

HEALTH EDUCATION

PPT BASED | PRELIMS.

Health

Health

- The root essence of health is holistic balance or wholeness.
- According to the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (1948)

Dimensions of Health

- **The Broader Dimension**
 - Environmental
 - Societal
- **The Individual Dimension**
 - Physical
 - Mental
 - Social
 - Emotional
 - Spiritual
 - Sexual

Education

- The process of education or being educated to gain or learn knowledge, skills, and insights to their varied application.

General Objectives of Education in Nursing

- **Application**
 - To promote and maintain health of clients.
- **Development**
 - To meet the learning needs of the clients.

Health Education

- Act of providing information and learning experiences for behavior change and improved for health of the client.
- Teaching people about health that comprises a combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.
- To promote healthy lifestyle, community actions, and conditions.

Principles of Health Education

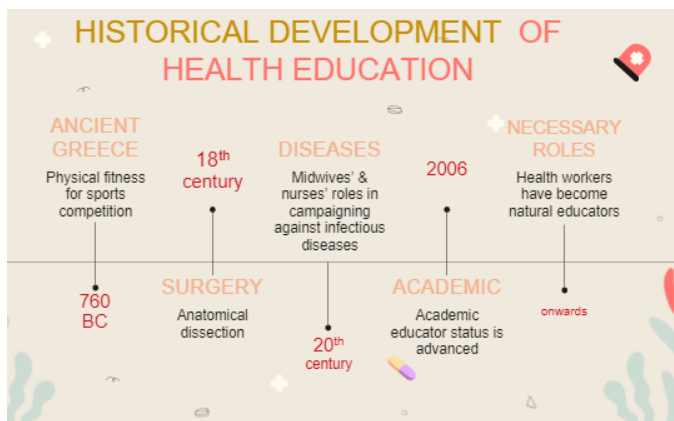
- **Good health Practices**
 - Food and water intake, exercise, doctor's regular check-up
- **Proper use of medication and rehab regimen**
 - Teaching and guiding of proper medicine administration or health regimen.
- **Recognition of early symptoms of disease**
 - Help facilitate check-ups for early detection of diseases.
- **Community support for PHC and Gov't control measures**
 - Wide range of coordinated services including prevention, health promotion, and treatment.

How to do Health Education

- **Demonstrations**
 - Show how a procedure is done with proper materials.
- **Word of mouth**
 - Spreads accurate medical information through truth-telling.
- **Use of visual aids**
 - Maximizes availability of visuals to promote health such as images.
- **Use of Films**
 - Utilizes films as an easy and available means to inform without being too formal.

Where to conduct Health Education

- Patients room, OPD of Hospitals & Clinics, Health Centers, Community Brgy. Hall, Homes, Public Plaza, or Places.



Role of today's Nurses and Midwives educators

- Trainers
- Clinical Instructors in the clinical setting

Common Health issues and aspects of Health and disease

Biological Aspect

- **Bottled water container.**
 - Has ethylene that may cause cancer.
- **Vetsin**
 - May cause Alzheimer.
- **Frozen foods**
 - May cause cardiac ailments.
- **Computer**
 - Affects vision.
- **Modern appliances and devices**
 - Radiation

Psychological Aspect

- **Exposure to drugs and alcohol**
 - Strongly connected to mental illness
- **Psychological abuses**
 - Trauma that causes psychological imbalances

Sociological Aspect

- **Society's Role**
 - Strongly connected to environmental problems.
- **Early marriages and pregnancy**
 - Physical and psychological unpreparedness

Issues and trends in Health education

- Increased older population.
- More chronic but preventable illnesses.
- Growing number of older adults with cognitive disease
- Higher incidence of drug resistance infections
- Greater succession in or organ transplantation.
- Continued rising cost of health care.

- Fewer insured and more underinsured citizens.
- More outpatients care.
- Shift to more home care.
- Use or less invasive forms of treatment.
- Greater interest in herbal supplements.
- Computerized medical records system.

Contemporary health, promotion of optimal health, and disease prevention

Strategies

- Promote healthy behaviors.
- Increase physical activity, fitness, and improve nutrition.
- Reduce tobacco, alcohol, and drug use.
- Reduce unintentional injuries.
- Reduce STI or HIV.
- Reduce violent and abusive behavior.
- Enhance educational and community-based programs.
- Improve environmental health.
- Ensure food and drug safety.
- Improve maternal and infant health.
- Reduce diabetes, heart disease, and stroke.
- Prevent and control cancer.
- Increase immunizations and prevent infectious diseases.

Enabling Goals

- Promote healthy behaviors.
- Protect health.
- Access to quality health care.
- Strengthen community prevention.

Education Process

Education Process

- a systematic, sequential, logical, scientifically based, planned course of action consisting of teaching and learning (Bastable, 2007)
- A teaching-learning process occurs before the lesson begins and continues after the last lesson ends.

Process Includes:

- **Assessment**
 - Information where the learning is at
- **Planning**
 - Organization of content, methods, setting, and timeline.
- **Implementation**
 - Techniques and procedures to connect the theoretical to practical.
- **Evaluation**

- Measurement of the teaching-learning performance.

