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This information is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents do not necessarily reflect the views of USAID or the United States Government.



IX. PATIENT EDUCATION

A. OBJECTIVES

At the end of this presentation the participants will be able to:

1. Identify three (3) approaches to education and discuss differences
2. Define good and bad group dynamics
3. Discuss the importance of local traditions and customs and give two (2) examples of new traditions that are harmful
4. List three (3) type of evaluation
5. Describe three (3) specific teaching strategies

B. CURRICULUM OUTLINE

- I. Looking at Learning and Teaching
- II. The Teaching Role of Nurses
- III. Three Approaches to Education
 - Conventional
 - Progressive
 - Liberating
- IV. Planning a Training Program
 - Getting off to a Good Start
 - Group Dynamics
 - A Good Group Leader
 - Planning a Class
 - Practice Teaching
 - Learning and Working with the Community
- V. Helping People look at their Customs and Beliefs
 - Local customs and traditions
 - Problems resulting when old traditions are replaced
- VI. Art of Asking Questions
 - Types of Questions
- VII. Examinations and Evaluations
- VIII. Making and Using Teaching Aids
 - Guidelines for Teaching Aids
 - Story Telling
 - Role Playing

C. CURRICULUM

LOOKING AT LEARNING AND TEACHING

A nurse's most important job is to teach-to encourage sharing of knowledge, skills, experiences, and ideas. The nurse's activities as an "educator," can have a more far-reaching effect than all his or her preventive and curative activities combined.

Depending on how it is approached, and by whom, health education can have either a beneficial or harmful effect on people's well being. It can help increase people's ability and confidence to solve their own problems. Or, in some ways, it can do just the opposite.

Persons may observe:

"That kind of teaching makes the mothers and fathers feel ashamed and useless – as if their own carelessness and backwardness were to blame for their children's ill health."

"The nurse acts like she is God Almighty! She thinks she knows it all and the mothers and fathers know nothing!"

"I don't think her health advice is realistic. Not for the poor in our area! It's easy to tell people to boil drinking water. But what if a mother with hungry children spends her food money to buy firewood? Also, where we live, the land is already being turned into a desert because so many trees are being cut. For us, this 'health message' would make no sense."

This is the way most of us were taught in school. The teacher is the boss. The students are considered to 'know nothing'. They are expected simply to repeat what they're told. But isn't this just another way of keeping the poor on the bottom?"

"I agree! This kind of 'health education' might get mothers to boil water, wash their hands, and use latrines. But in the long run **it may do more to prevent than to promote the changes we need for lasting improvements in our health.**"

Now consider another example.

Here, the nurse gets together with a group of mothers and fathers and discusses their problems with them. She starts by asking questions like these:

What sicknesses do your children have most often?

When do they get sick most?

What do you do for them?

What effect does this kind of teaching have on people?

“Everybody takes part. It gets the group of mothers and fathers thinking and talking about their own problems.”

“The nurse doesn’t just tell them the answers. Everyone looks for answers together.”

“This sort of teaching certainly isn’t like what we got in school! It lets people feel their ideas are worth something. It helps people figure out themselves.”

“I’ll bet the mothers and fathers will want to keep working and learning together, because they are respected as thoughtful, capable human beings. It makes learning fun!”

DIRECT HEALTH EDUCATION TOWARD THOSE WHOSE NEEDS ARE GREATEST

The aim of ‘people-centered’ learning is just the opposite. It is to help those who are weakest become stronger and more self-reliant.

It is essential that nurses critically examine different ways of teaching during their training. They need to develop and practice teaching methods that can help ordinary working people to gain the awareness and courage needed to improve their situation.

THE TEACHING ROLE OF NURSES

Have the nurses think about the range of opportunities they will have for sharing and exchanging ideas.

Ask your client/patients what are the customary ways of learning in their villages

Nurses need to adapt our teaching to people's traditional ways of learning-ways they are already used to and enjoy.

THE ROLE OF THE NURSE AS THE INSTRUCTOR

It is not enough to explain to the nurses about 'people-centered' education. We teachers must set an example. This means we must carefully and frequently examine our own teaching

Habits, in terms of both **the methods we use** and **the way we relate to our patient/clients**.

- **The methods we use**
- **How we relate**
- **How we teach**
- **How we feel towards our patient/client**

If we respect our clients' ideas, and encourage them to question our authority and to think for themselves, then they will gain attitudes and skills useful for helping people meet their biggest needs.

But if we fail to respect our clients/patients, without encouraging them to question and think, we may do more harm than good.

To set a good example for our patients, nurses need to:

- Treat the patient as our equals
- Respect their ideas and build on their experiences
- Invite cooperation
- Make it clear that we do not have all the answers
- Welcome criticism, questioning, initiative, and trust
- Live and work in the community. Learn together with the people, and share their dreams.

These are beautifully expressed in this old Chinese verse:

Go in search of Your People; Love Them; Learn from Them;
Plan with them; Serve Them; Begin with what They have;

Build on what They know; But the best leaders when their task is accomplished, their work is done, The People all remark: “We have done it Ourselves.”

BEGINNING WITH YOUR OWN TRUE STORY

Helping people begin to look at things in new ways is a teacher’ chief job. This is easier if we **look at ideas, not in terms of general theories, but through real-life examples.**

Tell a story from your own experience, one that brings out certain points or problems that need to be considered.

