



INCLUSIVE EDUCATION AND HEALTH CARE: COLLABORATIVE EDUCATIONAL ACTIVITIES

Vasiliki Ioannidi¹ⁱ,

Ilianna Gogaki²

¹Dr., Hellenic Open University,
Greece

²Med, PhD Candidate,
University of the Aegean,
Greece

Abstract:

The subject of this work is the description of key teaching strategies with emphasis on critical thinking in a multidisciplinary perspective. The aim is to support teachers/trainers and to support trainees in the collaborative execution of the work of health care professionals, particularly in the field of inclusion and health care. Through a bibliographical and theoretical approach, reference is made to skills such as good knowledge of the subject, the ability to transmit knowledge and experience, an interest in the learning level, the ability to reflect and take decisions, communication skills, etc. At the same time, they are analyzed as indicative strategies at the level of cultivating critical thinking among learners, discussion, effective questions, active reading, problem-solving learning, etc. and examples of collaborative educational activities are presented. Overall, strategies to cultivate critical thinking contribute to the creation of a positive learning environment which provides security, respect and support for learners in the context of pooled educational and health training activities for All. by Miss Comfort Siaw and the final script prepared by Mr. Charles Appiah Nuamah.

Keywords: inclusive education, health care, interdisciplinary skills, strategies, critical thinking

1. Introduction

The modern debate on lifelong learning is an expression of the increasingly rapid production of new knowledge, which requires the continuous renewal of individual knowledge equipment (Mathaiou, 2000). In this context, strategies for cultivating critical thought are of paramount importance for updating knowledge, promoting skills and building interdisciplinary skills in the individual knowledge fields and occupational

ⁱ Correspondence: email vioannidi@windowlive.com

frameworks for education and health, e.g. special education, correctional treatment, nursing, etc.

The purpose of this paper is to describe basic teaching practices for support of teachers/trainers and support for trainees. We are aiming for a level of collaborative implementation of the work of health and education professionals, particularly in the area of inclusive education and health care for all within a teaching environment, whether in school or in a clinical educational environment (Ioannidi & Gogaki, 2019).

In particular, inclusive education concerns all pupils without exception and aims to create school structures and communities with an emphasis on developing collaborative practices and thus strengthening all members of the educational reality.

At the level of general and specific education and informal education structures, inclusive education is a challenge which benefits everyone (Inclusive Education..., 2014). The development of educational and social support structures focused on the child and the family, in close cooperation with the school, is therefore a current and future challenge.

On the other hand, the World Health Organization defined health as a state of complete physical, mental and social well-being, not only in the absence of disease or disability (WHO, 1946) and several decades later the concept of health enters childhood data and links health in childhood to well-being and success in adult life (WHO, 1991). So, the notion of well-being cannot be excluded from learning and teaching. Today, the challenge facing health professionals is to integrate services into an effective set that will provide improved health care and quality of life (Nakou, 2001/ Kotsagiorgi & Geka, 2010).

2. Literature Review

A bibliographical and theoretical approach has been taken which focuses on interdisciplinary skills and teaching strategies, with the emphasis on critical thinking, which is one of the contemporary aims of education (McPeck, 2016), with the aim of producing new knowledge and solving modern problems through the use of the team (Matsangouras, 2005).

Here, it should be noted that interdisciplinarity builds skills, such as developing critical thinking, disseminating knowledge, combining experiences, attracting interest, creating stimuli, developing various social skills, discovering climates and skills, building new knowledge, lifelong learning, etc. (Burdi, n.d.).

Therefore, given that the main features, which contribute to the quality and implementation of the work of health and education professionals, are cognitive competence, communication skills, good knowledge of the subject, the ability to pass on knowledge and experience, the interest in learning materials, respect for students, etc., are described as indicative strategies for cultivating critical thought by learners, discussion, effective questions, active reading, problem-solving learning, etc. Also, for example, educational examples are presented that promote inclusive education and health care for all and can be implemented interdisciplinary by health and education officials.

It is common knowledge that teaching is a high function, both in general and specific education areas and in health areas provided for lifelong learning, because "*Teaching means changing a life forever*" (DeYoung, 2010, p. 449).