Concepts of Teaching

Teaching

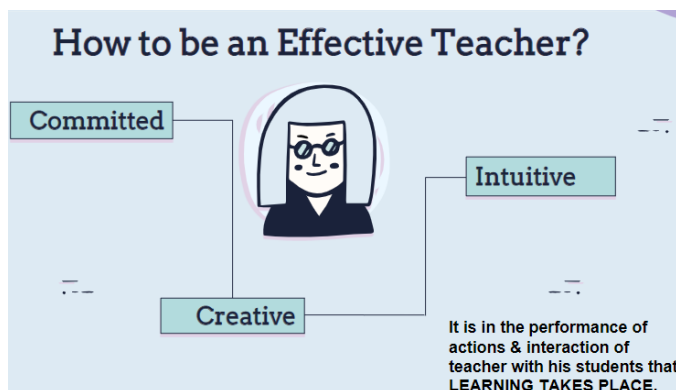
- An attempt to assist students in acquiring or changing skill, knowledge, ideal attitude, and appreciation.
- **A deliberate intervention involving the planning and implementation of instructional activities and experiences to meet the intended learner outcome based on the teaching plan.**

Learning

- Acquisition of knowledge or skills through experience, study or by being taught.

3 pillars of teaching

- **Teacher**
- **Learner**
- **Subject Matter**



Barriers to Education

Education

- demands a healthy environment conducive to effective assimilation of knowledge and skills learned.

Barriers to education

- May exist to prevent or reduce students' ability to avail of their right to quality education.
- Can take many forms. They can be physical, technological, systematic, financial, or attitudinal, among others.

Barriers according to Breckon (1994)

pg. 3 Laren Llanes

- **Student factors**
 - Includes physical, social, personal beliefs, and values.
- **Institutional factors**
 - Includes physical facilities, philosophy, and support.
- **Teacher factors**
 - Includes qualifications, preparations, values, and certifications.

Student Factors

- | | | |
|---|--|---|
| <p>01 Physical Disability</p> <p>Students with physical disabilities encounter physical barriers to educational services like ramps, heavy doors, poor lighting, and even poor toilets.</p> | <p>03 Poverty</p> <p>Students lack the resources to sustain the educational cost of paying school fees and doing projects on top of daily allowances for food and transportation.</p> | <p>05 Capabilities, Beliefs & Values</p> <p>Genetics and culture affect to an extent curricular comprehension and retention. Fixed mindsets affect negatively while growth mindsets affect positively.</p> |
| <p>02 Negative Attitudes & Stereotypes</p> <p>Negative attitudes among students and teachers to students present a huge challenge to learning. Stereotyping and labeling compound the issue.</p> | <p>04 Relevance of School</p> <p>If facts and skills are not seen to connect to real life, the learning of students is hindered.</p> | |

Institutional Factors

- | | | |
|---|--|---|
| <p>01 Inadequate Facilities</p> <p>Insufficient rooms, laboratories, and facilities to cater students for rich learning experiences.</p> | <p>03 Legal Framework</p> <p>Free education, prohibition of pregnant students and early marriages, and unregistered births are bound by legalities in the school and the society.</p> | <p>05 Accountability Movement</p> <p>This is the general term for groups outside the school that pressure the schools to make decisions according to the movement's expectations (i.e., strong sports program)</p> |
| <p>02 Philosophy of the School</p> <p>Schools have their own values, beliefs and practices. Schools may not adhere to the standards of education or accreditation.</p> | <p>04 Issues of Safety</p> <p>Schools that are too remote, rampant cases of violence and bullying, inadequate hygiene and sanitation facilities, and lack of support group pose problems in the safety of the students.</p> | |

Teacher Factors

- | | | |
|--|--|--|
| <p>01 Qualifications & Values</p> <p>Education is linked to the ability, personality, traits, and values including the teachers' outlook in life and in teaching.</p> | <p>02 Professional Preparation</p> <p>Alignment of health teacher to professional health teaching. "Anyone can teach health" is a misconception. Certifications from trainings will greatly help in the preparations.</p> | <p>03 Collaboration with Other Disciplines</p> <p>The teacher sees education holistically thus using wisdom and expertise of experts in some specific fields to enrich learning. Students see the course not detached from other disciplines.</p> |
|--|--|--|



Theories in Health Education

Health Promotion Theory (Nola J. Pender)

I committed myself to the proactive stance of health promotion and disease prevention with the conviction that it is much better to experience exuberant well-being and prevent disease than let disease happen when it is avoidable and then try and cope with it.

Health promotion and disease prevention should be the primary focus in health care.

When health promotion and prevention fail to prevent problems, then care in illness becomes the next priority.

Health Promotion

- is defined as a behavior motivated by the desire to increase well-being and actualize human health potential. It is an approach to health.

Health Protection or Illness prevention

- is described as behavior motivated desire to actively avoid illness. detect it early or maintain functioning within the constraints of illness.

Nursing Practice

- We are moving toward an era of science-based practice in nursing that incorporates the latest findings from the behavioral and biological sciences into practice to assist people of varying cultural backgrounds to adopt healthy lifestyles - Pender.
- "Prevention is better than cure."

Community health care setting

- is the best avenue in promoting health and preventing illnesses.
- Using Pender's Health Promotion Model, community program can focus on activities that improve the well- being of the people.

The precede – proceed model.

- It is a cost-benefit evaluation framework that can help health program planners, policy makers and other evaluators analyze situations and design health programs efficiently.
- Active participation of the community that will take a huge part in defining their own problems, establishing their goals, and developing their solutions.