Stories can bring learning closer to life-especially true stories told from personal experience.

IDEAS FOR A DISCUSSION ABOUT SHARING AND SELF-RELIANCE

People’s health depends on many things - on food, on water, it depends on sharing - opportunity, resources - and knowledge.

Unfortunately, many Health Care Providers tend to carefully guard their knowledge rather than to share it openly. Too often they use their special knowledge to gain power or privilege, or to charge more for their services.

Nurse Educators can easily fall into these same unhealthy habits. So their training must help them guard against this. It should help them realize that sharing their knowledge and skills freely is important to people’s health. Sharing of knowledge helps people become more self-reliant.

A PUZZLE TO GET PEOPLE THINKING IN NEW WAYS

All of us, teachers and students alike, get into ‘ruts’. And like horses with blinders, we often tend to look at things from a narrow point of view. We keep on trying to solve problems in the same old way.

New approaches to health care require new approaches to teaching and learning.

This means tearing off the conventional 'blindness' that limit our vision and imagination. It means going beyond the walls of the standard classroom and exploring afresh the world in which we live and learn.

'CRITICAL STUDY OF TEACHING METHODS'

Some training programs include the study of 'learning how to teach'. The learning group starts by exploring and critically analyzing different educational approaches. Next they practice teaching-first with each other, then with mothers and children. They also learn to develop their own teaching materials.

Start by looking at and analyzing alternative teaching methods. **The way you teach can either break down or build up people's self-confidence.**

Nurses need to **experience** and to **practice** appropriate teaching methods during their training. But they also need to fully **understand why** such methods are so important. **PRACTICE & UNDERSTANDING ARE KEY.**

To assist nurses in developing this understanding, be sure to **allow time for critical study of alternative approaches to learning.**

Help the group to:

- Experience, analyze, and compare contrasting educational methods.
- Try using appropriate, friendlier teaching methods. And help others discover for themselves the value and excitement of people-centered learning.

Your role as instructor is to help the learning group ask searching questions, look critically at alternatives, and try out more people-centered teaching methods during training.

DOES YOUR TEACHING RESIST CHANGE OR ENCOURAGE IT?

One of the main purposes of conventional or **authoritarian** education is to teach students to fit obediently into the existing social order. The teacher provides the approved knowledge, and the students receive it.

Unfortunately, many training programs for nurses use this same kind of authoritarian approach. Students are taught to follow, not to explore; to memorize, not to think.

EDUCATION THAT ENCOURAGES CHANGE:

There are other ways—ways that build the students' confidence in their capacity to observe, criticize, analyze, and figure things out for themselves. These ways let the students discover that they are just as good as their teachers and everyone else. They learn to cooperate rather than compete in order to gain approval. They are encouraged to consider the whole social context of their people's needs, and to look for imaginative and courageous ways of meeting them.

Rather than tell the members of your group these things, help them to recall their own experiences and to figure things out for themselves.

This we will call **education for change**. Emphasis is more on learning than on teaching. Patients are encouraged to voice their own ideas. They figure things out for themselves, and explore ways to help people free themselves from the causes of poverty and poor health.

If a nurse is to be a 'leader for change', they must help people find ways to solve their biggest problems.

*Good teaching is the art,
Not of PUTTING IDEAS INTO people's heads,
But of DRAWING IDEAS OUT.*

ROLE PLAYS THAT HELP PEOPLE EXPLORE TWO KINDS OF TEACHING

For nurses to appreciate the importance of appropriate teaching, it helps if they experience two kinds of teaching and then compare them.

A good way to do this is through 'role playing'. Here we give ideas for two role plays to compare the **bossy teacher** with the **good group leader**.

In role plays, the instructor (or two different instructors) will **teach the same health topic in two very different ways**.

THE BOSSY TEACHER in a conventional classroom:

- Before the students arrive, put chairs or benches in neat rows, with a desk or podium at the front.
- When the students arrive, greet them stiffly and ask them to sit down. Make sure they are quiet and orderly.
- Begin the lecture exactly on time. Talk rapidly in a dull voice. Use big words the students cannot understand. Do not give them a chance to ask questions.
- If any student does not pay attention, or whispers to a neighbor, or begins to go to sleep, **BANG** on the table, call the student by his last name.
- From time to time, scribble something on the blackboard.
- Act as if you know it all, as if you think the students are stupid, lazy, rude, and worthless. Permit no laughter or interruptions.

The second role play: **THE GOOD GROUP LEADER** or ‘**facilitator**’

This time, the instructor treats the students in a friendly, relaxed way.

Suggestions to the group leader:

- At the beginning of class, suggest that people **sit in a circle** so they can see each others’ faces. Join the circle yourself as one of the group.
- Whenever possible, try to **draw information out of the students from their own experience.**
- Be careful to use words the students understand.
- Ask a lot of questions.
- Emphasize the most useful ideas and information.
- Use teaching aids that are available locally
- Encourage students to relate what they have seen and learned to real needs and problems.

Group discussion following the two role plays

Good question to start a discussion might be:

- What did you think of the two classes?
- From which class did you learn more?
- Which did you like better?
- Why?

