

Interactive pedagogical strategies in Health Education: "Think-Pairs-Share" and Collective Construction

Marília RUA¹

Luciana Netto MAIA²

Sandra Campinos RODRIGUES³

Marta SILVA⁴

¹ - CIDTFF, School of Health Sciences, University of Aveiro, Portugal, ORCID: <https://orcid.org/0000-0003-2353-3072>

² - Universidade Federal de São João del-Rei, Campus Divinópolis, MG, Brazil.

³ - UICISA -E/Viseu, Centro Hospitalar Baixo Vouga, Escola Superior de Saúde, Universidade de Aveiro, ORCID: <https://orcid.org/0000-0001-9892-1585>

⁴ - Centro Hospitalar Baixo Vouga, Escola Superior de Saúde, Universidade de Aveiro, ORCID: <https://orcid.org/0000-0002-4264-7756>

Corresponding Author Details:

Marília Rua, Rua República 196 Aveiro, Portugal.

Email:mrua@ua.pt

<https://doi.org/10.52457/GTBL7342>

ABSTRACT

Introduction: Health Education in Sexual and Reproductive Health, appear in the practice of nursing students, as a form of health promotion in young people. The development of these skills is essential during nursing degree.

Aims: As part of preparation of clinical practice, in Primary Health Care, a seminar was held - Dating without Risks-, with the purpose of promoting knowledge on Sexual and Reproductive Health, developing active health education strategies and promoting reflection on sexuality in young people.

Methodology: We used pedagogical strategies, transferable to a Health Education session: *Think-Pairs-Share*; *Fill in with post-its* and Collective Construction. We asked about the importance of Health Education and the approach to sexuality in young people, risk behaviours in dating and a collective construction of an "*Affections Alphabet*".

Results: The seminar exceeded the student's expectations. The strategies used appear to be easily transferable to Health Education sessions in clinical practice context, providing more interaction between the group, promoting greater openness in approaching the theme.

Conclusion:

The evaluation proves the importance of using these strategies, as well as the increasing level of preparation for Health Education in this area, as a fundamental skill in nursing degree.

Keywords: Health Education, Sexual and Reproductive Health, Strategies, Education.

Study funding sources: The author(s) did not receive financial support for this research, authorship, and/or publication of this article.

Conflict of interest statement: The author(s) declare(s) that there is no conflict of interest.

Introduction

The current health contexts are very demanding and unpredictable, not only from the point of view of the users' health / illness conditions, but also of their involvement in their health projects, which implies a domain of skills in different dimensions, to be developed from the initial training of the nursing students, including health education as a training strategy.

The health education has long been considered by the World Health Organization (WHO) as a fundamental strategy for the promotion of healthy lifestyles, through the adoption of behaviours that promote health and prevent disease or accident and is part of the daily training of nursing students to increase health gains and consequently improve the quality of life of an individual/population. In this assumption, the training of nursing students, should incorporate the development of skills in the health care area, which allow them, in their professional practices, to adopt appropriate strategies to each intervention area and to the target audience.

Young people are a target group of the focus of nursing care, especially regarding the adoption of risk behaviours in sexual and reproductive health areas, behaviours that can condition/compromise not only their development but also their future health status. Educating for health consists of providing children and young people with knowledge, attitudes and values that help them make appropriate choices and decisions to their health and their physical, social, and mental well-being, as well as the health of those around them, giving them an interventional role¹.

In primary health care context, health care emerges in daily practices, concerning a variety of aspects of health promotion, being the education for the health of young people, the aspect that students usually refer to as "more difficult", since it is a theme that also covers some taboos. Many nursing students feel uncomfortable when they have to start a conversation and address sexuality issues with their patients, furthermore, most nursing educators recognize that their students are not prepared to address sexuality issues in their practice^{1,2}.

The learning teaching strategies used in higher education should be the object of attention of teachers in order to be adequate to the student's characteristics, the training objectives, resources and the formative context. Thus, we consider as relevant the use of active strategies, promoting the participation of all students "Active learning helps promote critical thinking and problem-solving abilities³. Characteristics of active learning include student involvement through more than just listening, emphasis on developing cognitive skills, student engagement in activities such as reading, writing and discussion, and a greater emphasis on exploration of a student's own attitudes and values".