Educational Diagnosis (PRECEDE)

P- Predisposing

R- Reinforcing

E- Enabling

C- Constructs in

E- Educational

D- Diagnosis and

E- Evaluation

Educational Diagnosis (PROCEED)

P- Policy

R- Regulatory and

O- Organizational

C- Constructs in

E- Education and

E- Environmental

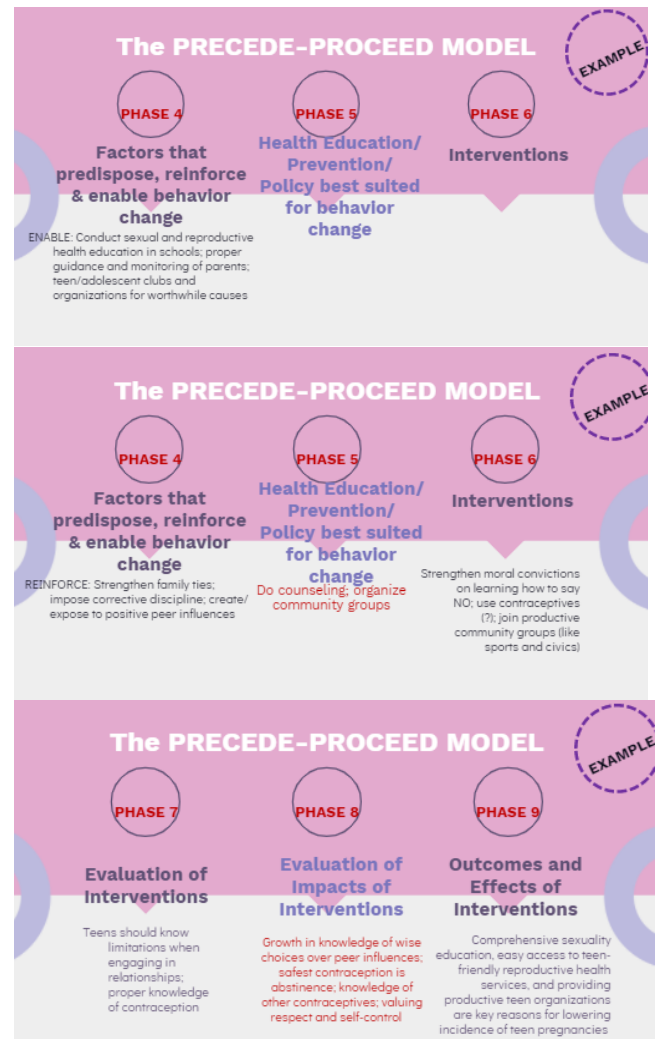
D- Developmental

The PRECEDE-PROCEED Model

- **Phase 1 (Social Problems)**
 - Define. Identify causes. Identify signs and symptoms.
- **Phase 2 (Health Determinants)**
 - Identify the health determinants of the given problems and needs.
- **Phase 3 (Environmental & Behavioral Determinants)**
 - Analyze the behavioral and environmental determinants of the health problems.
- **Phase 4 (Factors that predispose, reinforce, and enable behavior change)**
 - **PREDISPOSE:** Any characteristic of a person or population that motivates behavior prior to occurrence of that behavior. Includes individual knowledge, belief, values, and attitudes.
 - **ENABLE:** Those characteristics of the environment that facilitate action and any skill or resource required to attain specific behavior.

They include programs, services availability & accessibility of resources or new skills required to enable behavior change.

- **REINFORCE:** Rewards or punishment following or anticipated as consequence of behavior. These serve to strengthen the motivation for behavior change. They include social or peer support etc.
- **Phase 5 (Health Education or Prevention or Policy best suited for behavior change)**
 - Ascertains which health promotion, education or policy-related intervention would best be suited to encourage behavioral or environmental changes and factors that support those changes.
- **Phase 6 (Interventions)**
 - Evidence-based interventions identified in Phase 5 are implemented.
- **Phase 7 (Evaluations of Interventions)**
 - Process of evaluating interventions done.
- **Phase 8 (Evaluations of Impacts and Interventions)**
 - Involves evaluating the impacts of the interventions done on the factors supporting the behavior and on the behavior itself.
- **Phase 9 (Outcomes and effects of interventions)**
 - Determines the ultimate effect of the interventions on the health and quality of life of the population.



Health Belief Model

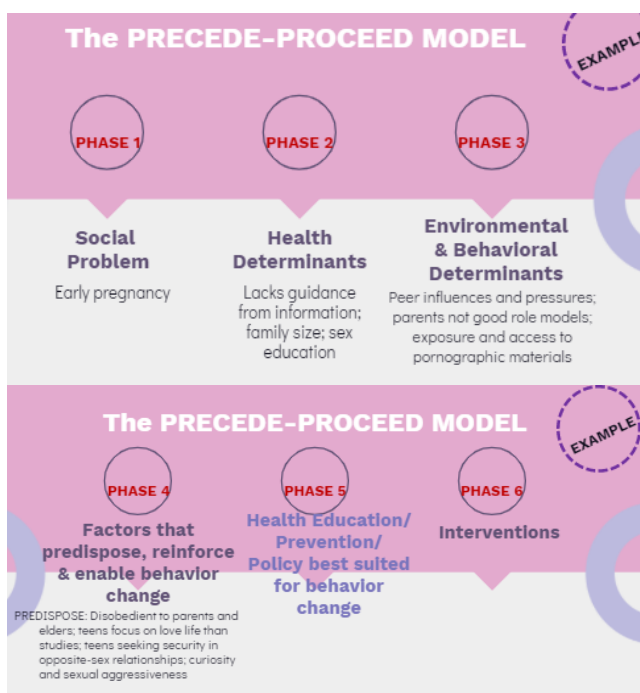
Developed 1950 by Hochbaum, Rosenstock, & Kegels working in US as Public Health Services.

