



Lecture 3: Health Education Process (Level V)

Session Objectives

By the end of this session you should be able to:

- Discuss the process of health education
- Apply the process when planning and implementing Health Education programmes
- Discuss the steps in community health assessment

Steps in Health Education Process

Generally, the health Education process follows the following steps:

1. Assessing learning needs
2. Developing learning objectives
3. Planning and implementing patient/client teaching
4. Evaluating learning
5. Documenting teaching and learning

1. Assessing Learning Needs (I)

- This is the first step where you assess:
 - Learning needs
 - Learning style
 - Readiness to learn

1. Assessing Learning Needs (II)

Assessing Learning Needs

- Assess their concerns and goals for taking care of themselves
- Assess what they already know/are doing about their condition
- What are they interested in learning?
- Find out what they need to know to achieve their goals
- What problems are they having?
- How will they manage their care at home?

1. Assessing Learning Needs (III)

Assessing Learning Style

- What time of Day they learn best
- Can they read? What do they like to read? Books or magazines?
- Find out if they would like to read information from you rather than explain
- Find out if they learn better by reading, hearing or doing

1. Assessing Learning Needs (IV)

Assessing Readiness to Learn

- Find out what the patient feels about making changes that you have discussed
- Ask what changes they would want to work on
- Find out if there are any problems that would prevent learning at the moment

Note:

There are four types of readiness to learn: physical, emotional, experiential and knowledge (cognitive)

Types of Readiness to Learn

Physical Readiness

- Measures of ability
- Complexity of task
- Health status
- Gender

Emotional Readiness

- Anxiety level
- Support system
- Motivation
- Risk-taking behavior
- Frame of mind
- Developmental stage

Experiential Readiness

- Level of aspiration
- Past coping mechanisms
- Cultural background
- Locus of control
- Orientation

Knowledge Readiness

- Present knowledge base
- Cognitive ability
- Learning ability

2. Developing Learning Objectives (I)

- Your Objectives should be “**SMART**”
- Define the **outcomes** from the teaching-learning process
- To develop objectives, you first need to start with the words:
 - WHO,
 - DOES,
 - WHAT,
 - HOW and
 - WHEN

2. Developing Learning Objectives(II)

- Make sure you use action words that are measurable such as: List, State, Explain, Demonstrate
- Avoid using words that cannot be measured or observed easily such as Understand, Appreciate
- Example of an objective: **“The patient will verbalize 5 signs and symptoms of by the time of discharge”**
 - WHO – patient
 - DOES – will verbalize
 - WHAT – 5 signs & symptoms of
 - HOW – by stating out loud
 - WHEN – by the time of discharge

3. Planning and Implementing Teaching (I)

- In this third step you plan and implement an *individualized* or *group* teaching plan that includes:
 - What will be taught
 - When the teaching will occur
 - Where the teaching will take place
 - Who will teach and who will learn
 - How teaching will occur

3. Planning and Implementing Teaching (II)

- What to consider:
 - The length of stay in the hospital
 - Let the patient tell you what works for her and offer options
 - Does the patient prefer morning or evening?
 - Does the patient prefer short sessions or long sessions?
 - Assess how quickly the patient learns
 - During sessions ask if patient is tired
 - Monitor for signs of fatigue like yawning, inability to concentrate, or inattentiveness
 - Keep sessions short (5 to 30 minutes)
 - Capture teachable moments

Preparing to Teach

- Choose an environment that is comfortable
- Ensure privacy and confidentiality
- Limit distractions
- Limit interruptions
- Plan who will teach and who will learn

Apply Adult Learning Principles

- Pay attention to:
 - What the patients/clients/audience feel they need to learn?
 - How they want to learn?
- Make the teaching realistic
- Have them share their life experiences and give them credit for it
- Recognize that learning can cause anxiety
- Allow enough time for learning and practice
- Encourage the patient and family to actively participate

Who will Teach & Who will Learn?

Who will Teach?

- The teachers include:
 - Yourself
 - Another healthcare provider
 - Another patient with similar condition

Who will be taught?

- The patient
- The spouse
- Another caregiver
- A friend
- A neighbor

Characteristics of an Excellent Teacher (4Cs)

- **Confidence:** knows how to select what to teach
- **Competence:** ensures the patient's safety and prepare written teaching instructions
- **Communication:** knows how to give clear directions
- **Caring:** demonstrates empathy

Plan How You Will Teach

- Select the learning method using your assessment results to suit type of learner:
 - Global learners
 - Linear learners
 - Visual learners
 - Auditory learners
 - Tactile learners

Global Learners

- Global learners like to understand the bigger picture first
- When teaching home blood sugar monitoring:
 - Start with overall purpose of monitoring
 - then go into details of how to operate the machine

Linear Learners

- Linear learners want details/specifics first then the bigger picture
- When teaching home blood sugar monitoring:
 - Start with the first procedure that patient needs to know to operate the machine
 - Then end with the bigger picture

