



INTRODUCTION OF ONE MINUTE PRECEPTOR (OMP) MODULE FOR CLINICAL TEACHING FOR POSTGRADUATE STUDENTS

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ABSTRACT

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. At some point during our teaching we have felt dissatisfaction with our clinical teaching. One minute preceptor (OMP) model is easy to impart clinical reasoning skills to postgraduate students. This model focuses on the last one minute, which is crucial from the learning point of view and hence its name.

Aims and objectives: To introduce OMP module in clinical teaching in obstetrics for postgraduates students and to evaluate the effectiveness of OMP

Methodology: OMP module was introduced to the postgraduates in the department of Obstetrics and Gynaecology after IEC. Teaching methods employed were role play and videos. Evaluation of knowledge, attitude and satisfaction was done by pre- and post -test by standardized validated questionnaire feedback questionnaire.

Results: There was statistically significant gain (58.50% v/s 90.60%) in knowledge. As regards with the satisfaction, 65.90 % v/s 34.1% of students were satisfied that module stimulated their desire to learn. This indicates a change in attitude towards teaching learning process.

Conclusion: The results of this study suggest that the intervention led to an increase in students' knowledge and most of the students were satisfied with the OMP module.

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INTRODUCTION

The regular Postgraduate teaching activities in the department of Obstetrics & Gynaecology J.N.M.C.H, Aligarh are typically conducted in the form of bedside teaching and OPDs in the form of cases discussions and demonstrations of the clinical signs, seminars and group discussions on common and rare a clinical cases in the classroom in the scheduled PG teaching programme and in the operation theatre in the form of teaching and demonstration of skills by the teachers and assisting the operative procedures. Each learning opportunity does not take care of the standard process of teaching and learning and there are no checklists and criticism over the findings which were missed. The post graduate teaching in our department does not include One Minute Preceptor(OMP) in its complete version or format of 5 step model in the teaching learning process, though some of the steps are being randomly followed. The systematic approach to a problem through One Minute Preceptor model will lead to more effective and permanent learning with the existing trained PG teachers and postgraduate students.

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. At some point during our teaching we have felt dissatisfaction with our clinical teaching.

Problems with bedside teaching are:

- Lack of learning objectives.
- Emphasis only on recall.
- Teaching over the case.
- Teaching inappropriate to learner's needs

One minute preceptor (OMP) model is easy to impart clinical reasoning skills to postgraduate students. This model focuses on the last one minute, which is crucial from the learning point of view and hence its name. This model is called as one minute model as it is based on the experience of clinical teachers regarding spending time during a clinical encounter. During the process of traditional case presentation, most of us focus on the diagnosis of the patient however the diagnosis of learning needs and teaching in terms of those learning needs goes untouched. In the OMP model, the teacher first focuses on the diagnosis of the patient, then on diagnosing the learning needs of the students and finally provides targeted instruction in the context of his diagnosis. To attain this, the teacher has to make use of the five microskills of OMP model. Five microskills of OMP model are:

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- Get a commitment (ask the learner to articulate his/her own diagnosis or plan)
- Probe for supporting evidence (evaluate the learner's knowledge or reasoning)
- Reinforce what was done right(provide positive feedback)
- Correct mistakes (provide constructive feedback with recommendations for improvement. Teach general rules(teach the learner common “take-home points” that can be used in future cases, aimed preferably at an area of weakness for the learner)

Out of these 5 microskills, the first two diagnose learner’s knowledge and reasoning and the last three offer tailored instruction. Hence this study was planned to see the feasibility to introduce if this model of teaching to the department of Obstetrics and Gynaecology.

Aims and Objectives

- To evaluate the effect of OMP model in clinical teaching for Postgraduate students.
- To know the perception of students towards this method.
- To enable teachers to assess, instruct and provide feedback more efficiently.
- To integrate the One-Minute Preceptor model into your clinical teaching.

METHODOLOGY

The study was conducted at J.N. Medical College, AMU, Aligarh. The participants of the study were first, second and third year postgraduates from department of Obstetrics & Gynaecology Approval of Institutional Ethics Committee was taken before starting this study and postgraduates residents were explained the reason of study and their participation was voluntary. The study duration was from October 2015 to Feb 2016. Prior to implementation, OMP module was introduced to the postgraduates in the department of Obstetrics and Gynaecology and rationale of its use in busy clinical setting was explained. Teaching methods employed were role play and videos. Then OMP sessions/encounters were held with 5-6 participants (Postgraduates) twice a week on emergency call/ OPD in rotation including all the postgraduate students of the department of obs and Gynae and immediate feedback was given by evaluator. Residents were evaluated for knowledge, attitude and satisfaction by pre- and post -test by feedback questionnaire. At the end of session, resident self-reported of the usefulness of the OMP model. The students rated the introduction as “useful or very useful” on a using a standard 5-point rating scale (1 = “strongly disagree” and 5 = “strongly agree” for use of OMP and 1=“very poor” and 5 = “excellent” for measures of overall effectiveness) and feedback from the student was obtained. The differences in the pre and post test results were analysed to test the feasibility of OMP.