Is a psychological model that attempts to explain and predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals.

Developed in response to failure of free TB health screening program.

The Major Concepts of the Health Belief Model

- Perceived Susceptibility
 - the subjective perception of risk in developing health condition.
- Perceived severity
 - FEELINGS about the seriousness of the consequences of developing a specific health problem.
- Perceived benefits
 - refers to the patient's belief that a given treatment will cure the illness or help to prevent it.
- Perceived Barriers



- Potential negative aspects of specific actions taking.
- Cues to Actions
 - Strategies to activate "readiness" for prompting engagement in health-promoting behaviors.
- Self-efficacy
 - Confidence in one's ability to act.

Example of HBM ☺ :

Concept	Condom Use Education Example
1. Perceived Susceptibility	- Youth believe they can get STIs or HIV or create a pregnancy.
2. Perceived Severity	- Youth believe that the consequences of getting STIs or HIV or creating a pregnancy are significant enough to try to avoid.
3. Perceived Benefits	- Youth believe that the recommended action of using condoms would protect them from getting STIs or HIV or creating a pregnancy.
4. Perceived Barriers	- Youth identify their personal barriers to using condoms (i.e., condoms limit the feeling or they are too embarrassed to talk to their partner about it) and explore ways to eliminate or reduce these barriers (i.e., teach them to put lubricant inside the condom to increase sensation)

Self-Efficacy Theory

Albert Bandura

- A psychologist Known for his Self-Efficacy Theory Observational learning, modeling, and imitation.

Resources of self-efficacy:

- **Infancy**
 - actions can influence their physical & social environment.
 - By observing others around them. infants have models of what effects can be produced by sets of actions.
- **Family Relations**
 - parents can create the development of their infant's self-efficacy by being:
 - a. Responsive to communicative behavior
 - b. Providing an enriched physical environment
 - c. Freedom for exploration
 - d. Varied mastery experiences.

= above strategies can result in greater **SOCIAL, LINGUISTIC, COGNITIVE Growth.**

- **Peer Relations**
 - self-efficacy in developing relationships with peers.

Outcomes range from COERCIVE-AGGRESSIVE displays (friendliness, rejection from pro-social peers, academic failures, poor parental monitoring = association with a delinquent peer group).

- **School**
 - acquire the knowledge & problem-solving skills essential for participating effectively in society and for continued self-development.

Those who have a sense of efficacy in mastering academic tasks tend to learn better in formal school environment as well as in informal environments outside the school.

- **Adolescence**
 - the success with which the risks & challenges of adolescence are managed, depends on the strength of personal efficacy built through prior mastery experiences.

Risks:

- a. Sexual behaviors
- b. Drug Abuse

- **Adulthood**
 - contains roles concerned with partnerships, marriage, management of finances.

Efficacy is important for parenting:

1. Promote children's competencies.
2. Exercise control against children's high-risk behavior
3. Model involvement in the community.

- **Advancing Age**
 - key threats to self-efficacy are loss of memory and losing healthy physical functioning.

Concepts of Learning

Learning

- Acquisition of knowledge, skills and attitude that changes a person's behavior.
- Process by which experience or practice results in a relatively permanent change of behavior.

1. SIMPLE RESPONSES

- behavior which occurs in the presence of a new stimulus

2. MUSCULAR HABITS

- we develop highly coordinated skills and sequences of behavior when such learning involves mainly the use of muscles.
- also known as MOTOR LEARNING

3. PERCEPTUAL RESPONSES

- Symbolic interpretation involving past experiences.
- Interpretation in terms of what is already stored in the brain.

4. ATTITUDES

- We learn to respond readily to selected aspects of the environment.
- We learn such as being loving cooperative, honest, caring, trustworthy.

5. EMOTIONAL RESPONSES

- We learn to fear high places or enclosed places, blush on certain situations, smile happily to friends.

6. PROBLEM SOLVING

- Learn to think and solve the puzzles the world presents.

7. LANGUAGE

- We learn words and combination of words, mathematical and other symbols.

8. PERSONALITY

- combination of emotional, attitudinal, and behavioral response patterns of an individual.
- Extrovert or sociability
- MOTIVES

9. MOTIVES

- what prompts the person to act in a certain way or at least develop an inclination for specific behavior.

Principles of Learning

1. Use of several senses

10% - retention in reading

20% - hearing

30% - seeing or watching.

50% - see & hear.

70% - say.

90% - say & do.

