

## MICROTEACHING SESSION IN OBSTETRICS AND GYNAECOLOGY

PANKAJ DESAI ● MAYA HAZRA

### ABSTRACT

An unconventional technique for training new teachers in the subject of Obstetrics & Gynaecology is being presented. The format of the method is also discussed and its efficacy in achieving its aim evaluated. It was found that after undergoing this training the new teachers significantly improved the quality of the content matter, presentation ability, speed of teaching and streamlined the duration of the session. It has thus been found to be a very effective way in training the teachers just initiated into the profession of teaching the subject.

### INTRODUCTION

Unconventional methods of teaching undergraduate students in the subject of Obst. & Gynec. are being practised at our dept. quite some time now. The principal ones amongst these are :

- Tutorials
- Micro teaching sessions (M.T.S.)
- Group discussion and
- Problem solving exercises (PSE)

At the stage, it is vital to introduce the term Micro Teaching Sessions (M.T.S.). This vital constituent of our U.G. teaching of O & G is basically employed for teaching new teachers of our subject for the technique of teaching. Second year residency onwards, postgraduates are as-

signed active teaching responsibilities. It is accepted that without going through a training in teaching technique, it becomes difficult for a teacher to teach effectively, that too an important subject like obstetrics & gynaecology. During these exercises recommendations of Abercroubie Terms (1978) and Stenhouse (1971) are always kept at the upper most of planning and execution of these sessions.

### WHAT ALL IS "MICRO" ?

In these sessions of MTS, there are many components which are "micro".

#### (a) Teacher is a "micro"

The teacher is someone who is essentially new to the art of teaching. At our institution they are second year residents in the subject - thus his experience in teaching is "micro".

Dept. of Obst & Gyn. Medical College & S. S. G. Hospital,  
Baroda.

Accepted for Publication on 18/6/92.

1.F.A.

**(b) Duration is "micro"**

None of these session last for more than 20 minutes, maximum.

**(c) Student number is "micro" :**

There is a maximum four students in the group. This number is based on experiences of Lee (1978).

**(d) Subject is "micro"**

The topic for teaching is small in content matter. A list of some topics covered by us in MTS is given in Table I.

**Table - I**

**Topics routinely covered in MTS**

- 
- \* Ward Procedures
  - \* Preoperative preparation for O & G Surgery.
  - \* Postoperative care in Obst. & Gynec.
  - \* Discharge and follow up of Gynec. patients.
  - \* Selection of patients for M. T. P. / T. L. / Oral Contraceptives / IUCD etc.
  - \* Provisions of MTP Act 1972.
  - \* Post Natal Clinic
- 

**(e) Stakes involved are "micro"**

The topics covered in these sessions are such that even if the teacher (handicapped by lack of training in teaching techniques) is not able to teach well, these topics are covered on many other occasions during their clinical postings also, e.g. preoperative preparation for gynec. surgery also gets covered during a session on hysterectomy as well as individual disease discussions like fibroid uterus, D.U.B. or prolapse. Thus, the student doesn't loose much if the teacher could not teach well.

**FORMAT OF MICRO TEACHING****SUCCESSIONS**

Each batch of U.G. students posted in our units for their clinical posting is divided into a group of 3 or 4 students, there being 12 to 16 students per batch at our institution. Second year residents, who have just commenced their teaching assignments are given the task of teaching these students. At a time there are 3 or 4 teachers one each for a group who teaches. Timing is clocked precisely for twenty minutes. Once the time is over, teachers remains stationary but student group rotates. All groups are exposed, thus to all teachers, albeit in rotation.

A senior faculty member sits with one teacher after the other and observes his technique. After the entire MTS is over, students are allowed to leave and the faculty member discusses the good and not so good points of each teacher. He also highlights techniques to improve these skills on basis of experiences of Rotem Manzre (1980).

Each new teacher passes through these sessions atleast twice after which more difficult and complicated topics are assigned to him.

**EVALUATION OF THE EFFICACY OF M.T.S.**

With an aim to find out whether these sessions were effective enough to train the teachers in teaching technique, in the second part of our unconventional teaching programmes, evaluation of feed backs received from "micro" teachers as well as the students were carried out.

**MATERIAL & METHODS**

The present study was carried out in the dept. of Obst. & Gynaecology, Medical College, Baroda from Jan. '88 to Dec. '90 - three years. During this period, teachers who had undergone MTS and students who were taught by these sessions were asked to give their feedbacks on pre-set proformas. these proformas were drawn on guidelines provided by National Teachers Training Centre - Chandigarh (PGI) and Faculty of Education and Pshychology, Baroda. This was

done to ensure the scientific validity and tenability of the results achieved, through the proformas.

