

DEPARTMENTAL EXERCISE BASED ON MICROTEACHING AND ITS UTILITY IN PERSONAL TEACHING SKILL DEVELOPMENT OF TRAINEE TEACHERS

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ABSTRACT: Microteaching is a scaled down teaching encounter in class size and time. The word micro is emphasized to imply that there is reduction in both size and duration of class. It is aimed at practicing one particular teaching skill and focuses on a single concept of teaching. It is a real time teaching simulator which aids in acquiring in depth knowledge of the core art of teaching. It scales down the complexities encountered in regular professional teaching. Observing a flawless teacher and trying to come up to that particular standard is what most novice teachers try to do. Microteaching helps to eliminate common errors in teaching and improves both, in class teaching performance and class managing skills in junior as well as experienced teachers. In India, this powerful teaching improvement tool is rather underutilized and if practice of microteaching is made mandatory in all professional courses related to teaching it will produce versatile, dynamic and better teachers in India.

KEYWORDS: Microteaching, reduction, improvement, tool, India.

INTRODUCTION: Teaching is a complex process and to teach effectively a teacher must possess or acquire various skills to be able to communicate effectively and to implant his/her ideas in the minds of the students. Medical teaching is very different than conventional school or college teaching. Medical teachers unlike most other teaching professionals are unique in the fact that they do not possess any special or formal medical education qualification in addition to their undergraduate and postgraduate qualifications. On the contrary, school and college teachers are required to possess a Bachelors and/or a Master's degree in Education to be considered eligible for their posts. It is not necessary for medical teachers to possess prior special training in medical teaching when they apply for recruitment in various health services and medical education services. Under these circumstances their personal ability to teach depends largely on two modalities that is by observing other teachers as well as by trial and error method during real time classroom teaching. Learning by observing other teachers is a passive process and this type of learning results more in imitation than in actual learning. Learning by trial and error method during real time classroom teaching is even worse. In such cases there is hardly any scope for feedback and even if feedback is provided there is no scope for re-teaching the lesson due to time constraints. The art of teaching is not the mere transfer of knowledge from teacher to student. Teaching is a skilled job that stimulates the learner to learn. With the inception of microteaching by Dr. Dwight W Allen in Stanford University in 1963 the lacuna in medical teacher training is gradually being overcome. Microteaching is organized practice teaching and is a useful tool in acquiring appropriate teaching skills. Effective student teaching should be the prime

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quality of a teacher. The traditional medical teaching emphasizes on the transmission of factual knowledge. Hence in medical institutions teachers are the major source of information but the conventional methods of medical teacher training are not adequate. Gradually the teaching objectives have now shifted to the student centered concept of teaching. Microteaching allows learning each skill to the maximum extent as there is a chance of listening, observing and practicing.

MATERIAL AND METHODS: Four postgraduate students of the Department of Anatomy of Katihar Medical College were asked to prepare a micro lesson of 15 minutes on a topic of their choice and to present it before a jury of four professors using only one teaching skill. In order to avoid attention of the jury focusing on the subject rather than focusing on methodology of teaching, members of jury were chosen from various departments of the same institution other than the department of Anatomy. All four trainee teachers selected blackboard and chalk. Time provided for improvement and re-doing the micro lesson was one day and each student had to repeat his/her performance twice and present it on two consecutive days. On both days, members of the jury were given a checklist with the following points for evaluation. Results of the performances of all four trainee teachers were displayed to them on both days and feedback was provided. Each item in the checklist had a score of one mark. The exercise took ninety minutes of working time each day which included verbal suggestions and criticism from the jury.

1. Prepared their topics appropriately.
2. Wished the class.
3. Confidence and body language.
4. Wrote the date and name of the topic on the blackboard.
5. Drew the attention of the students towards him/her.
6. Checked prior knowledge of students on topic.
7. Gave proper introduction on selected topic.
8. Asked appropriate questions related to the topic.
9. Asked questions to as many students as possible.
10. Asked too many questions which led to distraction?
11. The questions helped in understanding the topic.
12. The questions promoted reasoning among students.
13. Pace of the session.
14. Maintained eye to eye contact with students.
15. Recapitulated the topic in brief at the end of the micro lesson.

RESULT AND DISCUSSION:

Participant No.	Score on Day 0	Score on Day 1	Score on Day 2
1	06/15	06/15	07/15
2	05/15	06/15	06/15
3	08/15	09/15	11/15
4	04/15	07/15	08/15

Table No. 1: Results of all three days performances

Microteaching is a useful tool to sharpen the teaching skills of a trainee teacher. The principle of microteaching is based on "Plan-Teach-Feedback-Replan-Reteach-Refeedback." Microteaching is so called an analogous to putting the teacher under a microscope.^[1] While he/she is teaching, all faults in teaching methodology are brought into perspective or the observers to give a constructive feedback.^[1] Microteaching is an important education component that gives chances of teaching practice to pre-service teachers.^[2] In our study all four participants stated that they were very anxious before their sessions on the first day and gradually after observing each other their confidence levels had increased. After they improved their shortcomings as per the feedback, on the second and third days they were more relaxed, confident and well prepared for their micro lessons. Knowledge acquisition, skill acquisition and transfer are three different phases of microteaching.^[3] After understanding the concepts and components of each core teaching skill, the participant should prepare a micro lesson for each and implement one skill in each microteaching session in a sequential manner. This type of exercise can be performed by medical teachers of any department of any medical institute in a weekly or monthly basis. The feedback data can be reused^[4] and both senior teachers and colleagues can act as constructive evaluators which also enable them to modify their own teaching-learning practices.^[5] Microteaching has a pivotal role in all medical education training programmes and contributes to a great extent to the better understanding of teaching process and its complexities. A case study on microteaching lesson combining the elements of Japanese lesson study and microteaching technique reported that the pre and post lesson plans had successfully demonstrated growth in teachers' knowledge on teaching.^[6] The microteaching model in a dental programme identified microteaching as a tool for personality development and confidence enhancer for health professionals. The participants involved in our study were eager to revise their performances fortnightly using different teaching skills. Limitations of microteaching include lack of proper feedback, lack of space in the department, lack of number of faculty and lack of interest among trainee teachers. Many prospective teachers shy away from having to face evaluation and criticism although the criticism may be constructive. A lot depends on the personal motivation of the trainee teacher to improve himself/herself and the ability of the observer to give a good feedback and to sincerely assess the trainee's improvement as per the feedback. This training exercise resulted in improvement of personal teaching skills of the postgraduate students. All participants showed improvement and in particular the third participant showed maximum improvement in his personal teaching skill.

CONCLUSION: Microteaching works as an effective tool to enhance personal teaching skills effectively. Learning is basically a change in behavior which can be brought about at any age. When the learner is experienced, learning becomes more effective. In microteaching, the participants should accept and improve upon their deficient areas with an open mind. It is a self-improvement technique which is practiced worldwide. The limitations of microteaching can be minimized by practicing micro sessions at the departmental level. With emerging trends in medical curricula by the Medical Council of India development of better medical teachers must be emphasized.

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