2. Actively involve learner in learning process

3. Provide Environment conducive to learning

4. Assess extent to learner is ready to learn

5. Determine the perceived relevance of the information

6. Repeat information

7. Generalize information

8. Make learning a pleasant experience

9. Begin what is Known & move toward what is unknown

10. Present information at appropriate rate

HEALTH EDUCATION MIDTERM NOTES

PPT BASED | By: Laren Llanes

Characteristics of the learner

1. CULTURE

- Learned **set of shared norms & practices** – **direct thinking, decisions, and actions.**
- Affects health behaviors, & educational approach we use.
- learned & transmitted from one generation to another.
- Created through interactions with specific individuals.

- Patterned from repetition of specific behavior.
- Evaluative, values are reflected in individual behaviors.

2. AGE / AGED

- Need **more time to learn, more sessions.**
- Enjoy learning in a group to address issues: isolation, fear, anxiety.
- **Hearing deficits** – face client, speak clearly – slowly- loudly, avoid shouting.
- **Visual-** Use large print materials & letters.

3. EMOTIONAL STATUS - hampers ability to learn & affects effectiveness of Teaching: depression, stress, denial, fear, anxiety.

Ex: roommates disagreement relationship issues separation anxiety fear of failures

4. SOCIO ECONOMIC LEVEL – income, educational level, occupation, or employment.

- No resources needed to comply medical regimen.
- Factors beyond client's control: income- transportation & local availability.

5. LITERACY – ability to read and understand what is being read.

- Use materials that are consistent with client's reading ability.
- Materials too high a level – useless as they will not be understood, too low a level/ too simplistic are of some value.
- Illiterate- written communication obviously can't be used.
- Illiteracy has effect on compliance, learning, & health.

Assessment of the learner / determinants of learning

1. Learning Needs – what learner needs to learn.

2. Learning Readiness – learner receptive to learning.

3. Learning Style - how learner best learns.

Methods of Assessing Learning Needs

1. Informal Conversation or interviews between nurse & patient
2. Structured Interviews
3. Written Pretest & Post Test

4. Observation of Health Behaviors over a period of different times

Steps in Assessing Learning Needs

1. Identify the learner
2. Choose the right setting
3. Collect data on the learner
4. Include the learner as a source of information
5. Include members of the Health Care Team
6. Determine Availability of Educational Resources
7. Assess demands of the Organization
8. Consider time management issues
9. Prioritize Needs

Criteria for Prioritizing Learning Needs

1. **Mandatory Learning Needs** – immediately-life threatening.
2. **Desirable Learning Needs** – to promote well-being.
3. **Possible “Nice to Know” Learning Needs** - not directly related to daily activities.

Readiness to Learn: Teachable Moment

1. Physical Readiness:

- ability- adequate strength, flexibility & endurance.
- task to be mastered
- free from noise & distractions
- health status (good health or ill)
- gender – male (less inclined to seek consultation), female (more receptive to medical care/ health teaching)

2. Emotional Readiness:

- a. Anxiety level – some anxiety contributes to learning, too much interferes with learning ability.
- b. Support system –if weak or absent - sense of insecurity, despair, frustration, & high level of anxiety.
- c. Motivation – cue is when learner starts asking questions & shows interest in what the teacher is doing or saying.
- d. Risk-Taking Behavior – activities undertaken without much thought to what their negative effects might be.

e. Frame of Mind – depends on learners' priorities of his needs determine his readiness to learn. (Maslow's Hierarchy of needs)

f. Developmental stage –peak time for readiness to learn "TEACHABLE MOMENT"

3. Experiential Readiness:

- Previous learning experiences affect willingness to learn:

- pleasant
- unsatisfying
- humiliating
- frustrating

Orientation – clients' point of view

(PAROCHIAL orientation)

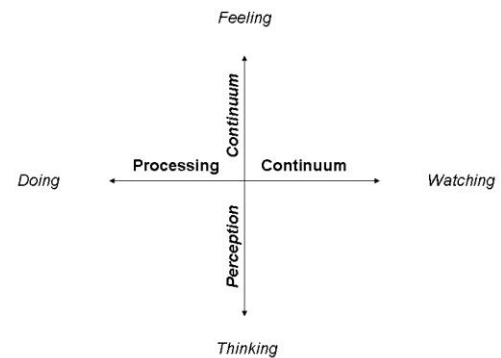
- Close minded thinking, conservative, less willing to learn new materials.

(COSMOPOLITAN orientation)

- More receptive to new or innovative ideas like the current trends in health education.

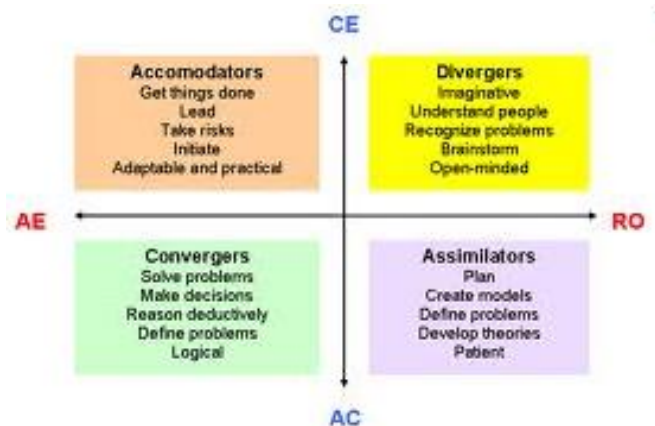
4. Knowledge Readiness

- a. present knowledge base "stock knowledge " how much one already knows about the subject matter.
- b. Cognitive ability – learners' capability of learning, includes memorizing, recalling, recognizing concepts / ideas.



