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Teaching and Learning Reflection

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Introduction

Pakistan has a high disease burden of gastro-enteric infections and it is a serious disease caused by Rotavirus. Diarrheal infections are considered as a significant cause of infant and childhood morbidity and mortality in both developing as well as developed countries, which increases the death risks among children less than 5 years of age. Globally, it is also reported that the children who are less than 5 years are hospitalized every year due to rotavirus infection. This infection attacks the bowel, which causes fever, vomiting, dehydration and water stool (diarrhea). The infection is treatable and can be cured within a week. The cause of diarrhea is poor environment sanitation, inadequate water supply, poverty and inadequate education. This may be transmitted by fecal, oral route and also spread through contaminated food, drinking water and from a person who is infected as a result of unhygienic practices.

Unfortunately, nonexistence of proper surveillance programs and laboratory facilities have resulted data scarcity on rotavirus associated disease burden and epidemiological information in the country, where the weak echo system between the government and non-government sectors did not allow them to pasteurized the community. As a community health nurse and working in primary health care setup, my prime objective is to promote vaccinations, growth and monitoring and primary health education effectively in the community. However, I am very bothered when I microscope the data on health information and statistical management in my organization where the children are having rudimentary problems such as malnutrition, delayed growth and intelligence. I feel pity that the children ages from 1-5 years are died in the taboo of diarrheal infection. International journal of environmental research and public health state that; Worldwide, an estimated nine million children, most of them younger than 5 years of age die annually as a result of diarrhea. The majority of deaths occur in rural communities where health care facilities are inadequate and the majority of the people do not have access to clean andsafe water, which is a major cause of transmission of diarrheal diseases. It is estimated that diarrhea kills more young children than malaria, acquired immunodeficiency syndrome (AIDS) and tuberculosis. In some rural parts of the developing world, the mother's knowledge on the predisposing factors of diarrhea are inadequate and at times the frequent occurrence of childhood diarrhea is wrongly perceived as a developmental stage of the child and at times virtually results in mortality [1]. This situation always give us out of blue feeling that myself and health care pyramids are lacking to safe children from this taboo diseases. Few days back, we had planned a meeting with health education and health information statistical department reference to subject matter and developed the action plan to minimize the rotavirus infection in the community. We also involved the government officials and health care volunteers, since they are important stakeholders and can play vital role to promote the vaccination campaign, as recent surveys revealed the low socio economic issues, immunization, sanitation and unsafe water practices in the community.

During the strategic planning meeting as a leading role I implemented the planning cycle and all round monitoring which I studied in Advanced Concept of Community Nursing, Research in Nursing and shared the teaching learning style keeping the concepts in my mind. I also observed that I have had to incorporate with diversified group of people which includes the age of 15, 20, 25 and 35 years old. Although, they all were health care professional and had an understanding of health care system which is applied in primary health care system. Our objective was to evaluate their knowledge, attitude, practices and identify the factors that improve and eliminate the reported cases in the community. According to commission staff working document [2,3], an action plan is a strategy to bring words into actions. In addition to that, it acts as outcome of the planning. While we were making the action plan, we had SMART approach in our minds, which says that a plan should be specific, measurable, attainable, and realistic and time bound. This also helped us to make our project sustainable in various aspects. We were trying that the project is aimed on who, where, how, when strategy for project evaluation. Our major goal was to analyze the factors which lead community towards rotavirus and how can we raise awareness in the community through teachings and best practices to strengthen the individual's knowledge for immunization in the community.

Teaching and learning style for diversified group are implemented together with the help of theory and skills. I remember the best learning cycle of Kolb's in which he says the first step is concrete/ experience. By using this approach, I can understand the participant's knowledge, experience and community practices about vaccination. Likewise, the observation helps us to comprehend their feeling, if they have ever gone through the process of vaccination; with the component of abstract/conceptualization they will be able to demonstrate their experiences and intense knowledge. To setup learning standards, active summarization may be helpful to determine needs for learning and sessions on immunization through which they can implement with better tactical mode. For effective learning, I would use Gagne's Nine Levels of Learning model which gives trainers and educators a checklist to use before they engage in teaching or training activities. Each step highlights a form of communication that aids the learning process. When each step is completed in turn, learners are much more likely to be engaged and to retain the information or skills that they're being taught.

1st level is Gaining Attention: where speaker should take care of his/her body language and explain the importance of session and display video for instruction or objectives that can help them to understand the background. 2nd level is Expectancy: what participants will have learnt by the end of the session. Then, explain how their learning is going to benefit them and the organization. 3rd level is

Recall of Prior Learning: where the participants retrieve past information and then match with the new information what they have learned. 4th level is presenting the Stimulus: where the new information is delivered verbally, through discussion, interactive videos and by group activity. 5th level is to Provide Learning Guidance: To help our team members to retain the information by giving examples, storytelling and case studies. 6th level is Eliciting Performance: It means this is the time when participants need to demonstrate their knowledge what they have understand during the session e.g. when Rota virus vaccination is arriving in oral form, how to apply to it, maintain the cold chain for the effectiveness of the vaccination, what necessary information needs to be conveyed to community, how to make the home base ORS. In level 7th talks about Feedback/Reinforcement, where you teach technique for handling difficult clients since they have multiple preconceptions and myths regarding the vaccination. Level 8th is Assessing Performance: with the help of competency skill checklist and questionnaire participants can be assessed to ensure that they have adequate understanding and knowledge to perform the tasks in the community. In level 9th which is Enhancing Retention and Transfer: In this last stage, team members show that they've retained information by transferring their new knowledge or skill to situations that are different from the ones you've trained them on. Give them opportunity to use their skills learning on a regular basis so that people can retain information by transferring their new knowledge or skill to situations that are different from the ones you've trained them on [4-6].

In my opinion one should be very careful while dealing with volunteers as they are serving the community and performing meaning fully without any remuneration. We can always improve our understanding to minimize the disparity since learning is a never ending process. I believe that a diversified group can provide various and effective input of learning which can be benefit every individual in the community. A collaborative environment in the community supports volunteer's to understand their role and individual's responsibility. To make volunteer's stay longer and increase their motivation, they should be pleased with intrinsic benefits such as reward and recognition programs which is one of the method for motivation. Training & development of volunteers can play significant role in their performance and knowledge which will ultimately increase the chances of a successful campaign in the community.

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