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## NURSING STUDENT'S ATTITUDE TOWARDS TEACHER GUIDED OBSERVATION METHOD (TOM) OF CLINICAL LEARNING

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### ABSTRACT

The study was carried out with an aim to assess the nursing student's attitude towards Teacher guided observation method (TOM) of clinical learning. TOM was adopted from the original version of the one minute preceptor method followed in medical colleges today, a tested, validated method of clinical teaching among medical residents. A descriptive survey approach was adopted with 61 samples, who were nursing students studying in critical care nursing course during the year 2010-2011 in Muscat, Oman. The samples were selected based on purposive sampling technique. A formal permission was sought from the management and ethical clearance was obtained. A reliable and validated instrument, structured attitude likert scale was used to collect data. Students were voluntarily willing to participate in the study and the data was collected during their clinical experience posting. Each student had 10-15 mts to respond to the instrument. Descriptive statistics was used for analyzing data and the results showed that 54 students i.e. 87% had a positive attitude towards TOM and expressed TOM to be implemented in routine practice as a formal method of clinical learning for nursing students.

### KEYWORDS

Teacher guided observation method TOM, Clinical learning, attitude, Observation and Critical thinking.

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### INTRODUCTION

**“It is the supreme art of teaching that awakens joy in creative expression and knowledge” Albert Einstein**

Nursing is a practice based profession and sound nursing practice will emerge as a result of sound clinical learning. Best clinical teaching- learning strategies will enhance practical skills, integrate theory into practice and enhance effective clinical learning. Providing patient care does not guarantee transfer of knowledge from classroom to clinical. The clinical learning -teaching activity and value

time spent in the clinical area are the important factors that matters for ensuring quality nursing practice among nursing students.

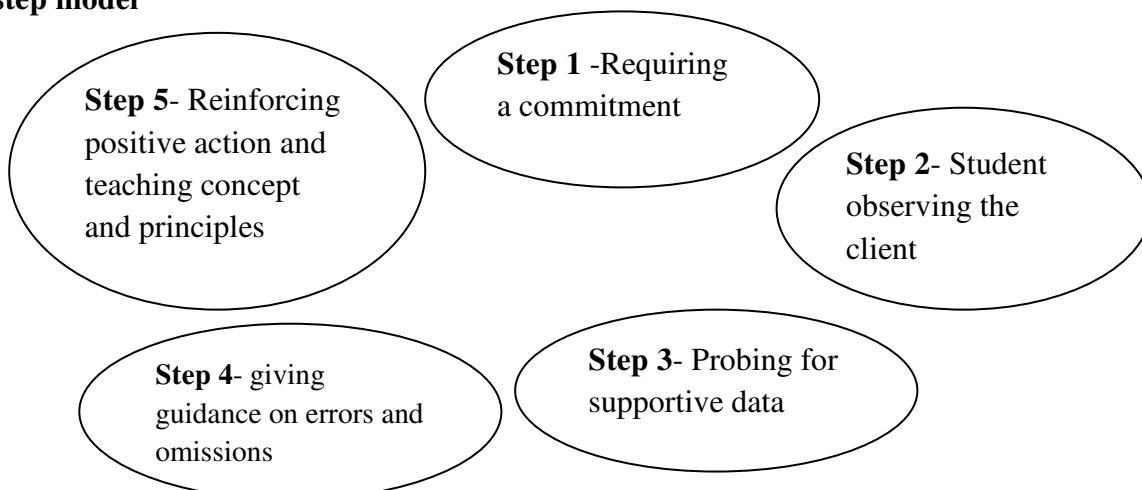
A change in the trend of clinical learning-teaching scenario is always expected and welcomed. Medical education literatures have tried to create a model for successful teaching behaviors for family practice physicians<sup>1</sup>. Clinical teaching behaviors identified for faculty development program, had five major modes and 18 micro skills of effective clinical teaching<sup>2</sup>.