- Who do you think was the better teacher?
- Why?

Follow through with questions like these:

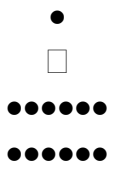
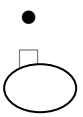
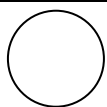
- In which class did you **understand** more of what was said? Does this matter?
- From which class can you **remember** more? Does this matter?
- In which class did students seem more interested?
- Which class had more to do with you won lives and experience?
- Did you learn anything useful from these classes?

With questions like these, you can **help the students to look critically at their own situation**. As much as you can, **let them find their own answers, even if they are different from yours**.

THREE APPROACHES TO EDUCATION

	CONVENTIONAL	PROGRESSIVE	LIBERATING
Function	To CONFORM	To REFORM	To TRANSFORM
Aim	Resist change. Keep social order stable	Change people to meet society's needs.	Change society to meet people's needs.
Strategy	Teach people to accept and 'fit in' to the social situation without changing its unjust aspects.	Work for certain improvements without changing the unjust aspects of society.	Actively oppose social injustice, inequality, and corruption. Work for basic change.
Intention toward people	CONTROL them- especially poor working people- farm and city.	PACIFY or CALM them- especially those whose hardships drive them to protest or revolt.	FREE them from oppression, exploitation, and corruption.
General approach	AUTHORITARIAN (rigid top-down control)	PATERNALISTIC (kindly top-down control)	HUMANITARIAN and DEMOCRATIC (control by the people)

Effect on the people and the community	OPPRESSIVE -rigid central authority allows little or no participation by students and community.	DECEPTIVE - pretends to be supportive, but resists real change.	SUPPORTIVE – helps people find ways to gain more control over their health and their lives.
How students (and people generally) are viewed	Basically passive. Empty containers to be filled with standard knowledge	Basically irresponsible. Must be cared for. Need to be watched closely.	Basically active. Able to take charge and become self-reliant.
What the students feel about the teacher	FEAR – Teacher is an absolute, all-knowing boss who stands apart from and above the students.	GRATITUDE – Teacher is a friendly, parent-like authority who knows what is best for the students.	TRUST – Teacher is a ‘facilitator’ who helps everyone look for answers together.
Who decides what should be learned	The Ministry of Education (or Health) in the capital.	The Ministry, but with some local decisions.	The students and instructors together with the community.
Teaching method	<ul style="list-style-type: none"> •Teacher lectures. •Students ask few questions. •Often boring 	<ul style="list-style-type: none"> •Teacher educates and entertains students. •Dialogue and group discussions, but the teacher decides which are the ‘right’ answers. 	<ul style="list-style-type: none"> •Open-ended dialogue, in which many answers come from people’s experience. •Everyone educates each other.
Main way of learning	PASSIVE – students receive knowledge. Memorization of facts	More or less active. Memorization still basic.	ACTIVE – everyone contributes. Learning through doing and discussing.

<p>Important subjects or concepts covered</p>	<ul style="list-style-type: none"> •the strengths and rightness of the present social order •national history •rules and regulations •obedience •anatomy and physiology •much that is not practical or relevant – it is taught because it always has been •unnecessary learning of big words and boring information 	<ul style="list-style-type: none"> •integrated approach to development •how to make good use of government and professional services •filling out forms •desirable behavior •simple practical skills (often of little use – such as learning 20 bandages and their Latin names). 	<ul style="list-style-type: none"> •critical analysis •social awareness •communication skills •teaching skills •organization skills •innovation •self-reliance •use of local resources •local customs •confidence building •abilities of women and children •human dignity •methods that help the weak grow stronger
<p>Flow of knowledge and ideas</p>	<p>School or health system</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">All One Way</div> <p>↓</p> <p>teacher</p> <p>↓</p> <p>students</p>	<p>School or health System</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">Mostly one Way</div> <p>↓</p> <p>teacher</p> <p>↓</p> <p>students</p>	<p>Students ↔ group ↔ school or Leader</p> <p>Health System</p>
<p>Area for studying</p>	<p>The classroom.</p>	<p>The classroom and other controlled situations</p>	<p>Life – the classroom is life itself.</p>
<p>How does the class sit?</p>			

Class size	Often LARGE . Emphasis on quantity, not quality, of education	Often fairly small, to encourage participation.	Often SMALL , to encourage communication and apprenticeship learning
Attendance	Students have to attend	Students often want to attend because classes are entertaining and they will earn more if they graduate. 'Incentives' are given.	Students want to attend because the learning relates to their lives and needs, and because they are listened to and respected.
Group interaction	Competitive (cooperation between students on tests is called cheating).	Organized and directed by teacher. Many games and techniques used to bring people together.	Cooperative- students help each other. Those who are quicker assist others.
Purpose of exams	Primarily to 'weed out' slower students; grades emphasized. Some students pass. Others fail.	Variable, but generally tests are used to pass some and fail others.	Primarily to see if ideas are clearly expressed and if teaching methods work well. No grades. Faster students help slower ones.
Evaluation	Often superficial -by education or health system. Students and community are the objects of study.	Often over-elaborate - by education or health 'experts'. Community and students participate in limited ways.	Simple and continual - by community, students, and staff. Students and teachers evaluate each others' work and attitudes.
At end of training, students are given...	<ul style="list-style-type: none"> • diplomas • irregular police-like supervision 	<ul style="list-style-type: none"> • diplomas • uniforms • salaries • 'supportive' supervision 	<ul style="list-style-type: none"> • encouragement to work hard and keep learning • supportive assistance when asked for

