

SESSION 2: THE ROLE OF THE MEDICAL PROFESSION IN NUTRITION AND HEALTH EDUCATION IN THE COMMUNITY

Nutrition and health in the community

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At the beginning of October we shall welcome some sixty science graduates to our department at the Institute of Education; their first degrees range from nutritional science to applied physics; many will have higher degrees or work experience, or both. This diverse group have one thing in common, namely a desire to teach. One of the reasons that the majority give for wanting to teach is that they have an enthusiasm for their subject which they want to communicate to children. Once in schools, however, these idealistic young people will be faced with a series of hurdles which in many respects parallel those faced by, for example, the medical profession and others who work in the community.

The first hurdle is that of communication, a factor raised in earlier discussion at this meeting. The highly-qualified science graduate often finds it difficult to communicate effectively with children; this presumes that the children are willing to listen! All too frequently the specialist language of science, and the way in which it is used, impedes understanding and creates barriers between the teacher and the pupil. Student teachers may fail to appreciate that describing the metabolic pathways by which, for example, glucose is utilized in the body is of little use unless it is discussed in a language, and in a context, which pupils can understand and relate to their own experience.

Secondly, students need to learn to listen to the questions which children are actually asking; too often they misunderstand the questions. Sympathetic understanding and perception of the problems underlying the questions is required. Also children may need help in articulating their ideas, particularly when they are attempting to use and understand specialist terminology with which they are unfamiliar. The answers which children give to questions they are asked by the teacher may also reveal difficulties; if the teacher listens.

One of the axioms of education is that teachers need to begin at the level of the child's understanding. This implies that awareness of the previous knowledge which children bring with them into the classroom is of importance, as it affects their understanding. It is easy, and erroneous, to assume that children's knowledge of a topic is low level; many pupils have knowledge and skills which exceed those of their teachers; understanding of computers is perhaps a good example.

The part of their course which is based in schools is often regarded as the most important by student teachers. They begin not only to appreciate the problems

involved in effective communication with pupils but also to recognize that every class is composed of a number of individuals, each with their own needs and expectations. Many of their initial problems can stem from failing to realize that 'a class' is not merely '3D' but thirty very-different young human beings. Education, whether in schools or elsewhere in the community, will always be less than successful if the 'experts' fail to recognize the needs of the individual: hopefully, teaching practice enables students to learn this vital lesson.

Having achieved their immediate objective of successfully joining the teaching profession, our students will find themselves working in schools within the community. Like all teachers they will have pastoral and counselling responsibilities similar, in some respects, to those of the medical and allied professions. They will endeavour to assist their pupils to develop 'life skills' (including the art of formulating questions and the ability to listen to the answers) so that they may become responsible, caring, well-informed and articulate members of the community. If teachers are successful in these broad aims the work of doctors will be much easier.

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