19 (21.8)
– Dental extractions	43 (49.4)	21 (24.1)	10 (11.5)	13 (14.9)
– Prosthetic procedures	22 (25.3)	17 (19.5)	12 (13.8)	36 (41.4)
– Managing complex therapies	25 (28.7)	23 (26.4)	10 (11.5)	29 (33.3)
– Managing time factors	28 (32.2)	34 (39.1)	16 (18.4)	9 (10.3)
– Progressive responsibility until autonomy is acquired	27 (31)	37 (42.5)	17 (19.5)	6 (6.9)
– Supervision in completed tasks	36 (41.4)	36 (41.4)	10 (11.5)	5 (5.7)

3.4. Suggestions for Improvement

Among the recommendations made by the tutors were: limiting the tutoring program to the first few internships, clarifying roles from the beginning, valuing the tutor's efforts, and providing initial training. They also suggested recognizing the tutor's accomplishments, improving the evaluation of the tutee by the tutor, and implementing a voluntary principle:

> Rather than lasting throughout the semester, I propose that the tutoring program be limited to the first few internships, where the tutor accompanies the student, helps them at the beginning to fill out observations, place the dam, and administer anesthesia.
> The tutoring program should be based on volunteering, allowing those who wish to commit to do so, while clearly clarifying the tutor's role to avoid feeling like mere assistants.

4. Discussion

We employed a mixed-methodology approach, combining quantitative and qualitative data to provide a more comprehensive understanding of the phenomenon under study. Data triangulation increased the validity and reliability of the results, while the multidimensional presentation of the results offered a holistic view of the students' perception of the tutoring program. The high response rates indicated that our results were representative of the population studied.

Our results showed that 76.2% of tutees, compared to 52.9% of tutors, reported being clearly informed about the clinical learning objectives of the tutoring program. Focus groups revealed that supervisors did not clearly specify the roles of each participant. According to Yu *et al.* (2011), effective communication of clinical learning objectives is crucial: Clear objectives and roles enable improved understanding and engagement, increased motivation, facilitated evaluation, and enhanced learning quality. This can be achieved through written documents, information meetings, and continuous training.

4.1. Tutee-Related Aspects

The organization and quality of the tutoring program were positively evaluated by the tutees, who perceived the support received during the clinical internship as characterized by kindness (72.2%) and good to excellent knowledge of their tutors (87.3%). Focus groups confirmed these results, highlighting the essential role of tutors in accompanying students during their clinical internship. Other studies have reported similar findings, showing that tutors were well-prepared for tutoring (Menezes *et al.*, 2016) and that their knowledge was adapted to the required level of education (Jawhari *et al.*, 2021). According to

Wadoodi and Crosby (2002), it is essential to select voluntary tutors. The goal is to create mutual benefits for junior and senior students, rather than exploiting senior students.

To address the shortcomings of tutors, it is recommended to promote a culture of academic honesty, where tutors openly acknowledge their knowledge limitations. For effective tutoring, it is essential to consider three key areas: clinical skills, pedagogical skills, and personal qualities of tutors (Burgess *et al*., 2015). Tutors must possess solid clinical skills, pedagogical skills to establish a connection with students, and personal qualities such as a positive attitude, leadership, integrity, and a commitment to excellence. Therefore, tutor training is crucial for the effectiveness of peer tutoring (Herrmann-Werner *et al*., 2017).

A significant proportion (79.3%) of tutees reported an improvement in their patient care skills thanks to the tutoring program. Focus group discussions highlighted the positive impact of tutoring on the acquisition of clinical skills, particularly through the tutors' role in understanding operating protocols and learning practical tips. Studies by Herrmann-Werner *et al*. (2017) and Rees *et al*. (2016) emphasize the benefits of tutoring, including cognitive proximity, understanding learning difficulties, regular and constructive feedback from tutors, and the creation of a relaxed and cooperative atmosphere that enables tutees to better understand and improve their clinical performance.

According to our results, 69.1% of tutees recognized the positive impact of tutor support on stress reduction, and focus groups confirmed this finding. This is particularly important due to the specificity of pediatric dentistry and its patient population, a task that 4th-year students consider particularly complex. Studies by Lopez *et al*. (2010), Han *et al*. (2015), and Herrmann-Werner *et al*. (2017) confirm that peer tutoring can play a crucial role in stress management, especially during the transition from preclinical to clinical phases, by offering emotional support, constructive feedback, and a positive learning environment. This coaching contributes to the overall well-being of students and can strengthen their confidence and help them manage uncertainty.

Tutees identified several strengths of the tutoring program, including the sharing of clinical experiences, optimization of work time management, and improved communication with patients and paramedical staff. However, they also reported weaknesses, such as a lack of involvement from some tutors, difficulty gaining autonomy, and insufficient tutor staffing.

4.2. Tutor-Related Aspects

No training was provided to tutors prior to their assignment, which may result in a lack of preparation and confidence. Insufficiently prepared and fearing they may not meet the responsibilities assigned to them, tutors may hesitate to fully engage in their role (Menezes *et al*., 2016). At the Li Ka Shing Faculty of Medicine, University of Hong Kong, a four-session training program, each lasting 90 minutes, is offered to student tutors. The objective is to equip them with the necessary teaching and facilitation skills to succeed in their roles as tutors and contribute to the success of their peers (Zheng & Wang, 2022).