After training, a health worker is accountable to...	His supervisor, the health authorities, the government	Mainly to the health authorities, less so to local authorities and the community	Mainly to the community – especially the poor, whose interests he defends.
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Werner, D., Bower, B., Helping Health Workers Learn: The Hesperian Foundation, Eleventh Printing; 1998

ON CHANGING HABITS AND ATTITUDES

Many experts now tell us that the principal goal of health education should be to change people's habits and attitudes.

Unfortunately, such a goal points the finger at **what people do wrong**, rather than building on **what they do right**.

A people-centered approach to health education takes the opposite position. It recognizes that the ill health of the poor is, in large part, the result of a social order that favors the strong at the expense of the weak. Its main goal is not to change the poor, but to help them gain the understanding and skills needed to change the conditions that cause poverty and poor health.

So rather than trying to reform people, **health education needs to focus on helping people learn how to change their situation**.

As people become more sure of themselves and their capacity for effective action, their attitudes and behavior may change. But lasting changes will come from inside, from the people themselves.

II PLANNING A TRAINING PROGRAM

Each training program should be designed according to the special needs and circumstances of the area it serves. Each course should be adapted to the experiences and needs of each new group of students. Some course planning is best done by the participants.

THE IMPORTANCE OF HAVING STUDENTS TAKE PART IN THE PLANNING

The ability to **plan effectively** – to **analyze** and **organize** what needs to be done - is basic to the self-reliance of every individual, family and community. Planning skills are especially important for health workers who are to become leaders, teachers, and organizers in their communities.

There are several good reasons for including the health workers in planning the content and organization of their own training.

- Through guided practice **the students learn firsthand about analyzing, planning, and organizing** relevant activities.
- Students become **more deeply involved** in the teaching-learning process.
- They become – and feel – **more equal** to their instructors. This will help them when they begin to plan and teach in their communities. They will be more able to relate to their own people as equal, and to share responsibilities with others.
- Students can help adapt the content of the training program to the problems, needs, and resources with their particular communities.
- The flexibility and shared responsibility of this approach are basic to achieving community health and **fairer distribution of control**.

IMPORTANT CONSIDERATIONS FOR OVERALL COURSE PLANNING

1. FIRST CONSIDERATIONS-PURPOSES AND QUESTIONS

- Whose needs will the training program be primarily designed to meet?
- Will it only **extend** the existing health system, or will it help to **change** it?
- What are the general goals and objectives of the program?

2. OBSERVATION OF NEEDS AND RESOURCES

(Talking with a few observant persons from the area can often provide more useful information)

Information worth considering:

- Common health problems: how frequent and how serious?
- Causes of main problems: physical and social.
- People's attitudes, traditions, and concerns.
- Resources: human, physical, economic, from inside and outside the area.
- Possible choices of instructors and training organizers

3. EARLY DECISIONS

Who? Where? How many? When?

- **Selection of health workers.**
- **Selection of instructors and advisers.**
- Do they have the necessary knowledge and skills or are they willing to learn?
- **Location:** Where will the training take place? Where will everyone eat and sleep?
- **Timing:** How long will the training course last? What time of the year is best? Will training be done in one continuous stretch, or be divided into short blocks so that students can return home.
- Funding

4. **ANALYSIS OF PRIORITIES**

Problems can be compared by considering the following:

- How common are they?
- How serious are they?
- How contagious are they?
- How much concern do people feel about them?
- How easy or difficult will it be to teach a health worker to take safe, responsible action with respect to the problem?

5. **RE-EXAMINING OBJECTIVES**

6. **ORGANIZING STUDY MATERIAL FOR APPROPRIATE LEARNING**

- What general subject areas and specific topics might be taught in order to prepare students.
- How can the time available be best divided among the different topics, according to their priorities.

7. **PLANNING FOR BALANCE**

- Class work and practical experience?
- Learning in the training center and learning in the community?
- Health skills, teaching skills, and leadership skills?
- Work and play?

8. **PREPARE A ROUGH TIME TABLE OR CLASS SCHEDULE**

- How can different subjects and topics be arranged, so that:
- There is enough variety to keep the students interested
- Related subjects are scheduled close together or in a logical order.
- More difficult subjects come early in the day
- All key subject matter is included
- High priority subjects are given more emphasis in the training course
- Skills and knowledge needed for immediate use and practice are learned early.

9. **PLANNING APPROPRIATE TEACHING METHODS AND AIDS**

- What teaching approach is best suited to persons who are more used to learning from experience than from lectures and books?
- What approaches to learning will help the health worker be an effective teacher in his community?
- What teaching aids can be used that will lead the health worker to make and invent teaching aids after returning to his village?
- How can class work be made more friendly and fun?
- How can tests and exams be presented so that students use them to help each other rather than to compete?

