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BEST PRACTICE IN LEARNING AND TEACHING HEALTH EDUCATION: A PRE-SERVICE HEALTH TEACHER PERSPECTIVE

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ABSTRACT

Learning and teaching of best practice are pre-requisites of the training of pre-service health teacher. During and following the professional, academic and social development of pre-service health teachers, striking a balance among what, why and how to learn and teach Health Education are obvious possibilities for them. Consequently, the effective learning of specific Health Education contents and how to relevantly put what they have learned in to use during teaching practice exercise are sometimes challenging. Even when Health Education learning outcomes are efficient, the pre-service health teacher may be undermined ethically, ill-equipped or less well-prepared to apply their professional knowledge and skills into classroom experience. The article was designed to therefore, assist the pre-service health teacher to understand the philosophical rudiments of what to learn and teach in Health Education, why learn and teach Health Education and how to learn and teach Health Education. To do these, theoretical perspective and evidence-driven researches were used to address the issues of concern. The article is recommended as a reform to enhance education programme for pre-service health teacher to become competent, and confident graduate health teachers and advocates.

Keywords: Best Practice; Learning; Teaching; Health Education; Pre-service Health Teacher

Introduction

Learning and teaching are important concepts in a pre-service health teacher training programme, which capacity builders or trainers are presumed to be acquainted with. Getting the pre-service health teachers to be equipped with the philosophy and rudiments of learning and teaching health education is one important aspect of best practice. One best practice approach is the teacher's personal attributes of maintaining democracy, good classroom atmosphere and respect for learners. This was emphasised by Kochoska (2024) that teachers are supposed to have respect for students.

Best practice structure concerning conducive classroom or interpersonal respect without the consideration of 'what', 'why' and 'how' to learn and teach is far from achieving stated objectives of health promotion and disease prevention. Pre-service health teachers can hardly find answers to some or all of the questions connected with the aforementioned philosophical questions especially for health promotion and disease prevention.

Unanswered questions could trigger what Masood and Arif (2022) qualified as anxiety and stress associated with teaching practice for pre-service teachers. To some, the contents which they are to learn in the curriculum are just for examination consideration. The purpose of their training and how to put the purpose into practice appear to be a mirage for some of the teachers. Contemporary and sex-appeal dress codes almost likely distract pre-service teachers from being modestly and professionally dressed for school activities. In addition, the number of students in a class, teaching another school subject instead of student's academic discipline, and individual student differences are some challenges faced by pre-service teachers (Masood & Arif, 2022). Consequently, pre-service health teachers sometime find it difficult to learn certain contents during their training or to put what they have learned in Health Education into practice through appropriate 'how' orientation in real classroom setting. Such consequence can involve the teachers finding it hard to teach the contents of the pre-primary, primary or secondary Health Education curriculum assigned to them during teaching practice exercise. Without having much experience in selecting methods and styles of health pedagogy, effectiveness, efficiency, relevance and ethical standing of learners, the acquisition of instructional objectives is most likely compromised. Best practice in terms of the procedures for the preparation of good lesson plans by pre-service health teacher pose threat to best practice achievement. Best in relation to dressing code to some are major challenges. Appropriate selection of materials for particular health contents and group of learners as well as their combination becomes a resultant challenge for some of the teachers. Consequently, a poorly trained pre-service health teacher may think that his efforts in school are not as effective or relevant and hence feels ill-equipped for instructional, extra-curricular deliveries and/or health advocacy.

While best practice is complex, multifaceted and tend to be farfetched due to its social inclination, the article addressed the foregoing concerns of pre-service health teacher. In addition, the paper provides important reforms to enhance education programme for pre-service health teacher to become competent, and confident graduate health teachers and advocates. While full details relating to selection of instructional material for learning and teaching process were not covered in this context, the paper is organised in the following order:

- Concepts of best practice, learning, teaching, Health Education, pre-service health teacher
- What to learn and teach in Health Education
- Why learn and teach Health Education
- How to learn and teach Health Education

Concepts of Best Practice, Learning, Teaching, Health Education, Pre-service Health Teacher

Concept of Best Practice

Best practice, which sometimes is used synonymously as good practices, is not implicative of a perfect state of no error, but one which is a research-driven method geared towards achieving desired outcome.