Among the students surveyed, the level of motivation among tutors was variable: 73.5% reported being partially or not at all motivated to assume their role. Focus group discussions revealed that probable factors included fatigue related to heavy schedules and the feeling that their actions as tutors were not recognized within the framework of their validation. The work of Pelaccia and Viau (2016) on motivation in health professional training identifies three sources of motivation:

a) Perception of the value of the activity: Students must perceive the usefulness of tutoring to invest in it.
b) Perception of their competence: Students must have confidence in their abilities to succeed in accompanying another student.
c) Perception of their controllability: Students must feel that they have some control over the tutoring process.

Our survey results show that 56.3% of tutors feel capable of evaluating the performance and needs of their tutees. However, during focus groups, it was noted that tutors lack concrete tools to precisely evaluate performance, limiting their role to operational assistants. Research by Loda *et al*. (2019) indicates that tutors are often able to provide more accurate evaluations thanks to their close accompaniment and age and training level proximity. They also emphasize the importance of precise evaluation to provide constructive and targeted feedback and implement personalized improvement strategies.

According to our study, 48.3% of 6th-year students reported that being a tutor reinforced their confidence in their clinical competence. Research by Herrmann-Werner *et al*. (2017) confirms that peer teaching fosters the development of leadership and self-confidence. 41.4% of tutors reported being closely supervised by clinical internship supervisors. Focus groups revealed that tutors often felt reduced to a simple role of senior operational assistants. They also experienced anxiety when their tutees made mistakes. According to Rees *et al*. (2016), benevolent and constructive supervision can motivate tutors to improve their pedagogical skills. In contrast, excessive control can generate stress and anxiety. It is therefore crucial to strike a balance between supervision and autonomy. According to Harley (1993), the level of support provided by supervisors should be inversely proportional to the students' experience. Moreover, Herrmann-Werner *et al*. (2017) emphasize that supervisor supervision is essential to ensure high-quality standards in tutoring and to ensure that ethical, organizational, pedagogical, and affective aspects are taken into account.

According to our study, 45.9% of student tutors would like to renew their commitment as tutors, and only 26.4% would consider an academic career following their tutoring experience. These results contradict those of other studies, which show that tutoring sessions are perceived as stimulating for learning (Varghese & Zijlstra-Shaw, 2021) and that tutoring can spark interest in academic careers (Herrmann-Werner *et al*., 2017; Savard *et al*., 2005; Ten Cate & Durning, 2007). Studies by Bulte *et al*. (2007) and others have also shown that peer tutoring programs are well-accepted and that their benefits are widely appreciated by stakeholders. The disparities between these results

may be attributed to differences in tutoring principles and institutional frameworks. In the context of our study, tutoring is mandatory and limited by the absence of prior training for tutors and the lack of structured evaluation by tutors. This approach may reduce their role to that of simple senior operational assistants and may decrease their motivation. In light of our study's results and research in the literature (Varghese & Zijlstra-Shaw, 2021; Zukri *et al*., 2024), it appears that peer clinical tutoring offers numerous learning and development opportunities for students, including stress reduction, shared learning, development of non-technical skills, and transmission of implicit knowledge. However, it also presents limitations, such as a lack of understanding of the tutor's role, lack of motivation, limited tutor knowledge, and time constraints.

4.3. Recommendations

To optimize the effectiveness of peer tutoring, several areas for improvement have been identified. It is essential to clarify the objectives of tutoring and the roles of tutors and tutees and to provide training for tutors to acquire the necessary skills. Recognizing and valuing their work is also important to maintain their motivation. Furthermore, it is crucial to promote the autonomy of tutees by gradually giving them more independence and responsibilities throughout the internship. Finally, expanding tutoring to other disciplines and implementing collaborative projects between tutors and tutees could strengthen the student experience and improve the effectiveness of tutoring.

5. Conclusion

This study examined the perceptions of student tutors and tutees regarding the peer tutoring program in pediatric dentistry. The findings showed that most students were satisfied with their experience, citing benefits such as improved skills and reduced stress. However, challenges including unclear tutor roles, inadequate training and recognition, and fatigue resulting from consecutive internships were identified. To overcome these challenges, we propose recommendations, including clarifying tutoring objectives and providing tutor training. This study has some limitations, including its descriptive nature, and the potential influence of dominant participants in focus groups. Additionally, the perspectives of professors were not collected. Future studies should aim to address these limitations and provide a more comprehensive understanding of the tutoring program. By investing in peer tutoring, the Faculty of Dental Medicine of Casablanca can provide its students with an optimal learning experience and contribute to enhancing the training of future dentists.

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Author Contributions

Loubna Benkirane contributed to the conceptualization phase, interpreting the data and writing and revising the article. Arhzer Akram and Arhzer Aymane were involved in both the quantitative and qualitative data collection and the writing of the article. Zineb Al Jalil conducted the statistical analysis of quantitative study. Samira El Arabi supervised the study's conceptualization, interpretation of the data, and revision of the article.

Conflict of Interest

The authors declare that there are no conflicts of interest or financial interests in relation to this work.

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