In particular, according to bibliographical data (Ennis, 2011/ Kotzampasaki, 2010/ Ioannidi & Kalokairinou, 2010/ Elliott et al., 2008/ Bagakis, 2002/ Calloway-Graham, 2004/ Dermitzakis & Ioannidi, 2004/ Ioannidi & Baltopoulos, 2008a/ Simpson & Courtney, 2002/ Brain, 1998) the following data shall be highlighted in a synthetic critical light:

- Fundamental pedagogical guidelines and methodological principles in modern educational and psycho-social environments are: (a) the pedagogical dimension and didactic management of applications in relation to new technologies such as educational and health innovation, (b) the development of thinking skills such as decision-making skills and problem-solving skills, (c) cultivating thought processes such as critical thinking (rational criteria for drawing conclusions) and creative thinking (generating ideas), (d) using computational tools educational software and the internet as alternative teaching suggestions and their use as teaching and learning tools.
- These principles are applied in the field of health education and training, because education and health personnel as a multipurpose professional are scientists and researchers, instructors and mediators who work collaboratively, in guidance, organizational, auxiliary, etc., counselors, therapists and case managers, e.g. management of problems within the classroom, illness and patient management, etc., trust figures and social partners. On this basis, they need communication skills with the community at intercultural level, social planning knowledge, skills for managing and exploiting resources, problem recognition and evaluation.
- Thus, the quality and performance of the work of health and education professionals at educational and health level are the knowledge, exercise and experience, pedagogical and teaching training, communication skills, ethical values. In addition, the basic features of a good teacher and a good teacher of education and health are the good knowledge of the subject, the ability to transmit knowledge and experience, the interest in learning materials, respect for its students.
- Accordingly, the characteristics of an effective teaching are knowledge of the teaching subject, skills for critical thinking and solving problems, knowledge of students and the level of their learning, teaching and communication skills, decision-making capacity, self-knowledge and self-control, the ability to reflect or reflect, and the ability to effectively implement research in the educational process. Consequently, principles of effective teaching and learning are to encourage frequent contact and communication between trainers and trainees, to develop cooperation and reciprocity between learners, to encourage active learning, to provide feedback to improve the learner, to emphasize the availability of time, to expect high demands from students, to respect different talents and different ways of learning; for example, use of a variety of strategies such as collaborative learning groups, conversations, query response, etc.

In particular, skills teaching and strategies to cultivate critical thinking have been selected in this work as key applications of integration philosophy in education and health, on the grounds that the combination of knowledge, skills and attitudes contributes to personal development and inclusion, active citizenship, social inclusion and employment (Tsolakidou, 2017).

In more detail, they will therefore be described as indicative strategies, at the level of the culture of critical thinking, discussion, effective questions, active reading, problem-solving learning, etc. (DeYoung, 2010):

- With regard to the *debate*, (a) the teaching content should be configured in such a way that it is confined to the examination of the most basic principles and concepts, (b) traditions should escape from the pattern of a direct lecture (c) each lecture should be given the character of a focused interaction between trainers and trainees. In addition, it is important to conduct a reflective dialog on an issue that was not known. In addition, in conducting debates that promote critical thinking, the role of the teacher is to redirect the debate, highlight central meanings and summarize all available data. Example: Teachers seek answers to their own questions, examine the data they know, make and check assumptions and realize their knowledge gaps or weak points in their reasoning. Always incorrect or incomplete ideas of the learners need to be corrected by the teacher.
- With regard to *effective questions*, (a) teachers should put questions to learners, whether in classrooms or in clinical environments, with a view to developing critical thinking, (b) questions with a fixed answer should be avoided, (c) questions should require reasoned answers through exploration and understanding of a variety of views. In general, this strategy can be used to investigate a variety of issues, such as examining cases related to the care of patients, persons with disabilities, etc. Types and types of questions that may be used in the communication of specific training and medical and educational rehabilitation are: (a) open questions where the trainee provides any answer, (b) exploratory questions which help the trainer to understand the learner's answers in depth and in this case discretion on the part of the trainer is required, (c) the evaluation questions used to check the trainer, if the trainee has understood.
- On *active reading*, instructed trainees study large-scale texts, interacting with the text, because they ask questions about the content of the text, note cases and questions, point to conflicting information and identify cases where there is insufficient evidence when drawing conclusions. This interaction is much more constructive than a simple summary of the content of the text. Through this process, the trainees become active, learn to evaluate what they read, maintain a spirit and a skepticism, promoting critical thinking.
- *Learning through problem-solving* is a modern method used to promote critical thinking and conducted in small groups. In this particular teaching and learning process, people assimilate knowledge when faced with a real problem rather than a dictating framework by their trainers. Trainers simply help to seek information, assess it, address any contradictions, shortcomings, etc., and when deciding or