According to World Health Organization Regional Office for Africa (2017), best practice within the realm of health programmes and services is an understanding about what works in particular situations and contexts after using appropriate resources to obtain needed results and which are usable to design and execute solutions to similar contexts with similar issues. The organization added that a best practice assurance must be based on at least the effectiveness, efficiency, relevance and ethical soundness parameters. An effective programme, project, activity or manual of best practice must have the capacity to achieve desired results. At the appropriate time and with minimal resources, an efficient programme should produce the desired results. A relevant programme should be able to attend to pressing health problems in the locality. For ethical quality, the programme should not affect the physical, social, emotional or any aspect of human well-being and dignity.

Concept of Learning

The meaning of the concept of learning can sometimes be difficult to determine because no one knows how learning takes place within an individual. This means that learning is an innate activity. According to Behlol and Dad (2010), learning is the enhancement in knowledge by quantifying facts, techniques and skills notably for retention and reuse. Gross (2022) documented that learning is a process involving the acquisition of novel skill, understanding, value, attitude, knowledge, behaviour, and preference. Learning also involves drawing meaning from abstract contexts, connecting components of content together and with reality, the interpretation/reinterpretation, and understanding of knowledge (Behlol & Dad, 2010). With the foregoing meanings, learning, therefore, is both a sociological and mental concept and can be defined as an overall experience of life. Constant and daily interactions with people and environment as well as the internalization of meaning of concepts, issues or social objects have the potential to influence learning.

For pre-service teachers to be well-equipped with the personal and professional development in the field of training, cultural, diverse learning and parental factors, count. Based on diverse cultural principles extending to religion, beliefs, values, and interests, learners tend to learn at or to varying degrees. Similarly, parents that provide supports for their children/wards' learning through monitoring or guiding of take-home assignments, providing financial and study materials as well as creating enabling environment conducive for learning are more likely to have children/wards that learn better than their counterparts. Differences in learning needs where learners differ in intelligence quotient, learning abilities, and physical ability are other considerations of learning effectiveness.

Concept of Teaching

The concept of teaching seems to be complex to define because of the myriad of complexities of the teaching situation and the learners themselves. Teaching, according to Mutseekwa and Mushoriwa (2021), is a complex task which demands pre-service teachers to be supported in teaching practice and professional teaching experience. One goal of teaching is to make it relevant to

learners both now and later. Therefore, teaching must be structured and co-ordinated to meet the goal by addressing learners' physical, social, emotional and cultural needs in a contemporary society. Teaching of best practice is one way to meet the needs of learners through the collaboration of all stakeholders in the education and non-education sectors of the society.

In the teaching sector, best practice can be identified based on one or more of the criteria earlier specified by World Health Organization Regional Office for Africa (2017) including efficiency, effectiveness, relevance and ethical quality. With particular attention to national policy education framework; stable funding and budgeting; needs-oriented, cost-friendly programme development; framework for implementation, monitoring and checkmating; inter-sectoral partnership or coordination; and community participation, such teaching can be qualified as efficient, effective, relevant or ethically-based. Furthermore, qualified and regularly trained and retrained teachers in modern technology including Information Communication Technology, adequate instructional materials of state-of-the-art technology are also indicators of best practice in effective teaching.

An effective teaching can also be specifically rooted in certain methods and responsibilities for a best teacher. According to Munna and Kalam (2021), the use of varied approaches including role play, question-type, reward, discussion, panel group, watching, punishment, audio or visual; being acquainted with the needs and preferences of students; and the preparation of lesson plan according to the learning outcomes and abilities of all categories of learners are unique of such methods and responsibilities. Munna and Kalam (2021) added that engaging learners through active learning; effective communication; and consistency with rules are other effective strategies in teaching. However, challenges with respect to best practice teaching are sometimes not ruled out.