In the year 1992, Jon O. Neher, Katherine C. Gordon, Barbara Meyer and Nancy Stevens from the department of family Medicine, University of Washington, Seattle gave a Model of clinical Teaching- The Five-step “Microskills” model of clinical teaching for teaching family practice residents.

The model is a five step model of which utilizes simple, discrete micro skills or teaching behaviors. The microskills of the model are (1) getting a commitment (2) probing for supportive evidence (3) teaching general rules (4) reinforcing what is done right (5) correcting mistakes. This was posted as an easy to learn and readily usable framework for clinical teaching<sup>3</sup>.

A study by the faculty development network fellowship, University of Washington in the year 1987. The study was done on the five step micro skills based teaching model. The study was taken up to incorporate the model into the curriculum of the family practice fellowship program, University of Washington<sup>4</sup>.

#### **TOM -5 step model**



A Clinical Teaching Technique for Nurse Preceptors is the Five Minute Preceptor method. Preceptor ship is the approach preferred by the clinical educators teaching the higher levels of undergraduate nursing students in the west world, very few preceptor-based clinical nursing teaching techniques are cited in the texts. One promising preceptor-specific teaching strategy is the Five Step “Microskills” Model of Clinical Teaching (J.O. Neher, K.C. Gordon, B. Meyer, and N. Stevens, 1992). The technique is called the One Minute Preceptor method (J.O. Neher and N. Stevens, 2003) has been found useful in clinical medical education for more than about 15 years. Today its roots and origin have been traced back to medical schools of the past. In addition, nurse educators explore the relationship between the SMP (5 Minute Preceptor) and experiential learning and provide a detailed example of the SMP's use in undergraduate clinical nursing education. Future endeavors are towards the development of a 5 minutes preceptor method educational package and its evaluation in the use in undergraduate nursing courses. (Gloria bott, E. E. Ann Mohide, Yvonne Lawlor, 2011)<sup>5</sup>.

Based on the five step micro skills based teaching model, framed the Teacher guided observation method (TOM) of clinical learning. TOM has 5 steps modified one to suit the nursing students Clinical learning.

### **Step 1**

Requiring a commitment. The teacher takes a commitment from the student that she will learn from the assigned client/ patient through a time of mutual teaching-learning activity.

### **Step 2**

Student observing the client. The student first observes the assigned client. This involves observation of the client, his physical, mental and emotional status in the perspective of the client's medical condition. He then observes the equipment attached or around the client and his immediate environment.

### **Step 3**

Probing for supportive data. Whatever information produced by the student is asked for evidence or basis of scientific principles.

### **Step 4**

Giving guidance on errors and omissions. The teacher adds onto the information given by the student with scientific references. The student is asked to self-reflect himself /herself. After self-reflection, mistakes in the student's information are then corrected with the knowledge of the student.

### **Step 5**

Reinforcing positive action and teaching concept and principles. The teacher picks out the positive aspects of data or student's action and reinforces for future action. Teacher fixes the learning through critical elements, principles, concepts, theories and scientific facts. The author was keen on implementing TOM in the clinical setting after conduction of research in the real environment and with the acceptance of TOM by nursing students.

## **STATEMENT OF PROBLEM**

A study to assess the nursing student's attitude towards Teacher guided observation method (TOM) of clinical learning in a selected college of nursing, Sultanate of Oman.

## **OBJECTIVES OF STUDY**

1. To assess the attitude of nursing students towards Teacher guided observation method (TOM) of clinical learning.

2. To associate the attitude of nursing students towards Teacher guided observation method (TOM) of clinical learning with the demographic variables of nursing students.