Learning Style Inventory

- Best known & widely used questionnaire based on KLS.
- Computerized assessment allows students to discover their learning style & provide information on how teachers can use this information to best serve students as well as strategies for accommodating different learning style.



Learning Styles

David Kolb

- American educational theorist whose interests and publications focus on experiential learning, it involves the individual and the environment.
- According to Kolb "Learning is the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it." – (1984)

Kolb's 2 Learning Model Continuums:

1. Diverger, diverging (Feelings and Watching)

- Able to look at things from different perspectives.
- Sensitive
- Prefer to watch rather than do, in gathering information and emphasizes innovative and imaginative approach of doing things to solve problems.
- They perform better in situations that require ideas-generation, for example, brainstorming and cooperative group activities.
- They tend to excel in the Arts, Journalism and Language.

2. Assimilators/Assimilating (Watching and Thinking)

- learning preference involves a concise, logical approach.
- Ideas and concepts are more important than people.
- These learners require good clear explanation rather than practical opportunity.
- They excel at understanding wide-ranging information and organizing it in a clear logical format.
- People with this style are more attracted to logically sound theories than approaches based on practical value.
- In formal learning situations, people with this style prefer readings, lectures, exploring analytical models, and having time to think things through.
- They excel in Science, Physics, Math and designing projects & experiments.

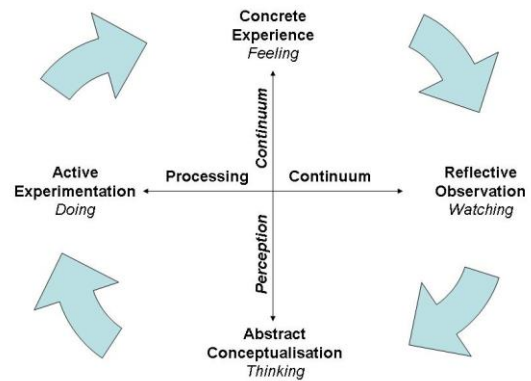
3. Converger/Converging (Doing and Thinking)

- Concerned with problem solving and uses this learning style in finding solutions to practical issues.
- Prefer technical tasks and are less concerned with people and interpersonal aspects.
- Can solve problems and make decisions by finding solutions to questions and problems.
- More likely excels in Technical, Business and Engineering concerns.

4. Accommodators/ Accommodating (Doing and Feeling)

- learning style is 'hands-on' and relies on intuition rather than logic.
- These people use other people's analysis, and prefer to take a practical, experiential approach.
- They are attracted to new challenges and experiences, and to carrying out plans.
- They commonly act on 'gut' instinct rather than logical analysis.
- They tend to rely on others for information than carry out their own analysis.
- This learning style is prevalent and useful in roles requiring action and initiative.

Kolb's stages of Experiential Learning Cycle



1. Concrete Experience (Feeling)

- Learning from specific experiences and relating to people.
- Sensitive to other's feeling

2. Reflective Observation (Watching)

- Observing before making a judgment by viewing the environment from different perspectives.
- Looks for the meaning of things.

3. Abstract Conceptualization (Thinking)

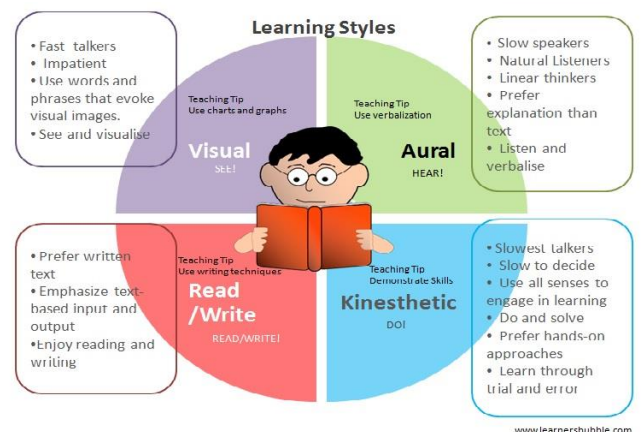
- Logical analysis of ideas and acting on intellectual understanding of situation.

4. Active Experimentation (Doing)

- Ability to get things done by influencing people and events through action. Includes risk taking.

Neil Fleming

- approach learning with a dominant sensory mode, namely visual, auditory, reading/
- writing or kinesthetic.



Learning and Readability

What is Literacy?

- In the modern sense, includes reading level, basic computation and problem solving and ability to recognize the need for information and locate needed information.
- Using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential.

Prose Literacy – understanding information coming from texts such as books and newspapers.

Document Literacy – the skills needed to understand and use information in maps, schedules, etc.

Quantitative Literacy – the ability to understand numbers in printed materials or having the skills to do arithmetic.

Literacy Levels

Level 1- (below basic)

- Ranges from non-literate in English to the ability to find simple information in prose text.
- Can perform simple math such as addition.

Level 2- (basic)

- understands information in short prose texts with everyday language.
- Can use nos. to solve simple one-step arithmetic problems such as comparing two prices.

