



## An Experiment in Team Teaching of Health Education to College Freshmen

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### *A Need for a New Approach*

During the sixteenth century Sir Francis Bacon proclaimed that knowledge is power. Today most educators would still agree with this philosophy. In fact, too often we find many classrooms structured completely around the concept that the successful instructor is the one that imparts the most knowledge.

Knowledge, per se, may have benefit in some areas, but in the area of health education, knowledge unused is useless. Most health educators agree that for health education to be beneficial, intelligent application of health knowledge is essential.<sup>1</sup> At the Church College of Hawaii, the health education department continually endeavors to promote these ideals. Positive attitudes resulting in positive actions are the most important outcomes of any health education program. We concluded after a thorough evaluation of all our freshmen health education classes last year that we were imparting a lot of knowledge, but we were not influencing the student to adopt these same positive health actions with much success. Because the student body at Church College of Ha-

wai is composed of many foreign students from various Pacific Islands, the need for success in this area is even greater.

What is the best way, or for that matter, what is any way to effectively change behavior? In spite of the fact that we weren't sure, we nevertheless felt a definite change was needed in our course organization if we hoped to engender positive health attitudes.

So we experimented. The four instructors who had taught the various courses in previous years decided to find, through a cooperative effort, some new organizational approach which would more nearly achieve the desired goals. In organizational meetings, a pooling of workable suggestions from past experiences and from new ideas were developed into a plan that could act as a starting point.

Our synthesis included group dynamics, a type of team teaching, a touch of pragmatism, and a health experience which we felt would better equip each student with the insights he needs to make wise decisions about the health problems that will confront him in his life.

### *The Experimental Conditions*

The basic changes made were: (1) the scheduling of the allotted time; (2) the organization and the grouping of the students; and (3) the formulating of the instructors into a team.

The class which previously had met two days a week for a one-hour meeting each time met in a two-hour block of time one day a week. This change was necessary to permit the new grouping arrangement. For the first hour, the entire enrollment (about 200) met together in a stimulation period. The instructor was free to use any methods to make the presentation informative, palatable, thought provoking, and meaningful. The sessions included lectures, demonstrations, specialists as guest speakers, panel discussions and dramatic readings. Special teaching aids included audio-visual aids, films, the overhead projector, hand-out sheets, etc.

In the second hour, the large body separated into small groups of about twenty-five students and, with a leader, met in a small classroom. Here opportunity for the discussion of the concepts introduced in the



stimulation period was given. The student reacted to the facts he had acquired, expressed his attitudes, and gave indication of how his behavior would be affected. This was a vital part of the health education process. Carl E. Willgoose<sup>2</sup> has indicated that for behavior to be improved, "It will be necessary to confront students with value issues. It is not likely that this will be done by lecturing to the masses. Individuals and small groups will have to be challenged on a personal basis." The small group was handled in various ways. At some of the sessions, the group as a whole carried on discussions. At other times, the group was divided into two subgroups for the discussion of two-sided problems. Most often, smaller, more intimate groups of three to five members were organized in order to give every student a chance to make contributions, thereby having made possible a more personally active involvement in the problem. The mechanics of the class were handled through the small groups. Papers were collected and distributed, assignments clarified, rolls checked and suggestions for course improvement received.

The group leader had many roles. He was a resource person, an observer, a participant in the discussions, a catalyst, a summarizer, and a counselor. He was, in effect, the main source for making the personal contact with the student who was given to feel that the course was vital to him and that someone was interested in him and would help him.

The fact that the instructors were brought into a cooperative working arrangement gave opportunity for special interests and concentrated preparation. Each of the four instructors chose his area of interest and specialization. Time was allotted to each so that the course was divided into four quarters. The instructor was given complete freedom to handle his

block or unit of work as he desired. Having been responsible for only a quarter of the time, he was able to concentrate on preparation and to make presentations that were of a quality superior to those that he previously made as he met every session of the semester.

The points upon which grading was made were agreed upon in a general way. There were examinations; class notes were checked; original written work was assigned, as was outside reading. Each instructor handled this in his own way. The assignment of original work was an attempt to bring individual application to each student. He was asked to search his values and to write his philosophy of life, to evaluate his fitness, to analyze his food selection, to look at his home community as well as that of the world, and to make suggestions for possible solutions to the problems he found.

The team teaching actually had extended beyond the four instructors who were directly responsible for the units of work. Other faculty members on the campus contributed to the discussion leader corps. The chairman of the counseling service was one such leader. One member of the education department, who was a specialist in small group functioning, observed and gave suggestions to the functional improvement of this phase. Nurses from the dispensary, the cafeteria manager, the buildings and grounds personnel, and the librarians also contributed to the course. It is anticipated that in the future more specialists from other areas on the campus will be included in a more extensive effort to integrate existing campus health services and instruction.

### ***Some Results of the Experiment***

The organizational change of the class has definitely solved the scheduling problem and has allowed each

instructor a greater opportunity for concentrated preparation in his own area. Because of the two-hour block we were able to lecture or stimulate for a longer period of uninterrupted time.

The transition from a large stimulation-lecture arrangement to small discussion groups provided more students with an opportunity to discuss more freely the information acquired in the lecture period. Discussion periods on a whole were highly successful. In the small informal situation we felt we were able, by virtue of the discussion contributions, to deal more adequately with the problems of the students in the area of current health attitudes and practices.

We found that the switching of instructors and consequently the switching of requirements on assignments and journals, initially resulted in mild feelings of frustration on the part of some of the students and some of the group leaders. This was perfectly natural in that each was not certain as to what the other expected.

We feel that the educational benefits of this innovation are immense in that there is dynamic provision for a greater variety of ideas brought about by a concentration of effort in a particular area made possible through this sort of team teaching arrangement. Further, the actualization of outside participation in our classes has contributed to a greater community awareness of healthful living. Through all of this we hope to fill knowledge reservoirs more adequately, and to stimulate wholesome attitudes toward more meaningful health behavior and practices on the part of all who are involved.

<sup>1</sup>A.A.H.P.E.R., "Report of the Committee on Terminology in School Health Education," *Journal of Health, Physical Education and Recreation*.

Alma Nemir, *The School Health Program*, (Philadelphia: W. B. Saunders Company, 1959), p. 326.

Delbert Oberteuffer, *School Health Educa-*  
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