## **REVIEW OF LITERATURE**

Scott L Furney, Alex N Orsini, Kym E Orsetti, David T Stern, Larry D Gruppen, and David M Irby conducted a randomized control trial to study the effect of the One-Minute Preceptor method on faculty development program in teaching attributes and essentials. The objective of the study was to evaluate the effect of this intervention on the teaching learning skills and behavior of residents. Participants were 57 internal medicine residents divided to the intervention group, 28 residents and control group, 28 residents. The setting was the Inpatient teaching services at both a tertiary care hospital and a Veterans Administration Medical Center affiliated with a University Medical Center. The intervention was a 1-hour session incorporating lecture, group discussion, and role-play. The primary outcome measures were resident self-report and learner ratings of resident performance of the OMP teaching behaviors. Participants in the intervention group showed results which was statistically significant scores in all behaviors ( $P < .05$ ). Eighty-seven percent of residents rated the intervention as "useful or very useful" on a 1-5 point scale with a mean of 4.28. Student ratings of teacher performance showed improvements in all skills. The residents in the intervention group reported increased motivation to do learning through self-reading when compared to the control group residents. Ratings of overall teaching-learning effectiveness were significantly different between the 2 groups. Thus the conclusion of the study is that the OMP model is a brief and easy-to-administer intervention that provides modest improvements in residents' teaching-learning skills. Further study is needed to determine the durability of the results and to validate its usefulness in other institutions. Future studies should examine the effect of the interventions to see if they are effective at improving overall teaching-learning behavior<sup>6</sup>.

Teherani A, O'Sullivan P, Aagaard EM, Morrison EH, Irby DM did a study on the student perceptions of the one minute preceptor and traditional preceptor models. The aim of the study was to determine if third- and fourth-year medical students prefer the OMP model over the traditional precepting model and what teaching points they needed from the clinical encounters. The study was carried out at the University of California, San Francisco, Office of Medical Education and University of California, Irvine, Department of Family Medicine. Third- and fourth-year students (N = 164) at two medical schools completed a questionnaire on teaching points in response to viewing two videotaped precepting discussions. Differences between OMP and traditional precepting scores were computed using a factorial repeated measures analysis of co-variance (ANCOVA). Students rated the one minute preceptor model higher to the routine traditional teaching method. The teaching points desired by students change as the discussion unfolds. While the desired teaching scores changed when the discussion was in progress. Students were very much interested in learning about the clinical presentation regardless of the teaching model used. Students rated the OMP as the most effective model of teaching than the traditional model<sup>7</sup>.

## **MATERIAL AND METHODS**

The Research approach and design undertaken in the study is the quantitative descriptive design which is a non -experimental research design. The study setting is the College of Nursing, Sultan Qaboos University Hospital, (SQUH) Sultanate of Oman.

The population is the nursing students and the samples were all students enrolled in the critical care nursing/ clinical course during the one year period (Spring 2010 to spring 2011) in the college of Nursing, SQUH. The samples were selected using the convenient sampling technique, a non-probability method of sampling technique.

The sample size included 61 students (n= 61) studying in the critical care nursing/ clinical course during the one year period (Spring 2010 to spring 2011) in the college of Nursing, SQUH.

Data from the study participants were collected using a formal structured 5 point likert attitude scale. The 5- point options on the scale were strongly agree, agree, neutral, disagree and strongly disagree. The data collection had 2 Tool 1 and Tool 2: Tool 1 dealt with the selected demographic variables of participants and Tool 2 dealt with the attitude statements related to TOM, which had 20 questions. Question 1-10 elicited the attitude towards the benefits of TOM and Question 11-20 elicited the perceptions of learners towards adopting TOM as a clinical teaching-learning strategy.

The validity and reliability of the tool/ measurement scale was ascertained using Crohn Bach's alpha and content validity. The opinion of experts in the field of Critical care nursing and adult health nursing of SQU College of nursing validated the tool. A pilot study was carried out to see the feasibility of the research. The tool prepared by the investigator was administered to students who were voluntarily willing to participate in the study. The study was explained to each one student as an individual and consent was sought. The study was done at the end of the course and each student took about 10-15 minutes to answer the statements in the tool. Data was collected after implementation of TOM personally by the investigator in the clinical setting. Before the data collection, a formal ethical permission was sought through the research committee, SQU college of Nursing to the authorities of College of Nursing, SQU. Data was analyzed using simple and descriptive statistics.