The strategies to be used in each context should promote the students critical thinking, in view of solving problems, whether they need to perform group work or in a more individualized way, that can be transferable to clinical practice, fostering reflection on action, as suggested by Eison⁴ by stating: “Active learning instructional strategies can be created and used to engage students in (a) thinking critically or creatively, (b) speaking with a partner, in a small group, or with the entire class, (c) expressing ideas through writing, (d) exploring personal attitudes and values, (e) giving and receiving feedback, and (f) reflecting upon the learning process. It should also be noted that active learning instructional strategies can (a) be completed by students either in-class or out-of-class, (b) be done by students working either as individuals or in group, and (c) be done either with or without the use of technology tools”

Think-Pair-Share is a cooperative learning strategy that promotes a high level of critical thinking in students. “Think-pair-share encourages student participation in discussing and promotes forming and critiquing arguments both in small and large groups.”⁵ In this strategy the student has the opportunity to reflect individually on an issue or concept, later makes a joint reflection with a pair and the result of this reflection is presented to the whole group and discussed in a broad way.

The Collective Construction is “a process by which a collective constructs new knowledge.”⁶ This active strategy promotes interaction between students, knowledge sharing and involvement in the construction of new knowledge.

These collaborative pedagogical strategies develop student collaborative work skills in their professional future.

Methodology

The work carried out was constituted as a pedagogical intervention, in an approximation to, action research ^{7,8}.

The pedagogical activity that is presented was integrated in Clinical Practice preparation Seminars, of the Nursing Undergraduate Course of the Higher School of Health of the University of Aveiro, in which 21 students were involved and lasted 2 hours and 30 minutes. This clinical practice occurs in the second year of this course, in maternal and obstetric nursing care and in primary health care contexts.

Thus, was held a seminar, with the title - *Dating without Risks*, which had two main objectives:

- I. promote development of skills in sexual education area.

II. develop active health education strategies that help young people's motivation and reflection on sexuality.

In this seminar, considering the active strategies relevance^{3,4} we chose to use pedagogical strategies, transferable to a health education session, namely: *Think-Pairs-Share*; *Fill in with post-its* and Collective Construction through *brainstorming*.

This *Think-Pairs-Share strategy* in conjunction *with fill in with post-its* allows all students participation in an active way, since they will necessarily put their ideas in the "blackboard" prepared for this purpose. These moments of movement of their places, promote a greater interaction between students and increase the level of motivation for the development of activities.

The Collective Construction allows a greater knowledge sharing among students, as well as greater involvement in new knowledge construction.

The seminar began with the theme and objectives presentation. According to the action research methodology, an initial evaluation was carried out, through an individual questionnaire, on the following aspects: (i) the students' expectations regarding the seminar, (ii) their perception of their level of knowledge in the health education in sexuality area, (iii) the perception about their preparation to perform health education in this area with young people and (iv) what strategies they would use during the clinical practice, in a health education session, about sexuality, in a group of young people. At the end, a new evaluation of the seminar was carried out, through a similar questionnaire, changing only the first question (i) and questioning whether the seminar corresponded to the initial expectations.

The activities were then carried out throughout the seminar, using the different strategies already mentioned above.

Throughout the activities, the students were organized in groups of 2 elements, as the students that participated in the seminar were 21, one of the elements had the task of leader-writer, that is, transcribed the comments of the discussions, for final synthesis.

Activity 1 - Presentation and peers' formation

To promote the initial relationship, each pair were given two minutes to question themselves to make the presentation to the group. The presentation was subsequently made using the strategy *Speed dating in pairs*.

This strategy promoted the interaction between peers and inter peers, as they became better known.

Activity 2 - Reflection on the importance of health education and youth group approach strategies

In this activity, two questions were asked:

- I. What is the importance of Health Education in the sexuality area for you?
- II. How to approach sexuality with adolescent's groups.

The *Think-Pairs-Share strategy* was used. Each student answered the questions individually and then, in pair, put in a post-it (*fill in with post-its*) the idea of consensus, followed by *post-its* placement on a A3 sheet, individualized for each question, posted on the "blackboard".

After posted the answers to the questions, they were read and discussed (Brainstorming) for 15 minutes (the leader-writer made synthesis of the ideas).