10. **GETTING READY AND OBTAINING SUPPLIES**

- What preparations are needed before the course begins? (transportation, eating, and sleeping)
- What furnishings and teaching materials are needed to begin? (benches, blackboard, etc.)

11. **DETAILED PLANNING OF ACTIVITIES AND CLASSES FOR THE BEGINNING OF THE COURSE**

Continued planning after the training course begins

12. **INVOLVING STUDENTS IN PLANNING THE COURSE CONTENTS**

- How can the student' participation in planning help them to learn
- Examining and analyzing the needs in their communities?
- Recognizing both the strength and the weaknesses of their people's customs?
- Ways to plan and organize a learning group?
- Shared decision making?

13. **REVISION THE PLAN OF STUDIES (COURSE CONTENT) ACCORDING TO STUDENT SUGGESTIONS**

- To what extent do the priorities determined by the students, correspond to those already considered by the instructors and planners?

- How important is it to revise the course plans in order to better meet the concerns and expressed needs of the student group?

14. **PREPARING INDIVIDUAL CLASSES AND ACTIVITIES**

- Is it helpful to use a particular outline or formula for preparing a class?
- All of the basic points to be learned or considered?
- Active student participation and interaction?
- Use of appropriate learning aids?
- Practice in solving problems
- To what extent can students take part in the preparation of classes and of teaching aids?

15. **EVALUATION DURING THE TRAINING PROGRAM**

To consider how it might be improved

- In what ways can this be done?
- Who should be involved?
- If evaluation studies are made, what can be done to help assure that results are useful and will be used?

16. **PLANNING AND PROGRAMMING AFTER THE COURSE IS COMPLETED**

- How can a supportive learning situation be continued between instructors and students, and among the students themselves, once the training course is completed?

III. GETTING OFF TO A GOOD START

BE PREPARED – EVEN WHEN YOU ARE NOT

It is important to **have as much as possible ready ahead of time.**

- Study area with places to sit and good lighting
- Blackboard and chalk (white and colors)
- Plenty of wrapping paper or poster paper
- Crayons, pencils, and marking pens

- Notebooks and textbooks for students
- Whatever tools or supplies may be needed for building things
- Timetable and class plans for at least the first few days

It is important that the instructors work together with the students, not just doing it for them and not just telling what to do. By doing the job together as equals, a good learning relationship, as well as a friendship, begins.

CLASSES AND ACTIVITIES IN THE FIRST FEW DAYS

Getting to know each other in a friendly, open way is perhaps the most important thing that can happen in these first days.

Begin teaching practical skills right away.

Only when the whole community becomes aware of the need for preventive action is the nurse likely to make prevention the first concern.

The challenge for both Nurses and Clients is not simply to respond to people's felt needs. It is to help people look at and understand their needs more clearly. But the process cannot be forced or hurried. People need to discover the reasons and decide to take steps themselves.

Whenever possible, **start where the students' interests lie. But be selective. Try to direct their interests toward meeting important community needs.**

THE WORKINGS OF A GROUP (group dynamics)

A good group leader looks for ways to help those who are silent to speak out. At the same time, he helps show those who are quick to speak how important it is to give others a chance.

Above all else, an effective group leader learns how to keep silent - and when he does speak, to limit himself to asking questions that help draw ideas out of others, especially those who say the least.

Getting the members of a group to talk openly with each other as equals is not easy.

The experiences of many of the group's members often make them reluctant or afraid to speak freely and openly-especially in the presence of a leader with authority. **The leader needs to do all he can to show he considers himself on the same level with all the others.**

As a leader, your actions say more than your words. It helps if you:

- Sit with everyone else, not apart or behind a desk.
- Listen more than you speak
- Do not interrupt, especially when someone speaks slowly or has trouble expressing him or herself.
- Invite criticism and admit your own mistakes.
- Be open and friendly.
- Laugh **with** people, but not **at** them.
- Encourage others to take the lead as much as possible, and at the same time, encourage them to give everyone else an equal chance.

Good group dynamics means everyone feels free to speak his or her mind, but is ready to listen earnestly to others. It is essential for effective learning.

IMPORTANT THINGS TO START DISCUSSING

- What are the **characteristics of a good instructor?**
- Different ways of looking at **health, illness, and being human**
- Goals, objectives, and **the larger vision** of the program
- **Precautions, warnings,** and recognizing our own **limits.**
- **Client/Patients experiences** of needs and problems in their communities
- **Need for balance** between prevention, treatment, education.

Try not to burden Patients/Clients at first with too many heavy discussions.
Balance discussions with practical skills.

IV PLANNING A CLASS

AIMING TEACHING AT WHAT IS MOST IMPORTANT

Many instructors waste a lot of time teaching relatively unnecessary knowledge and skills:

- Some devote long hours to anatomy and physiology.
- Others give long descriptions of diagnoses and treatments.

When teaching, it is easy to go into more detail than necessary, and in doing so, to lose sight of what is important.

It may help, in deciding what to teach and what not to teach, to determine whether each aspect is...

- **Essential to know,**
- Useful to know, or
- Nice to know.

STARTING WITH WHAT IS ALREADY FAMILIAR

To have meaning, learning must relate to life. Try to start with your clients own knowledge or experience - and build on that.