Level 3 – (Intermediate)

- Understands information in a fairly dense prose and documents and can make simple inferences from them.
- Can solve quantitative problems and even when the necessary steps are not obvious.

Level 4 – (Proficient)

- Understands complex prose and analyzes complex documents.
- Can solve multi step arithmetic problems.

Reading Levels

- **Level 1 - Beginning Reading**

- **Level 2 - Reading with Help**
- **Level 3 - Read Alone**
- **Level 4 - Advanced Reading**

Assessing Literacy

- People with low literacy often give us clues that can lead us to realization that they may have a reading or comprehension problem. Such clues include the following:
 1. not even attempting to read printed materials.
 2. Asking to take PEMs home to discuss with a significant other.
 3. Claiming that eyeglasses were left at home.
 4. Stating that they cannot read something because they are too tired, or they do not feel well.
 5. Avoiding discussion of written material or not asking questions about it
 6. Mouthing words as they try to read.

How do you say that your client MAY have a problem in terms of literacy?

- The patient does not read the PEM you gave them a few days ago.
- "I want to discuss it first with my hubby, preferably at home, and not with you."
- "I forgot my glasses, so I won't be able to read it."

How do you say that your client MAY have a problem in terms of literacy?

- "I am too tired to read that stuff."
- Q: Do you understand? A: No comment.

Important:

- Be sure to assess your client's ability to comprehend written materials and avoid making assumptions about your clients' literacy level.
- Check for comprehension of the written material, OR
- Assess literacy by using standardized tests available (WRAT and REALM)

Sensory Impairments

Bear this in mind

- Not all clients have low literacy grades.

- Some of our clients may have so-called sensory impairments that may hinder their learning capacity.
- May be a result of illness, injury, or the aging process.
- Effective nurses modify their teaching approaches to accommodate such impairments.

Guidelines for Teaching Clients with Sensory Impairments

For Memory Impaired Clients:

- Use repetition.
- Use a variety of cues (verbal, written, pictures, and symbols).

For Visually Impaired Clients:

- Provide large-print materials.
- Provide prescription eyeglasses and magnifying glasses.
- Provide adequate lighting while reducing glare.

For Hearing Impaired Clients:

- Face the client directly when speaking.
- Use short sentences and words that are easily understood.
- Use signals to reinforce verbal information – point, gesture, demonstrate.
- Eliminate distracting noises or activities from the environment as much as possible.

What is PEM?

- A Brochure, a pamphlet, or an instruction sheet intended for people with low literacy skills.

How to develop PEM

- Consider the following in developing PEM.

Organizational Factors

1. Short but descriptive Title
2. Brief headings and subheadings
3. Incorporate only one idea per paragraph, 1st sentence is the topic sentence.
4. Divide complex instructions into small steps.
5. Consider using Q-A format.

6. Address no more than 3 or more main points.

7. Summary at the end

Linguistic Factors

1. Keep reading level at grade 5 or 6 to make material understandable.
2. Use 1 or 2 syllable words and short sentences.
3. Use personal and conversational style.
4. Define technical terms if being used.
5. Use words consistently throughout the text.
6. Avoid use of idioms. Might mean different with different people.
7. Use active rather than passive “take 1 pill q AM.”
8. Incorporate examples and simple analogies.

Appearance Factors

1. Avoid cluttered appearance.
2. Include simple diagrams or graphics that are well labelled.
3. Use uppercase and lowercase.
4. Use 12-to-14-point type in plain font.
5. Place emphasized words in bold or underline.
6. Use lists when appropriate.
7. Try to limit line length.

HEALTH EDUCATION ENDTERM NOTES

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Traditional Learning Strategies

Lecturing

- Socrates & Plato's time
- Means of conveying facts, information, and ideas that could not readily be obtained elsewhere.
- Essential means of teaching - Since books charts and tapes are unavailable.

Purpose of Lecturing

- Introducing learners to new topics
- Stimulate students' interest in subject.
- Integrate and synthesize a large body of knowledge from several fields of sources.
- Difficult concepts can be clarified.
- Valuable when there are recent knowledge advances and up-to-date textbooks are not available.

Advantages

1. Economical
2. Lecturer can supplement a textbook by enhancing a topic and making it come to life.
3. During lecture, teachers serve as role model for students.
4. Helps students develop listening abilities.

Disadvantages

1. Places learners in the passive role of a sponge, just there to soak up knowledge.
2. Few teachers are good lecturers.
3. By nature, it lends itself to the teaching of facts while placing little emphasis on problem solving, decision making, analytical thinking or transfer of learning.
4. Limited attention span of the learner

Delivery of Lecture

1. Controlling of Anxiety
2. Spontaneity
3. Voice Quality
4. Body Language
5. Speed of Delivery
6. Getting off on the Right Foot
7. Clarifying During the lecture
8. Facilitating retrieval from memory

Discussion

- **Can be Informal or Formal.**
 - o **formal** since topic is announced in advance for students to prepare and take part in the discussion.
 - o **informal** discussion may take place spontaneously during the class esp. every end of lecture.

Advantages

1. Give learners an opportunity to apply principles, concepts, and theories and transfer learning to new different situations.
2. Clarification of information and concepts.

3. Students can learn the process of group problem solving.
4. Can help participants develop and evaluate own beliefs and positions.
5. Attitudes are seen and can be changed through discussion.
6. Most students like this method of learning.