Activity 3 - Focus the thematic discussion on dating - *Dating without risks*

In this activity, we used the same pedagogical strategies, from the previous activity, underlying the questions:

- I. What is dating?
- II. What risks can be made?

Activity 4 - Collective Construction of *Affections Alphabet*

This activity aimed to present individual concepts related to the affections. Three *post-its* were distributed to each student, with three initials of the alphabet in which they should put a concept, which in their opinion would be related to affections/sexuality. Five minutes were given, after which each student stuck their concept on its own sheet.

It was followed by the "slide" of the said alphabet reading and construction, with the participation of all students.

During the course of the seminar, we observed that the student's motivation for active participation gradually increased and the last activity took place with some enthusiasm and interaction among everyone. The student's dynamic participation was demonstrative of the interest not only in the theme but also in the strategies used.

The seminar theme alone had an associated set of expectations related not only to sexuality knowledge, but also to how young people approach in a health education session. These were aspects that were interrelated with the student's needs in the clinical practice context and, as such, there was an immediate interest in participating and developing skills in this area of health education.

As mentioned above, an evaluation of the seminar was made, with a data collection on the initial perception of the students and with a final evaluation.

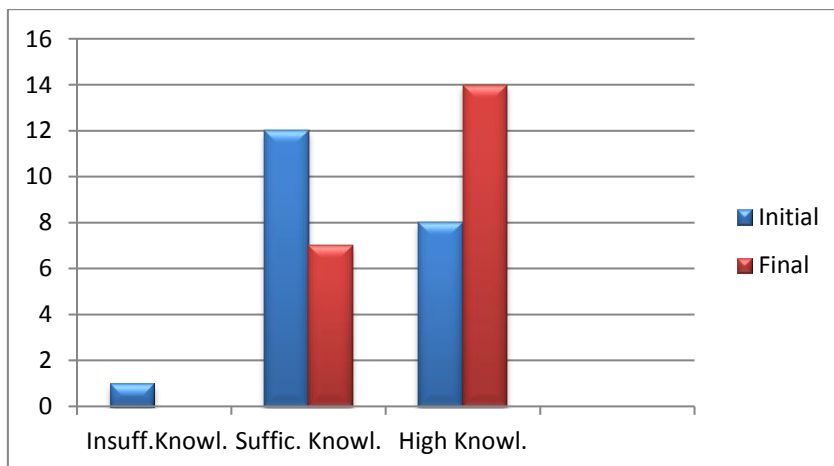
Results

Regarding the initial assessment of the *student's expectations for the seminar*, fourteen students, answered that they were acquiring skills within the health education, adding that they hoped to know active strategies appropriate to groups of young people. There were also students who had expectations: two students acquired knowledge; four of them, openly discuss questions about sexuality; and one of the students reported having no expectation.

At the end of the seminar, the answer to the question *the seminar corresponded to the expectations – justify*, the totality of the students reported that the seminar corresponded and went beyond the initial expectations. They refer as justification: the opportunity to expose doubts; to communicate openly; to understand different ways of addressing themes; to develop skills in the health education area. They add that the strategies used in the seminar may be appropriate to use in health education; allowed them to evaluate personal behaviors; it was important to share experiences and that they became attractive to the participation of all students.

Regarding the student's initial perception about their level of knowledge about health education in sexuality, one student reported having little knowledge, twelve reported having sufficient knowledge and eight stated that they had good knowledge, as shown in graph 1.

At the end of the seminar, there was a different distribution of students regarding the knowledge about health education in sexuality, as presented in the graph illustration. There is a positive change in the sense that they notice an increase in their knowledge in this area.

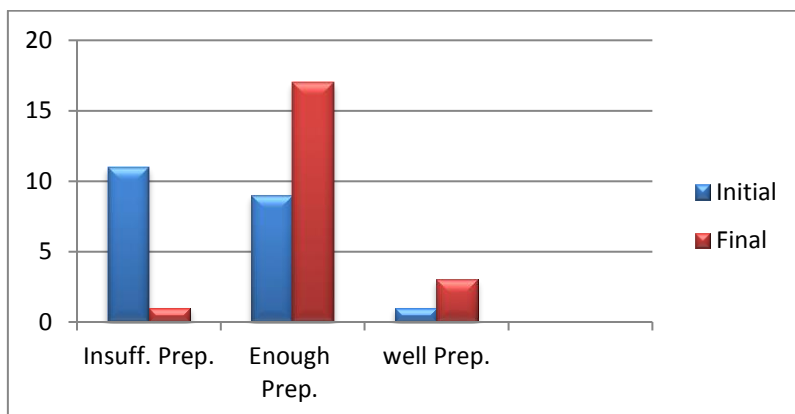


Graph 1 - Distribution of students by levels of knowledge.