## **RESULTS AND DISCUSSION**

### **Findings related to the demographic variables of participants**

Table No.1 illustrates that the majority of participants i.e. 62 % (38) were in the age group between 20-22 yrs and there were no participants in the age group between 29-31 yrs.

Table No.2 illustrates that the majority of participants, 92% (56) were females and 8% (5) were males.

Table No.3 illustrates that all participants, 100% (61) had no previous exposure to specific clinical learning strategy.

**Findings in relation to the attitude score of nursing students towards the Teacher guided observation method (TOM) of clinical learning**

Table No.4 illustrates that majority of participants, 66% (40) strongly agree that TOM is a simple and easy method whereas only 6.5% (4) strongly disagree.

Table No.5 illustrates that majority of participants 74% (45) strongly agree that there is need for observational skills based learning in the care of critically ill clients.

Table No.6 illustrates that majority of participants, 69% (42) strongly agree that TOM is an effective tool for enhancing critical thinking among nursing students.

Table No.7 illustrates that participants, 58% (35) strongly disagree that TOM can become hard to be practiced in busy duty schedules whereas only 3% (2) strongly agree.

Table No.8 illustrates that majority of participants 75% (46), strongly agree that TOM can motivate the learner to do better and none strongly disagreed.

Table No.9 illustrates that 63% (38) participants, strongly agree that TOM can be made as a mandatory clinical teaching- learning method in nursing education.

Table No.10 illustrates that 100% (61) participants, strongly disagreed that TOM consumes considerable amount of work time.

**Findings related to the level of attitude of nursing students towards Teacher guided observation method (TOM) of clinical learning**

Table No.11 illustrates that a majority, 89% (54) participants had a positive attitude towards Teacher guided observation method (TOM) of clinical learning whereas 11% (7) had a neutral attitude and none had a negative attitude towards TOM.

**Findings related to the association between participant's attitude towards the Teacher guided observation method (TOM) of clinical learning and demographic variables**

Table No.12 illustrates that Age, gender, education, income and source of information have no association with the attitude score of participants towards Teacher guided observation method (TOM) of clinical learning.

**DISCUSSION**

The results showed that SQU nursing students had a positive attitude towards Teacher guided observation method (TOM) of clinical learning. Of the 54, (89%) had a positive attitude, the rest 7 (11%) had a neutral attitude and none had a negative attitude towards TOM.

This is in line with the study on OMP-One minute preceptor method with a five-step micro skills teaching model proposed by Neher *et al.* in 1992<sup>8</sup>. Its aims are to clarify the knowledge and procedures used to resolve problems and to intervene in areas where knowledge and procedures are lacking using the OMP in outpatient clinic teaching to provide effective intervention for learners in a short time period. Compared with conventional teaching methods, the OMP is well known to enable more debate on disorders in the differential diagnosis, tests, and characteristic symptoms, generates more information in the same amount of instruction time, and results in a higher rate of correct diagnoses by the preceptor. This shows that it elicits more of critical thinking in complex patient situations<sup>8</sup>.

About the association of demographic variables with the attitude of nursing students towards Teacher guided observation method (TOM) of clinical learning, Age, gender, education, income and source of information had no association with the attitude score of participants towards Teacher guided observation method (TOM) of clinical learning.

The results clearly imply that the nursing students in SQU were positive towards the Teacher guided observation method (TOM) of clinical learning. The students with a positive attitude towards had perceived TOM as a beneficial method and best method to ensure observation learning and critical thinking among nursing students. The results highlight the need to adopt TOM as a major clinical learning strategy, in a more structured and formal manner in clinical settings.