### RESULTS

29 opinions of teachers who were trained by these MTS and 116 opinions of students were obtained during the study period.

As shown in table II more than 90% teachers felt that their presentation and speed of teaching improved following MTS. 89.6% teachers felt that the quality of teaching material they prepared following MTS improved remarkably these sessions.

As shown further in this table 96.6% teachers felt that MTS is an useful exercise. Its experience is applicable for subsequent teaching sessions was felt by 93.1% teachers. 86.9% teachers felt that MTS improved their teaching techniques effectively.

This table provides the most significant information regarding the efficacy of MTS. It was found that pre MTS 91% teachers, in students' opinion taught informatively which rose to around 96% after MTS.

48.2% teachers had good presentation prior to MTS which rose to 84.48% following MTS.

Table - II

Opinion of "Micro" teachers about M. T. S. (n = 29)

Opinion	No.	%
<b>Presentation</b>		
* Improved	27	93.1
* Not improved	01	3.4
* Can't say	01	3.4
<b>Speed of Teaching</b>		
* Became streamlined	28	96.6
* Remained same	—	—
* Can't say	01	3.4
<b>Quality of Content Matter</b>		
* Improved	26	89.6
* Remained same	02	6.9
* Can't say	01	3.4
<b>Useful Exercise</b>		
* Yes	28	96.6
* No	—	—
* Can't say	01	3.4
<b>Helped to improve your Teaching Techniques</b>		
* Yes	26	89.6
* No	01	3.4
* Can't say	02	6.9

Table - III

## Students Opinion on Pre &amp; Post MTS trained teachers' teaching (n = 116)

	Pre MTS		Post MTS	
	No.	%	No.	%
<b>Session Informative :</b>				
Yes	106	91.38	111	95.69
No	10	8.62	5	4.31
Can't say	—	—	—	—
<b>Presentation :</b>				
Good	56	48.28	98	84.48
Ordinary	46	39.66	15	12.93
Poor	04	3.44	01	0.86
Can't say	10	8.6	02	1.72
<b>Speed of Teaching :</b>				
Adequate	87	75.00	98	84.48
Inadequate	27	23.27	16	13.79
Can't say	02	1.72	02	1.72
<b>Content Matter :</b>				
Adequate	012	87.8	110	94.83
Minimal	13	11.3	02	1.72
Excessive	—	—	02	1.72
Can't say	01	0/8	02	1.72
<b>Your knowledge after the session increased</b>				
Yes	112	96.55	115	99.14
No	03	2.58	—	—
Can't say	01	0.86	01	0.86

75% teachers could teach with adequate speed prior to MTS while 84.48% could develop adequacy of speed post-MTS.

Content matter of 87.8% teachers was adequate and none had exercise content prior to MTS. However, following MTS 94.83% teachers had adequate content matter in their teaching and 1.72% - a small number even overshot and brought in excessive content matter.

**DISCUSSION**

It is obviously hazardous at times to call upon a new teacher to conduct a teaching session untrained and that too in such a subject like obstetrics and gynaecology. Understanding the need to teach these new teachers the technique of teaching, faculty members who were trained in teaching technique at one of the National Teachers Training Centres took upon themselves to supervise these sessions of MTS.

The advantages of any small group teaching and norms of MTS were by and large based on experiences of Stenhouse (1971).

The results were very reassuring. The new teachers not only improved in many facets of their exercises of teaching but significantly the students overwhelmingly acknowledged this improvement.

Following our experience at MTS, no new teacher is allowed to start qualified teaching without undergoing exposures at MTS in our units.

#### ACKNOWLEDGEMENTS

We are extremely thankful to Prof. Deodhar and his team of dedicated teacher trainers at N: T.T.C. (PGI, Chandigarh) but for whose help,

teaching and guidance the present study would and have been possible.

We are also thankful to the then Dean, Faculty of Education of Psychology, M.S. University of Baroda, Dr.D.Desai, who guided in the proforma.

We also acknowledge with gratitude the permission given by The Dean, Medical College, Baroda for carrying out this study.

#### BIBLIOGRAPHY

1. Abercrombie M.L., Terry P. : *Small group teaching in higher education*, 3rd Ed. Society of Research in higher education, Univ. of Survey, Pg. 78, 3rd Ed., 1978.
2. Lee A. : *Med. J. of Australia* : 1; 497; 1978.
3. Rotem A, Manzie P. : *Medical Teacher* : 2nd Ed. Pg. 80, Broadway - New York, Churchill Livingstone, 1980.
4. Stenhouse L. : *Cambridge Jr. of Education* : 2, (1) 18, 1971.