RESULTS

The percentage of marks obtained are shown in Table 1 while pre- and post test scores are shown in Table -2. Analysis of assessment of students satisfaction and attitude is shown in Table -3, and graph 1.

Analysis of Assessment of Knowledge

Table 1 Percentage of marks in pre- and post- test

Medical Postgraduates	Pre-Test	Post-Test	Percent Increase
n=30	58.50	90.60	32.10

Table 2 Marks Obtained in pre- and post- test

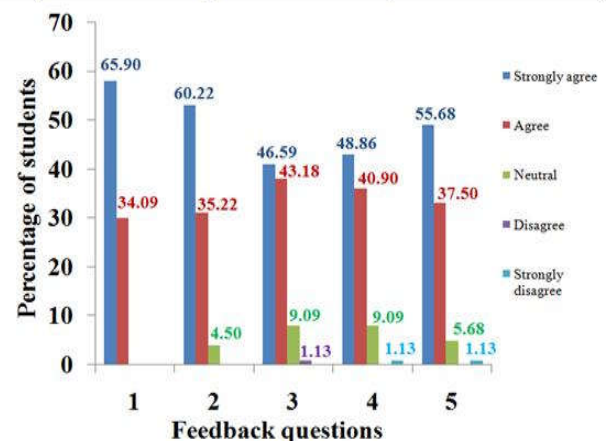
Medical Postgraduates	Pre-Test Mean ±S.D	Post-Test Mean ±S.D	‘P’ value
n=30	18.45+ 3.64	27.18+ 2.50	0.001

Analysis of Assessment of Students’ Satisfaction and Attitude

Table 3 Students’ response to feedback questionnaire (percentage)

Question number	Strongly Agree /Excellent	Agree /Very Good	Neutral /Good	Neutral /Good	Strongly Disagree/ Below Average
1	65.90	34.09	-	-	-
2	60.22	35.22	4.50	-	-
3	46.59	43.18	9.09	1.13	-
4	48.86	40.90	9.09	-	1.13
5	55.68	37.5	5.68	-	1.13

Graph 1: Feedback questionnaire analysis



DISCUSSION

The total number of participants in the study was 30 in number. This number is smaller although all the postgraduate residents of the department of Obstetrics and Gynaecology were included in the study. For the short study period and the small number of participants, it is suggested that larger and longer studies including other clinical departments as well as postgraduate residents of other medical college need to be included so that the results are generalizable. As stated by John O. Nehar (1992) that the OMP model is most helpful when it is not viewed as static but as a pliable set of guidelines that can be shuffled(1). Hence it is more appropriate to practice the suitable micro skills as the clinical situation demands rather than adhering to the rigid framework. In fact Bott G1 and Mohide EA (2011) in their study have described an adaption of OMP to nursing education as 5 minute preceptor as 5 MP(2). So time may not be the rigid criteria for OMP but it is the process which is more important. The teachers could not be included in this module because of shortage of time commitment, high patient load, and

inaccuracy were the constraints in the development of OMP.

Percentage of marks obtained in pre- and post- test was 58.50 and 90.60 respectively. Percent increase was 32.10, indicating increase in student's knowledge. As regards with the satisfaction, 65.90% of students were strongly satisfied and 34.09% agreed that they are satisfied. 46.59% students were strongly agreed, while 43.18% were agreed that the OMP model stimulated their desire to learn. This indicates a change in attitude towards teaching learning process. Residents agreed that OMP improves overall teaching effectiveness. This matches well with study done by Moore J1, Parsons C2 (2014) which states that their resident preceptor model resulted in a significant improvement in the medical students perceptions of resident teaching effectiveness(3). However, this finding doesn't match so well with the finding in the study by Chen LK, Sharma N (2014) which states that use of training experienced anatomy teachers in the use of OMP did not improve the student learning perception in the gross anatomy laboratory(4). They stated, confining the teachers teaching behavior to OMP structure could limit their performance; however there are theoretical advantages for the novice teachers in adopting OMP techniques. This does match well as quoted by Teherani A1, O'Sullivan P (2007), which states that students rate the OMP as a more effective model of teaching than tradition model(5). The change in the ratings of the qualities of OMP in Pretest and Post Test and the inference there upon it can be thought that OMP model can be used as model for improving teaching skills especially the residents, this statement agrees well with that as stated in the conclusion of the study by Scott. L. Furney, MD, Alex Orcini (2001) that the OMP Model is a brief and easy.

CONCLUSION

OMP module is a brief, well accepted and easy-to-administer intervention for postgraduate clinical teaching in OBGY with proper utilization of time. This model appears optimal for resident teaching during call nights or work rounds as they face similar time pressures as ambulatory preceptors. Due to one-to-one interaction with the faculty members students self administer intervention that provides modest improvement in resident's teaching skills (6) confidence, clinical skills & presentation skills improved significantly along with a friendly-relationship with the teachers, therefore it can be recommended for use in other clinical subjects.

Limitations

- Only one batch of PG student was taken in this study, however it could be extended to all postgraduate for wider acceptability.
- Due to time constraint, the number of encounters were less so the study did not measure the validity and reliability of OMP module in patient management.
- Faculty members were not included in this project due to time limitation.

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Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

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