**Table No.1: Demographics of participants according to Age**

S.No	Age	Frequency	Percentage
1	20-22	38	62
2	23-25	20	33
3	26-28	3	5
4	29-31	0	0
5	Total	61	100

**Table No.2: Demographics of participants according to gender**

S.No	Gender	Frequency	Percentage
1	Male	5	8
2	Female	56	92
3	Total	61	100

**Table No.3: Demographics of participants according to previous exposure to specific clinical learning strategy**

S.No	Gender	Frequency	Percentage
1	Yes	0	0
2	No	61	100
3	Total	61	100

**Table No.4: TOM is a simple and easy method**

S.No	TOM is a simple and easy method	Frequency	Percentage
1	Strongly agree	40	65
2	Agree	13	21
3	Neutral	4	7
4	Disagree	4	7
5	Strongly disagree	0	0
6	Total	61	100

**Table No.5: Need for observational skills based learning in the care of critically ill clients**

S.No	Need for observational skills based learning	Frequency	Percentage
1	Strongly agree	45	74
2	Agree	11	18
3	Neutral	4	6
4	Disagree	1	2
5	Strongly disagree	0	0
6	Total	61	100

**Table No.6: TOM an effective tool for enhancing critical thinking among nursing students**

S.No	TOM is a tool for enhancing critical thinking	Frequency	Percentage
1	Strongly agree	42	69
2	Agree	10	16
3	Neutral	1	2
4	Disagree	6	10
5	Strongly disagree	2	3
6	Total	61	100

**Table No.7: TOM can become hard to be practiced in busy duty schedules**

S.No	TOM hard to be practiced in busy duty schedules	Frequency	Percentage
1	Strongly agree	2	3
2	Agree	4	7
3	Neutral	10	16
4	Disagree	10	16
5	Strongly disagree	35	58
6	Total	61	100

**Table No.8: TOM can motivate the learner to do better**

S.No	TOM can motivate the learner to do better	Frequency	Percentage
1	Strongly agree	46	75
2	Agree	10	16
3	Neutral	4	7
4	Disagree	1	2
5	Strongly disagree	0	0
6	Total	61	100

**Table No.9: TOM can be made as a mandatory clinical teaching- learning method in nursing education**

S.No	TOM a mandatory clinical teaching- learning method	Frequency	Percentage
1	Strongly agree	38	63
2	Agree	16	26
3	Neutral	5	8
4	Disagree	2	3
5	Strongly disagree	0	0
6	Total	61	100

**Table No.10: TOM consumes considerable amount of work time**

S.No	TOM consumes considerable amount of work time	Frequency	Percentage
1	Strongly agree	0	0
2	Agree	2	3
3	Neutral	4	7
4	Disagree	0	0
5	Strongly disagree	55	90
6	Total	61	100

**Ranges of level of attitude**

Level of attitude	Positive	Neutral	Negative
	75-100%	74-50%	Less than 50%

**Table No.11: Level of attitude of nursing students towards Teacher guided observation method (TOM) of clinical learning**

S.No	Level of attitude	Range	Frequency	Percentage
1	Positive	75-100%	54	89
2	Neutral	74-50%	7	11
3	Negative	Less than 50%	0	0
Total			61	100

**Table No.12: Chi-square test for association of attitude scores and demographic variables**

S.No	Demographic variable	Chi-square	df	P value	Inference
1	Age	7.28	2	0.39	NS
2	Gender	0.89	1	0.172	NS
3	Education	1.482	1	0.155	NS
4	Income	1.198	1	0.548	NS
5	Source of Information	0.03	1	0.11	NS

N = 100, DF = degree of freedom, NS = non-significant at 5% level of significance, P value = 0.05.

### CONCLUSION

The TOM a newer method of clinical teaching is most preferred by nursing students ie, among the participants of the study. The results thus show that 87% had a positive attitude towards TOM and this implies that TOM can be implemented in routine practice as a formal method of clinical learning for nursing students.

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### CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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