Disadvantages

1. Takes a lot of time.
2. Effective only with small group
3. One person may monopolize the discussion.
4. Can be valuable if participants are prepared and has necessary background information.

Techniques

1. Make expectations clear.
2. Set ground rules.
3. Arrange physical space.
4. Plan a discussion starter.
5. Facilitate, do not discuss.
6. Encourage quiet group members.
7. Do not allow monopolies.
8. Direct discussion among group members
9. Keep discussion on track.
10. Clarify when needed esp. confusion arises.
11. Tolerate some silence.
12. Summarize

Questioning

- A situation where the teacher is probing or inquiring from the student as feedback mechanism.
- Integral part of teaching that a teacher should take and do.

Functions of Questioning

1. Places learners in an active role
2. Learners start to mentally formulate answers in case they may be called in the class.
3. Can be used to assess a baseline of knowledge.
4. Can be used to review content.
5. Increases motivation to learn.

6. Guide learners' thought processes in a certain direction.

Levels of Questions

- **LOTS (recall)**
- **HOTS (critical Thinking/ Blooms Taxonomy)**

Types of Questions

1. Factual
2. Probing
3. Multiple Choice
4. Open Ended
5. Discussion-Stimulating
6. Guide Problem Solving

Use of Audiovisual Aids

- A Traditional method that can reinforce teaching and learning.
- It is used to supplement to a lecture, as prelude to discussion, or a part of questioning strategy.

Types of Audiovisual Aids

- Handouts or Printed materials
- Chalkboards or whiteboards
- Overhead transparency
- Power Point Slides
- Videotapes

8 Types of Learning

1. SIGNAL LEARNING / CONDITIONED RESPONSE

- A person develops diffuse reaction to stimulus.

Ex: student feel fears every time skill test is mentioned.

Because of association, the mention of term skill test is enough to evoke fear. words become the signal that elicits the response.

2. STIMULUS-RESPONSE LEARNING

- Developing a voluntary response to a stimulus.

Ex: When u see an IVF not dripping – an automatic muscular reaction of reaching out & opening the clamp can be a simple stimulus response sequence.

3. CHAINING

- The acquisition of a series of related conditioned responses or stimulus-response connections.

Ex: If opening the clamp is not successful, checking the line for return blood flow is the next step.

The 2nd step becomes another automatic response in a chain of responses.

4. VERBAL ASSOCIATION

- Easily recognized in the process of learning medical terminology.

Ex: student already knows thermal refers to temperature.

CI introduce hyperthermia. Students find it easier to learn the new term because of previous association.

5. DISCRIMINATION LEARNING

- More new chains are learned, it is easier to forget previous chains, the person has to be able to discriminate among them.

Ex: long list of drugs. Students should find something unique about each drug so that retention will be increased.

6. CONCEPT LEARNING

- Learning how to classify stimuli into groups represented by a common concept.

Ex: emptying a drain & change of dressing, redness, swelling, yellowish discharge = concept of infection & inflammation & concept of asepsis.

7. RULE LEARNING

- A chain of concepts or a relationship between concepts.
- Rules are generally expressed as "IF.... then"

Ex: relationship between pressure & ulceration.

If a client stays one position too long –pressure –then ulceration.

If does not eat a balanced diet, then one is more prone to ulceration.

8. PROBLEM SOLVING

- Learner must recall & apply previously learned rules that relate to the situation.

Ex: Problem of Nosocomial Urinary Infections in patient with indwelling catheters.

Rules:

- Breaking in aseptic technique can lead to infection.
- Breaking in a closed sterile system can lead to the entry of pathogens.
- Raising catheters above level of bladder cause urine backflow – infection.

Teaching Strategies

Activity Based Teaching Strategies

- **Cooperative Learning**
- **Simulations**

- **Problem Based Learning**
- **Self-Learning Modules**

1. COOPERATIVE LEARNING

- Students from one class are arranged into small groups to facilitate the learning process.
- This maybe done through Brainstorming activities, demonstrations and return demonstrations and group projects.
- ❖ Examples: Jigsaw, Think-Pair Share, Corners

2. STIMULATIONS

- Practical exercises for the students representing controlled manipulations of reality.

Types of Simulation Techniques:

1. Simulation Exercises
2. Simulation Game
3. Role Playing
4. Case Study

3. PROBLEM BASED LEARNING

- An approach to learning wherein the students working together in small groups will analyze a case, identify their own needs for information and solve problems.

4. SELF-LEARNING MODULES

- Are completely doing away with traditional instruction.
- Are done in a unit of nursing or instruction with a low student-to-teacher ratio in which a single topic is studied for a given period.

Computer Teaching Strategies

Types:

1. Computer Assisted Instructions

- Refers to virtually any kind of computer used in educational settings.
- Examples: Tutorials, Instructional Management, database development, drill, and practice.
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2. INTERNET

3. VIRTUAL REALITY

- A technology which allows the user to interact with a computer simulated environment, real or imagined.

DISTANCE LEARNING

- This method includes computer learning and other ways of giving instructions to students without the usual classroom setting, such as teleconferencing.
- It involves 2-way audio & video technology.

CLINICAL TEACHING

- Is a form of interpersonal communication between 2 people – a teacher and a learner.
- It improves and maintain a high standard of clinical instruction in academic excellence, concern, and commitment.