Certain teaching bottlenecks are sometimes observed in the school or classroom. For example, deviant behaviour, feeling of low self-worth, rejection, introversion, extroversion or bullying can sometime be seen among students. A best teacher can quickly respond and take control by trying to figure out the cause of such behaviours or feelings instead of reacting at the target behaviour, sounding a warning at the target person or ignoring the act.

Concept of Health Education

A number of definitions exist for the concept of Health Education. The World Health Organization (WHO, 1998) defined Health Education as learning experiences carefully structured and communicated to enhance health literacy, and develop life skills for individuals and communities. Other authors defined Health Education as thematic learning experiences offered to members of a social system which will enable them to make informed decisions, modify harmful health behaviours, and change social conditions in ways which are protective and promotive for their health (Obasuyi, Osayande & Omobude-Idiado, 2014). According to Chakma (2022), Health Education means health promotion and the

reduction of behaviour-induced behaviour by enabling changes in individual and group attitudes and behaviours. In all of these definitions it is clear that Health Education is structured health instructional experiences aimed at disease prevention, health promotion, health protection, health maintenance, and health restoration in social contexts.

Pre-service Health Teacher

An educational programme which tertiary institution students are expected to take before they enter the teaching profession is pre-service in nature. Pre-service teacher education has a minimal of three dimensions including preparation of prospective teachers in academic, profession and social (Acheampomaa, 2019). The academic preparation is concerned with training of the prospective teacher in knowledge and skills of particular content with its instruction. The professional preparation is the use of the knowledge and skills acquired during teaching practice and graduate teaching. The social preparation covers the pre-service teacher's regular interaction with course mates, and other members of the teaching profession. In addition to the dimensions, personal competence for classroom learning is required. Irrespective of the preparation of the pre-service teacher, his/her capacity to handle all situations that arise in school is equally paramount of best practice especially in Health Education.

In Health Education, a pre-service teacher is one who is academically, professionally and socially trained not only to teach Health Education in schools but also to advocate for health promotion, restoration, maintenance, protection and disease prevention in all settings where human population exists. In addition to having the capacity to advance the aim of Health Education, a pre-service teacher is a Health Education teacher, health advocator, health administrator, health counsellor, and/or health guide. He is one with competence in Health Education or health science. He is certified as a health teacher to take part in the design, review, improvement, implementation and coordination of Health Education programmes in colleges, health facilities, ministries, and industries. He builds his philosophy around his profession, academic, personal and social life.

The philosophy of a pre-service health teacher orchestrates a statement which brings the health teacher's values, attitudes, beliefs, principles, interests to bear in not only his disease avoidance, health promotion and protection and maintenance but those of people around him. Health Education is a crucial aspect of personal health. It is necessary, therefore, for the pre-service health teacher to develop his philosophies around his personality and those around him. Such philosophies must be built around the acquisition of essential knowledge and the delivery of relevant health information necessary to enhance healthful behaviours not only for himself but for learners and personnel within or outside the school community. The pre-service health teacher's philosophy must also centre around addressing learners and group values, attitudes and norms for the avoidance of personal or group risks. The skills required to prevent harmful health behaviours and promote health enhancing ones must emanate from the health teachers and be

reflected in members of school and others around them.

The pre-service health teacher's philosophy can encompass, but not limited to: (1)sourcing for health knowledge which will influence healthful behaviour and social change for himself and others; (2) identifying with resources in Health Education through conferences, seminars, and workshops while also researching into contemporary issues geared towards health problem solving; (3) eating rightly; (4) being physically well/active; (5) building lifelong social and health skills for effective communication, worthwhile intrapersonal and interpersonal relationships, decision-making; (6) creating a safe and healthful environment; (7) discovery interests of learners and others and designing health activities accordingly; (8) make teaching/learning fun; (9) advocating for health; (10) building team spirit for team work; (11) avoiding psychoactive drug use and misuse; and (12) using alcohol in moderation.