applying other critical thinking skills. Trainees usually face a real problem by groups, which work in a collaborative way in an educational manner. We utilize opportunities for everyday life, provide materials and time, leverage brainstorming etc.

Other teaching strategies that can be used for critical thinking skills are (Koulaidis, 2007): (a) On the one hand, collaborative learning, where groups of trainees complete the tasks assigned to them, evaluate any alternative, argue for its correctness or otherwise, and help each other and support each other in decision making. (b) On the other hand, self-evaluation is a strategy for stimulating critical thinking and can be transformed into a learning process in the light of guidelines such as its periodic implementation, the availability of material for information, the time available, etc. For example, trainees consider the quality of their thinking when preparing a job.

Below are indicative training activities promoting interdisciplinary critical thinking skills (Ioannidi & Baltopoulos, 2008b):

- 1) Consider and comment on the phrase: "*Health means the right to life. Health means knowledge, prevention and education. Health means fighting for your rights and conquering them*" (Fountain, 1994).
- 2) What does 'difference' and 'disability' mean to you? Can you tell stories about it? Describe emotions and use social and cultural aspects? (Pliogou et al., 2018).
- 3) What thoughts would you record during your educational visit to a health organization or an educational special treatment structure?
- 4) Analyze topics such as value for free time, interests, gradients, etc. How does this information combine with your memories or with the experiences of your friends through an integration philosophy?
- 5) How do you see the health dimension as a capacity to adapt to the natural and social environment? Can you list examples from different situations?
- 6) Can you mention your own experience, an experience about your health, or a difficulty in learning? What effects have you observed in relation to the rest of the environment?
- 7) Choose a realistic situation that will address a key health or learning issue. Create a boot scenario and break into groups by assuming different roles. Next, each group should present its views, within a framework of real interaction, with a view to finding acceptable solutions for non-exclusion education and health care for all. Evaluate the whole process.
- 8) Build on your role as an education and/ or health executive. How are you going to inform about rights and obligations in the context of preventive health care for all?

3. Conclusion

Strategies for developing critical thinking contribute to the creation of a positive learning environment which provides security, respect and support for learners in cooperative educational activities. Therefore, health and education professionals act as an intermediary in the learning process. They can exchange views and present how they use

critical thinking through examples from the classroom, clinical environments, counseling sessions, presentations, etc. Incentives for educational challenges such as autonomy, flexibility, cooperation, reflection and reflection are provided (Paraskeva & Papagianni, 2008), as interdisciplinary knowledge and social challenges towards inclusive education and health care for all.

About the Author(s)

Dr. Vasiliki Ioannidi, BA in Philology, PhD/ Dr.phil. in Pedagogy/ specialization: "Special Education", Certificate in Special Education Programs, Certificate in Adult Education & Adult Educators Training, Academic Tutor & Author E-Learning, National and Kapodistrian University of Athens, Greece. Adjunct Academic Member, Tutor-Counselor, Faculty of Humanities, Hellenic Open University, Greece. Research interests: Inclusive Education, Special needs & Disabilities, Behavioral problems, Learning difficulties, New pedagogical approaches & Best Practices, Social adaptation, Teaching methods & Interdisciplinary cooperation, Early educational intervention, General school, Health, Education & lifelong Learning for All.

Ilianna Gogaki, Kindergarten teacher, Adult trainer, Med in "Education Sciences: Special Education for People with Oral and Written Language Difficulties", Hellenic Open University. Med in "Environment Education", University of Aegean. Med in "Continuing Education and Lifelong Learning", Open University of Cyprus. PhD Cand. in Lifelong Learning, University of Aegean. Research interests: Special Education, Continuing Education, Vocational Education and Training, Gender and Adult Education.

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