STARTING WITH LIFE, NOT WITH ANATOMY

It makes sense to start discussing health problems in terms of what has been already experienced or seen. On this solid base new information can be added, in a way that relates more to the Patient.

One of the most important skills that nurses need to learn is to

Discuss health problems in clear, simple language that everyone understands.

PRACTICE TEACHING

Practice makes perfect. Instructors need to practice teaching so they will not lose their teaching skills.

Teaching skills are as important for nurses as for their instructors. During training, new nurses can develop teaching skills in the following way:

STEPS IN LEARNING HOW TO TEACH A CLASS

- Observe the instructors and discuss their teaching methods
- Take part in role plays to explore approaches to teaching.
- Analyze teaching objectives and methods.
- Discuss and make appropriate teaching aids
- Take turns leading group discussions
- Plan classes and practice teaching the learning group
- Begin teaching with community groups-mothers, children, teenagers.

At all stages of this teaching practice, it is important that the instructors and other students evaluate the teaching and class plans to give constructive suggestions.

V LEARNING AND WORKING WITH THE COMMUNITY

If nurses are to develop a sense of responsibility to the whole community, they need these two things (at least) during their training.

- **Good role models:** Nurses need the example of instructors who are themselves active members of the community. Instructors who are doing something to improve health in their community.
- **Practice doing community work**

Community practice means more than discussions. It means finding ways for nurses to visit communities and carry out specific health-related activities with people.

MAKING COMMUNITY EXPERIENCE A PART OF TRAINING

Locating the training center in a community similar to those where the nurses will be working.

Home visits. Some programs make regular visits to homes an important part of health worker training.

Having nurses carry out activities in local communities

- Under-fives and nutrition projects. Nurses visit nearby villages, hold meetings to plan activities, demonstrate ways of preparing food, conduct feeding programs for children.
- Vaccination campaigns in neighboring community.
- Child-to-child activities. Nurses meet with children in the local schools, or with groups of non-school children.

Welcoming community participation in health education: Some ways of accomplishing this include:

- **Open door policy.** Some community-based programs make a point of leaving classroom doors and windows open at all times to everyone.
- **Inviting traditional healers, herb doctors, midwives, and other persons from the community to take part** in classes that deal with their special skills.
- **Inviting mothers and fathers and children from the community to help with role plays and other activities.** Health workers need practice in dealing with the health needs of mothers and children. Role playing can help.
- **Inviting members of the community to slide shows or filmstrip presentations.**
- **Use of clear, simple language, teaching aids, and methods that everyone can understand.**

LEARNING FROM, WITH, AND ABOUT THE COMMUNITY

The main job of a nurse is to **help people learn how to meet their own and each other's health needs more effectively.**

Together with the people, the nurses will want to consider:

NEEDS

- Local health problems and their causes
- Other problems that affect people's well-being
- What people feel to be their problems and needs

SOCIAL FACTORS

- Beliefs, customs, and habits that affect health
- Family and social structures
- Traditional forms of healing and problem solving
- Ways people in the community relate to each other
- Ways people learn (traditionally and in schools)
- Who controls whom and what (distribution of land, power, and resources)

RESOURCES

- People with special skills: leaders, healers, story tellers, artists, craftsmen, teachers
- Land, crops, food sources, fuel sources (firewood, etc) water
- Building and clothing supplies
- Markets, transportation, communication, tools
- Availability of work; earnings in relation to cost of living

People already know most of the essential facts from their own experience. What they need to do is ask themselves:

- How the combined facts of our situation-needs, social factors, and resources-affect our health and well being?
- How can we work with these facts-using some, changing or reorganizing others-to improve our health and well being?

The process of looking at these questions in a community group is sometimes called **community analysis** or **community diagnosis**. At best, this means not only a diagnosis **of** the community, but a self-analysis **by** the community.

VI HELPING PEOPLE LOOK AT THEIR CUSTOMS AND BELIEFS

LOOKING AT LOCAL CUSTOMS AND TRADITIONS

Training programs often make one of three common mistakes when helping health workers learn about people's customs and traditions.

- They **look down on** or scorn local beliefs and traditional forms of healing as “old fashioned,” “unscientific,” and largely worthless.
- They **look up to** or romanticize local customs and traditional medicine as completely admirable and beneficial.
- Or they **fail to look at all** at local traditions, customs, and forms of healing.

In reality, old ways, like new ways, have strengths and weaknesses. Nurses need to **help people look carefully and critically at both the old and the new, in order to avoid what is harmful and preserve what is best in each.**

But place greatest emphasis on what is best. Helping people rediscover the value of many of their traditional ways increases their confidence in their own knowledge, experience, and ability to meet their needs themselves.

HELPING PEOPLE RECOGNIZE THE STRENGTHS IN THEIR TRADITIONS

A training course should emphasize what is valuable in local tradition. It needs to explore ways to build on old traditions rather than ignoring or rejecting them.

- Have the group discuss habits, customs, and beliefs, especially those that are health protecting.
- Encourage students to find out if and how some of the traditional ways of healing work.
- Explore ways of introducing new ideas by building on people's beliefs and traditions, rather than showing disrespect.