What to Learn and Teach in Health Education

What the pre-service health teacher will learn covers both the contents of Health Education, the process of learning the contents and the pedagogy of the learning. The process of learning the contents of Health Education can be conceptualised from what Wilson and Biller (2012) gave as the phases of learning including 'learning in action', 'learning from action' and 'learning for action'. According to them, 'learning in action' means learning while 'doing'; learning for action entails learning from experiences and learning from action means formally learning novel knowledge. A pre-service teacher can learn for and from action while being exposed to the health contents or experiences which could be new and drawing reflections from these.

Health Education contents or experiences are embedded in the curriculum of the Benchmark Minimum Academic Standards (BMAS) and the recently developed/approved Core Curriculum Minimum Academic Standards (CCMAS) [National Universities Commission, (NUC), 2014, 2023] in Nigeria. Examples of the Health Education experiences of the BMAS for 100 Level undergraduate courses include but not limited to EHE111 which is 'Introduction to Health Education', EDU101: 'Introduction to teaching profession' and GST111: 'Communication in English I' (NUC, 2014). For the CCMAS, the same 100 Level undergraduate courses include but not limited to EHE111 which is 'Introduction to Health Education', EDU101: 'Introduction to teaching and foundations of education' and GST111: Communication in English (NUC, 2023). It is clear that the 'Introduction to Health Education' is a relevant course for the 100 Level undergraduates.

Within the realm of relevance, Health Education programme, content or activity should be able to attend to pressing health problems in the locality. With reference to the same example, EHE111 can be relevant to the locality if pre-service health teacher uses their acquired knowledge of the concept of 'health' to address health myths or misconceptions by making audience aware of the definition of health. By this, the objective of health promotion is tended to be achieved.

What a pre-service teacher will learn in Health Education including its contents, activity and/or programme must, to a large extent, be effective by being workable and has the capacity to realise measurable results in terms of the contents, programme or activity. The measurable results should stem from the learning outcomes which are specific statements of the objectives the health teacher trainer makes the pre-service health teacher to achieve. For example, a learning outcome for EHE111 can be: 'At the end of the lesson, 100 Level students will be able to define the concept of health'.

An efficient Health Education content, programme or activity must be undertaken to produce desired results with minimal resources. The efficiency of EHE111, which was used as an example, can be obvious in pre-service teachers' capacity to define the concept of 'health' at 100 Level using instructional resources such as Health Education expert, tutor, and charts. For the EHE111 to possess ethical quality, Health Education programme, project, content or activity must not undermine the physical, social, emotional wellbeing or any aspect of human dignity of the pre-service teachers.

'What' to teach in Health Education covers its contents which are embedded in the Nigeria secondary school curriculum. A number of Health Education contents exists which pre-service teachers can teach including contents for the lower basic, middle basic, upper basic and senior secondary school in Nigeria. According to the Nigerian Educational Research and Development Council (NERDC, 2014) examples of such contents include 'health and hygiene' and 'first aid' which are Health Education Primary 1 topics in Theme 3 of the Nigeria E-Curriculum. Pre-service Health Education teachers should be able to use pragmatic, innovative and basic cognitive skills to effectively teach the Health Education contents in schools. To teach the contents and use them to efficiently achieve the aim of health promotion and disease prevention with minimal resources, the teachers should be able to relevantly handle personal and group standards, value-driven, attitude-based and belief systems of students in schools. While doing these, the ethical well-being of the learners should equally be upheld.

Why Learn and Teach Health Education

As mentioned in a preceding part of this paper, the philosophy of Health Education programme is to turn out graduate teachers with standards needed for developing and executing interventions for people's health needs including empowering them to make informed choices of their behaviours (NUC, 2023). Pre-service health teachers should therefore, learn Health Education in order to achieve this philosophy. The rationale for pre-service Health Education capacity building is necessary to be highlighted as this will be a springboard to achieve the criteria of best practice as follows:

Effectiveness

The rationale is contained in the B.Sc. (Ed.) Health Education of the NUC (2023) blueprint tagged 'objectives' and therefore the programme is developed to be learned by pre-service teachers in order to:

1. endow them with the history and philosophy of Health Education;

2. furnish the teachers with skills and competencies required to function in effectiveness as a graduate teacher not only in a school or college; and
3. inculcate in the teachers the crucial role of Health Education in industries, and in socioeconomic, environment, and technology advancement.