Visual Learners

- Learn best using the sense of sight
- Select teaching materials that involve:
 - reading
 - writing
 - watching
- Use visual media such as videotapes and slides

Auditory Learners

- Learn best using sense of hearing
- They need to hear the information which can be
 - spoken explanations
 - audiocassettes
 - information read aloud from pamphlets

Tactile Learners

- They learn more by touching
- Hands on people
- Learn by doing

What to Consider

- Research shows that learners (patients, clients, etc.) remember:
 - 10% of what they read
 - 25% of what they hear
 - 45% of what they see
 - 65 percent of what they hear and see
 - 70 percent of what they say and write
 - 90 % of what they say as they perform a task

Examples of Teaching Methods

- One-on-one sessions
- Small group discussions and support groups
- Demonstration and return demonstration
- Role-playing
- Games
- Programmed instruction
- Lectures

Examples of Teaching Materials

- Pamphlets and brochures
- Posters and flip charts
- Videos and television documentaries
- Computer - Internet
- Audiocassettes, Compact discs (CDs), podcasts
- Transparencies

4. Evaluating Teaching and Learning

- Assess whether the patient/client learned what you taught
- The assessment should be during and after the teaching

Examples of Evaluation (I)

- Return demonstration
- Ask the patient to verbalize the instructions in their own words
- Ask questions to see if there are any areas that need reinforcing or re-teaching
- Use simple written tests or questionnaires before, during, and after teaching (appropriate for groups or communities).

Examples of Evaluation (II)

- Talk with the patient's family and other health care professionals to get their opinions on how well the patient is performing tasks taught
- Assess weight and blood pressure, to see whether the patient has been able to follow a modified diet plan, participated in prescribed exercise, or taken antihypertensive medication
- Review the patient's own record of self-monitored blood glucose levels, blood pressure, or daily weights

5. Documenting Patient Teaching and Learning

- The fifth and last step. WHY?
- You should document to:
 - Promote communication among other healthcare workers
 - Maintain continuity of care
 - Avoid duplication
 - Monitor progress
 - Serve as evidence of the fulfillment of teaching requirements

What to Document

- The learning needs
- Preferred learning style
- Current knowledge about his/her condition
- Readiness to learn
- Learning objectives and goals
- Teaching methods used
- Information and skills taught
- *Objective* reports of patient and family responses to teaching
- Evaluation of what the patient has learned

How to Document

- Record the patient's name on every page. Include the time and date on all entries
- Sign each entry
- Write legibly in black or blue ink
- Be accurate and truthful
- Be objective-don't show personal bias or let others influence what you write
- Be specific and concise
- Include all pertinent information



Community Health Assessment

Assessing Health Needs of a Community

Why?

- To improve and promote the health of community members
- To identify factors that affect the health of a population
- To determine resource availability

Participants of Community Health Assessment

- All stakeholders including but not limited to the following must be engaged throughout:
 - Community members (beneficiaries) and leaders
 - Public health agencies
 - Businesses
 - Hospitals
 - Private practitioners
 - Academic & research centers

Steps in Community Health Assessment (I)

1. Planning
2. Data choice
3. Data collection
4. Data analysis
5. Develop a summary statement of the need and provide feedback

Steps in Community Health Assessment (II)

1. Planning

- Involve the community
- Define the community/population

2. Data choice

- Depending on the health problem, the magnitude, precursors, demographic and behavioral

Steps In Community Health Assessment (III)

3. Data collection

- Using a variety of data sources and approaches

4. Data analysis

- Using statistical procedures

5. Develop a summary statement of the need

- For feedback to the community and to inform policy as well as practice

Methods of Involving Local People

- Public meetings
- Focus groups
- Meeting with existing user and carer groups (e.g. breast cancer support group, carers of relatives with dementia)
- Meeting with existing community groups (local tenants, youth clubs, women groups etc.)
- Questionnaires/surveys
- Interviews
- Using the media
- Using local leaders/influencers to guide



SDGs

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



THE GLOBAL GOALS

For Sustainable Development

12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE AND JUSTICE STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





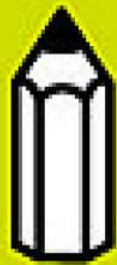
MDGs

MDGs (Between Year 2000 & 2015)



1

**ERADICATE EXTREME
POVERTY AND HUNGER**



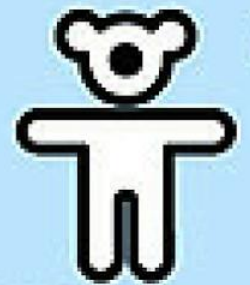
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**ACHIEVE UNIVERSAL
PRIMARY EDUCATION**



3

**PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN**



4

**REDUCE
CHILD MORTALITY**



5

**IMPROVE MATERNAL
HEALTH**



6

**COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES**



7

**ENSURE
ENVIRONMENTAL
SUSTAINABILITY**



8

**GLOBAL
PARTNERSHIP FOR
DEVELOPMENT**

Questions?