HEALTH PROBLEMS THAT RESULT WHEN OLD TRADITIONS ARE REPLACED BY NEW ONES

Many health problems today have resulted partly because people have abandoned old customs for new ones. The coming of new habits, foods, religions, and laws from the outside has produced many cultural conflicts. It has broken down the traditional ways in which people used to meet their needs while keeping a fairly health balance with each other and with their natural surroundings. Some examples might include:

Junk food	vs.	Fruits
Artificial Formula	vs.	Breast Feeding
Alcohol and tobacco		

DISCOVERING WHICH HEALTH TRADITIONS ARE BENEFICIAL AND WHICH MAY BE HARMFUL

Helping people to look closely at their habits and customs is an important part of working toward a healthier community.

In every community there are some habits and traditions that are helpful. Others help little. And some probably are harmful.

When discussing the strengths and weaknesses of local traditions with people, be sure to **place more emphasis on the traditions that are helpful**. This will help people gain confidence in their own knowledge and abilities, rather than making them feel ashamed.

VII PRACTICE IN ATTENDING THE SICK

THE ART OF ASKING QUESTIONS

Sometimes a sick person will tell you what he thinks you want to hear, in hopes that you will treat him better if you are pleased with his answers.

Help students to be aware of this problem. Try to make sure that they ask questions carefully and get correct answers. They may have to ask about the same thing more than once. But have them take care not to insult the sick person by seeming to doubt his answers.

Usually it is a good idea to avoid asking questions that lead the person to answer a certain way.

A leading question:

Question: Has the cough been getting worse over a period of weeks?

Answer: Yes, that's right

What happens: **supplies the answer you want.**

A more open question:

Question: How long have you had this cough?

Answer: Just a few days, since I got the flu.

What happens: **gets a truer answer**

In either case, the nurse will need to ask more questions in order to understand how and when the problem began.

A more open question is not always better. Often a sick person will be afraid to admit that he has signs of a disease such as tuberculosis or leprosy. In a case like this, a leading question will sometimes get a more revealing answer:

A more open question:

Question: Have you ever coughed blood?

Answer: No, not me

What happens: **got a misleading answer because of person's fear.**

A leading question:

Question: How many times have you coughed blood?

Answer: Only once or twice.

What happens: **got him to admit the truth.**

Classroom role plays can help students practice asking appropriate questions in a way that does not offend.

VIII EXAMINATIONS AND EVALUATION AS A LEARNING PROCESS

TESTS AND EXAMS

In 'education for change', tests and exams serve a different purpose: to find out how effectively the instructors are teaching. Pre tests/post tests helps give instructors feed back re: teaching skills and retention. The exams let everyone know what subjects have been covered well and which need more review, or a different approach.

In education for change, tests are a way of finding out how well Both teachers and students are doing. They help teacher and student feel more equal.

EVALUATION As part of the nursing process – evaluation is critical as part of the patient or nursing education.

Many people think of evaluation as a complicated study conducted during a limited time. But the most important evaluation is simple, friendly, and continuous. We can consider 4 types of evaluation of which are parts of an ongoing process.

- **CONTINUAL EVALUATION** takes place throughout a project or activity. Throughout a training course, instructors and students can ask themselves or each other: "How effective is this class?"
- **PERIODIC EVALUATION** takes place at certain times during a project or activity (once a week, once a month, once a year). Instructors,

- students and concerned members of the community can get together every so often to look at the overall progress of the course.
- **FINAL EVALUATION** takes place at the end of a project or activity, before the next one begins. At the end of a course, everyone involved can join together to evaluate the course as a whole.
 - **FOLLOW-UP EVALUATION** is based on the results of effect of an activity after it has been completed. The true effectiveness of a training course is determined by how successful the health workers are at helping people meet their needs in the community.

EVALUATION DURING TRAINING

Another kind of evaluation is one that goes both ways. Instructors and students all take part in evaluating each other and the program.

ADVANTAGES TO INVOLVING STUDENTS IN THE EVALUATION PROCESS:

- Evaluation by students helps instructors learn how effective and appropriate their teaching is.
- Two-way evaluation helps instructors relate to student health workers as equals.
- Two-way evaluation helps everyone to question the accepted social norms.
- Taking part in evaluation during the course gives student health workers the practice and skill they need for evaluating their work in their communities.

INSTRUCTORS' SELF-EVALUATION AND GROUP EVALUATION

Self-evaluation of classes. This is easier if you make a fairly complete class plan in advance, listing points to emphasize and the teaching methods you intend to use.

It helps to make a **checklist** to be sure your evaluation covers each important aspect of teaching such as:

- Coverage of what was planned: Go back to original objectives
- Participation by all students
- Use of teaching aids and appropriate methods

- Relating material covered to students' experiences
- Fairness and friendliness
- Communicating clearly and simply
- Review of important points
- Final evaluation to find out what students learned and how they feel about the class.

To make the evaluations more useful for you or anyone who may teach a similar class, **write down your suggestions for improving the class.** File them with the class plan. This takes extra time, but it helps the class to become better each time it is taught.

The silent observer. A 'training adviser' or another instructor sits at the back of class, observes, and takes notes.

Daily evaluation sessions to discuss classes. These are especially helpful when the teaching team is not very experienced.

CHECKLISTS FOR EVALUATING TEACHING – Critical to always get feedback regarding teaching.