Regarding the initial perception the students had about their preparation to do health education in the sexuality area with groups of young people, eleven students reported

having little preparation, nine of them felt sufficiently prepared to perform health education and only one reported being well prepared (graph 2).

At the end of the pedagogical activity, the perception of sufficient preparation significantly increased (from nine to seventeen) and the perception of little preparation decreased from eleven to one, despite the changes evidenced, only two more students, in the end felt well prepared to perform health education in this sexuality area.



Graph 2 – Distribution of students by preparation for Health Education.

The responses to the question of *what strategies to use in a health education session with a group of young people*, were varied and each student pointed out more than one strategy to use, therefore references were found: the use of dynamic strategies, without mentioning which ones would use; the games use; the videos use; practical demonstration of the use of contraceptive material; to the use of flyers; the presentation of real cases; open discussion on the subject.

At the end of the seminar, they mentioned, overall, the same strategies that at the beginning. They continued to mention the use of dynamic strategies but emphasized the references to the open discussion on the theme (9 students); increased the reference to the use of games and videos and maintained the allusion to the practical demonstration of the use of contraceptive material; also added the resource to *role play*, valuing personal experiences and interactive communication.

Discussion

Nowadays, it is assumed that teacher have an increasingly active role in the students' training, so these are called to (re)configure their pedagogical practices by focusing on the students' responsibility for their learning/development process. In this context, practices and in line with the perspective of Carvalho & Ramoa⁹, should be recognized in themselves as a process of social valorization of the involved group (which thus participates in the introduction of a logic of action within the organization) that should

enable teachers, as actors, an appropriation of knowledge that, not restricted to knowledge located in the scientific sphere, can be transferable from the individual to the collective and from this to the individual.

In nursing education, there are several learning situations that arise and sometimes it is necessary for teachers to appeal to their group animation skills, to stimulate the students participation and as Leite & Terrasêca¹⁰ denote which argues that pedagogical practices aim, in most cases, to make viable educational contexts that generate personal and collective enrichment, promoting each one's opportunity to discover themselves and others.

The changes observed in social contexts and consequently in clinical practice contexts require adequate training for the development of skills in the different, particularly in the health education area. Promoting the development of critical thinking is crucial in nursing education to promote problem solving¹¹. In this sense, several pedagogical strategies can be observed in the class/seminar context.

Based on these assumptions, we used different strategies in conducting the seminar on HE in Sexuality mentioned above. The use of these strategies was related to the theme, the objectives of the seminar and the group of students. Their use was in line with our expectations as teachers and they were related to the active participation of all students, their involvement in the discussion of aspects, not always easy to address, not only between peers, but also between students and teachers, leaving to the teacher the role of conducting the process and not so much doing a expositive class. This strategy is advocated by Eisen⁴ when referring to: "When an instructor employs active learning strategies, he or she will typically will (a) spend greater proportion of time helping students develop their understanding and skills (promoting deep learning) and a lesser proportion of time transmitting information (i.e., supporting surface learning). In addition, the instructor will provide opportunities for students to (a) apply and demonstrate what they are learning and to (b) receive immediate feedback from peers and/or instructor."

As a way of evaluating the seminar and analyzing the data emerging from the questionnaires, initial and final, we observed that the students expected to reflect on the theme of sexuality without "taboos" and, simultaneously, to apprehend health education strategies that could support them in clinical practice. As a final result, almost all students reported that the seminar exceeded their expectations, by the openness provided and the strategies used. They also reported that the strategies used in the seminar would be easily transferable in the context of clinical teaching for the health education sessions, thus providing a greater interaction between the group and promoting a greater openness in the approach to the theme - *Dating without Risks*.

Thus, in summary, we affirm that the strategies used in this seminar have been noted as enhancers of the development of students' skills at the health education level. We therefore consider that it was a good practice to be repeated not only in these types of seminars but also in contexts of practical classes.

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