

Health education in a teacher education course

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The content of this course has been appraised both by lecturers and by students, and the author describes it in its present state of 'evolution', which has included the trial and evaluation of workshop material from the HEC Initial Teacher Education Project.

Health Education is a 60-hour option course in the fourth year of the B.Ed. degree, open to all students training for primary and secondary teaching. A cross-curricular integrated approach is taken throughout the course, which runs for three hours per week in the autumn and spring terms.

The course is organised and administered by the Science Education Department, but the work includes a substantial element on positive fitness. This takes place in the spring term, and is allotted one quarter of the course time. In the succeeding article, my colleague Patricia Bragg gives details of how this particular element has developed.

Objectives

The objectives of the course may be summarised as follows:

1. To enable students to teach health education and positive fitness programmes in either primary or secondary schools.
2. To provide background knowledge, understanding, and up-to-date information in each health education area. (This includes consideration of reports such as NACNE (1), COMA (2), Environmental and other Health reports (3, 4), etc.)
3. To survey and utilise the available sources of information and help.
4. To assess, use, evaluate and update a range of curriculum and audiovisual material in each health education area.
5. To develop skills for curriculum development in selecting from information on health matters, including research evidence on the effectiveness of health education programmes.
6. To practise a variety of health-education methodologies, and to select the most appropriate for the age, ability, and concept level of the children being taught.
7. To raise awareness of the sensitivity required when teaching health education to groups with varied health beliefs or of a multicultural nature.
8. To promote understanding of the need for equal opportunities, and to become aware of possible sexism and the 'hidden curriculum'.
9. To gain understanding of both voluntary and statutory health care systems (including the school health service) and how schools can best benefit from them.
5. To explore the need for a whole-school policy for health education involving discussion and liaison be-

tween staff, parents, governors, and members of the community.

11. To consider future trends in health education, and to be aware of current research programmes.
12. To improve the students' own health behaviour and fitness.

Course methods

The students' knowledge of specific health areas is often patchy, and they come from many different subject areas. Therefore, an initial illustrated lecture giving an overview of the subject, for example environmental health, is given to all course members (numbering between 60 and 80 students) each week. Key issues are identified at this session, and any political, commercial or moral aspects are considered in context.

This is followed later in the week by a two-hour participatory workshop for 20-30 students at a time. Students discuss which part of the subject area it is appropriate to teach when (and how), and begin to develop a suitable curriculum. They use a variety of materials from curriculum packs, ROSPA publications, commercial materials, and their own creations. Audio-visual material can also be viewed and evaluated in these sessions.

Outside visitors such as dieticians, RSOs, dental health teams, HEOs and teachers of health education, are invited to participate in some of the workshops. Over the years, a team-teaching group has been established, so the visitors' expertise and explanations of their own work in schools can be linked by the tutor to the needs of the students, and to any new curriculum material and approaches. The students thus get a broad perspective, a specialist comment on the latest reports on health matters, and knowledge of where to seek help in the future.

The course has also recently included the trial and evaluation of workshop material from the Initial Teacher Education Project (5).

A breakdown of the course schedule will be found on page 106. Further details are available by writing to me at the Dept. of Science Education, University of Warwick, Westwood, Coventry CV4 7AL.

Student feedback

This course has turned out to be an intensive programme, and any students who thought it was going to be a soft option are speedily disillusioned. However, it is important to keep one's feet on the ground, and this is achieved by student feedback through staff student liaison committees, and by anonymous evaluation sheets at the end of each term. Patricia Bragg explains the analysis of the evaluation of the fitness programme in her article.

For the autumn term a modified version of an evaluation suggested in *Taught not Caught* (6) has been used, partly as an example of how this could be adapted for use at different levels, and also to emphasise the importance of evaluation. The sheets include activities where students are asked to complete various sentences, for example:

I feel this course has been.....

I think we could have.....

One thing I found particularly useful was.....

The sessions I found least useful were.....

I hope that next term.....

They are then asked to rate a list of all the methodologies used, to circle appropriate words describing the course from a given 'field of words' (and add other words if they wish), and then to delete as appropriate *I now do/do not feel better able to teach health education in the areas covered so far*. Space is left for a section on 'any other comments'.

Content

Mental health was selected by a few as being the least useful session (though others rated it highly), and we need to do more work on this to make it more obviously relevant to the primary curriculum. The theme was in fact developed into 'Reduction of stress at school', and this was followed in the spring term with a practical session on the often-neglected area of physical relaxation.

This may show a need to make a more specific link between mental and physical

activity and relaxation, particularly in the light of recent research on the effects of stress on the immune system (7). The calming effect of endorphines after physical exercise could also be emphasised, as part of the 'feeling good' syndrome.

The sex education sessions were particularly appreciated, and the small-group activity of answering childrens' questions proved very valuable. The other areas were all mentioned as being useful and relevant, the pleas being for more on First Aid, more time overall, and a chance to work in school (unfortunately not possible in the time slots available).

Methodologies

The methodologies were in general approved of, with a mixture being thought most appropriate. A few students found role play sessions difficult, though drama students gave us some good models. The highest ratings went to practical work and the use of outside speakers. These are all hand-picked, and this year a dynamic consultant physician created particular interest in children with asthma by presenting the case for more understanding about this condition. Looking forward to next term, a few expressed anxiety about the 'positive fitness' element on the horizon: "I hope our unhealthy way of life is not exposed to the whole group!" It is not, and they are allowed to improve it without loss of face!

Course assessment

The course work and the examination (a 3-hour paper) count equally towards the assessment. After various trials of essays, assignments, etc, we have settled on a 'course file' evaluation. In retrospect, students appreciate this as useful, and each week involves follow-up work in the library or on a specific task.

It is hard work, and some students do find its continuous nature somewhat of a pressure. It also involves a considerable amount of marking, but this enables us to gain more feedback on the effectiveness of our teaching, and, very important in this field, to spot the rare occasions

when a student may be taking an unwise approach. A tutorial can then be given to consider the consequences of such an approach and offer an alternative perspective. The positive fitness programme is assessed by the results themselves, a detailed diary of the schedule chosen, and a viva on the understanding of its effectiveness.

The students have been enthusiastic, 97% so far saying that they *did* feel better able to teach health education. The course continues to evolve, and we look forward to using more of the Initial Teacher Education Project material as it becomes available.

References

1. *NACNE Report*. National Advisory Committee on Nutrition Education, 1983.
2. *COMA Report*. Committee on Medical Aspects of Food Policy, 1984.
3. *Environmental Health Report 1983-1984*. Institution of Environmental Health Officers.
4. DES. *Health Education from 5 to 16*. Curriculum Matters 6: an HMI series. HMSO, 1986.
5. HEC Health Education in Initial Teacher Education Project. (*Details from the Director, HEC Health Education Unit, University of Southampton, SO9 5NH.*)
6. Clarity Collective. *Taught not Caught*. Learning Development Aids, 1983.
7. Beatrice Lacoste. *Think positive, stay healthy*. Sunday Times, 27 July 1986.