Does the teacher:

- Show enthusiasm?
- Relate the subject to everyday life and the students' experience?
- Encourage participation by asking questions and presenting problems?
- Use imaginative teaching aids?
- Speak and write clearly?
- Use the vocabulary of the local people and avoid big words?
- Match the teaching methods to the learning traditions of the local people?
- Give examples or tell stories to illustrate ideas and new ways?
- Encourage active learning?
- Treat the students as friends and as equals?
- Make sure the shyer students are given a chance to speak?
- Make himself or herself available to students for discussion after class?
- Provide enough time for study and review?
- Avoid embarrassing the students?
- Encourage quicker students to help those who have more difficulty?
- Prepare teaching plans and materials in advance?

- Know the subject adequately?
- Encourage and respond positively to ideas and criticism from students?
- Show honesty and openness?
- Openly admit mistakes or lack of knowledge?
- Respond to student errors with positive criticism and patience?
- Provide plenty of opportunities for practical experience?
- Emphasize how what they learn can be used in the students' future work?
- Cover the material that was planned?
- Emphasize and repeat the most important points?
- Leave out what is not important or too detailed?
- Evaluate whether students will be able to use their learning in real-life situations?
- Show loyalty to students?
- Show loyalty to respect for those whose needs are greatest?

IX MAKING AND USING TEACHING AIDS

We all learn best when we take an active part in finding out things that are new to us!

- A class in which we **take part in discussions** is more interesting than a class in which we just listen to a lecture.
- A class in which we can **see for ourselves** what things look like and how they work, is more interesting than a class in which we only talk about things.
- A class in which we not only talk and see but actually **do and make and discover things** for ourselves is exciting!

GUIDELINES FOR APPROPRIATE TEACHING AIDS

Whenever possible:

- **Make your own teaching aids**, using low-cost local materials.
- When making teaching aids, **use and build on skills students already have**.
- Try not to make the aids **for** the students, but rather **involve students**.
- Look for ways to **use real objects** instead of just drawing things.

- **Make teaching aids as natural and lifelike as you can**, especially when detail is important.
- Make them as fascinating or fun as possible, especially teaching aids for children.
- Use teaching aids that do not simply show or explain something, but that **help the students to think things through** and discover solutions for themselves.
- Use your imagination, and encourage students to use theirs. Turn the making and inventing of teaching aids into a challenge and an adventure.
- **Keep teaching aids relatively simple**, so that when health workers return to their communities, they can make their own and teach others.

APPROPRIATE TEACHING AIDS ENCOURAGE....

OBSERVATION and THOUGHT that lead to **DISCOVERY and ACTION**

STORY TELLING AS A TOOL FOR TEACHING

Important points brought out in a story:

- **Know local customs.** Before teaching about health, it helps to be familiar with local customs and beliefs. Make sure that your teaching does not conflict with them.
- **Build on traditions.** Teaching is more effective if you respect people's traditions and use them as a basis for introducing new ideas.
- **Avoid imposing outside ideas.** The use of teaching aids and a 'dialogue' approach is not enough to gain open participation in group discussions.
- **Admit your mistakes**
- **Old people are a valuable resource.**
- **Set a good example.**
- **A wise adviser stays in the background.**
- **Use comparisons.**
- **Encourage a questioning attitude.**
- **Stories can be tools for teaching.**
- **Stories are constructed to include the traditional knowledge or belief and to move, through the means of the story, to an action which will help solve problems.**

- **Teaching through stories avoids confronting the patient directly with his inadequate knowledge, and allows him/her to identify with the story character who finds the solution to the same problem.**

ROLE PLAYING

Role playing provides a lively, realistic way of practicing skills that involve working with people. **It is especially useful for training persons who are more used to learning from life than from books.**

By “role playing” we mean that members of a learning group act out real-life situations. **Students act out problem-solving situations similar to those they will encounter as health workers in their own village.**

For role playing, no written script is needed. There is no memorization of parts. Each participant pretends he or she is someone else, and tries to act and speak the way that person would (or should).

Role playing in the classroom is one of the best ways to bring learning close to real life - and to make it fun.

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Faculty:

Barbara Fisher, RN, MS
Vice President, Patient Care Services
Boulder Community Hospital
Project Coordinator Boulder-Dushanbe for AIHA Partnership

Laure Lisk, RN, MS.
Director, Women and Family Services
Boulder Community Hospital

E. PRE TEST EVALUATION

Patient Education

Identify three (3) approaches to patient education

1. _____
2. _____
3. _____

List two (2) aspects of good group dynamics

1. _____
2. _____

List two (2) aspects of bad group dynamics

1. _____
2. _____

F. POST TEST EVALUATION

Patient Education

Identify three (3) approaches to patient education

1. _____
2. _____
3. _____

List two (2) aspects of good group dynamics

1. _____
2. _____

List two (2) aspects of bad group dynamics

1. _____
2. _____

G. INSTRUCTOR EVALUATION

Instructor Evaluation: Using a scale of One (lowest) to Five (highest), please rate the following:

The Instructor met the stated objectives. 1 2 3 4 5

The content was informative. 1 2 3 4 5

The information was presented in an
interesting and logical format. 1 2 3 4 5

The most useful information in this lecture was