Relevance

1. build in pre-service teachers the need to be able to address health problems with the application of health knowledge and skills;
2. professionally equip the teacher to be a Health Education lecturer/tutor;
3. deliver advice and render consultancy services to organizations locally, nationally and internationally regarding worldwide health problems; and
4. turn out health safety personnel, health programme personnel and consultants for industry;

Efficiency

1. train health counsellors or human resources for a school, hospital, industry and community; and
2. prepare the teachers on a number of skills that can be transferred and used in health profession.

One reason why teach Health Education is for a pre-service teacher to be a role model for his students or audience. One way to achieve this is for the pre-service health teacher to be neatly, and well-dressed with hair and nails in modesty in order to work within professionalism, decency, and discipline. Considering the fun and lively nature of pre-school children, pre-service male health teachers are encouraged, according to Johnes (2023) to put on neat, child-friendly bright coloured comfortable slacks or trousers with blouse shirts, closed-toe footwear and professional manageable hairstyle. Johnes added that the females can go for skirts, dress or slacks with comfortable blouse. For primary pre-service male health teachers, Johnes (2023) emphasised that males wear neutral coloured and classic-patterned slacks or trousers with appropriate shirts or blouse. In addition, females can wear casual slacks or skirts with collared shirt or well-seamed blouse, comfortable shoes and professionally well-groomed hair to reflect an approachable environment. For the junior secondary school, Johnes (2023) noted that males may go for well-seamed jeans but with formal top paired with khakis or slacked styled blouse or collared shirt, and comfortable shoes. For females, slack khakis skirts with well-seamed shirt or collared shirt and hair, is appropriate (Johnes, 2023).

How to Learn and Teach Health Education

John Dewey's Theory of Progressive Education posits that individuals can learn by being active participants, rather than passive in receiving knowledge. To Dewey, a successfully acquired knowledge must be based on experience and hence his Experiential Learning approach with four principles including learning by doing, discussion, interaction and interdisciplinary (Kobin, 2023). 'Learning by doing' entails that individual learn well by being engaged in an activity which targets problem solving at that time. During discussion, participants learn to present ideas through debates or arguments that sometime convince other members of the group to see reasons in those ideas from another dimension. Dewey believed that learning in an interactive environment is the notion of experience

which is based on a change of adaptation. To Dewey, an interdisciplinary learning involves continuity which extends to what they already know as being applied to other spheres of learning.

An application of Dewey's Theory to 'how to learn and teach Health Education', stems from the fact that pre-service health teacher can learn health instructional experiences better by being active participants in the knowledge acquisition process. In Health Education, pre-service teachers can gain experiences by reading Health Education materials, attending lectures or sourcing online materials. In the process of 'learning by doing', discussion and interaction occur among the teachers during which they are enabled to apply what they have learned in an internship interventional programme to address health problem of concern while paying attention to the aims of Health Education. Furthermore, they are also posted twice for teaching practice exercise, during the course of their training programme. More health instructional experiences are acquired from the students and audience they come in contact with in the school, health facility, or industry.

With particular attention to the concepts of effectiveness, efficiency, relevance and ethical norm, how a pre-service teacher will learn Health Education including its contents, activity and/or programme is worthy of consideration. An enhanced learning outcome stems not only from quality of teaching but from how pre-service teachers can effectively and efficiently learn the contents of Health Education set before them in the BMAS and CCMAS. Any higher educational institution devoid of minimum academic norms of NUC to enhance learning outcome, undermines the effective and efficient learning of undergraduates under her programme. Therefore, a consideration of staffing, physical facilities, equipment, library and information materials and list of material resources is not out of place in enhancing how undergraduates will learn Health Education. According to the NUC (2023) CCMAS minimum academic standards, academic staff with Ph.D. shall not be less than 70% of the number of academic staff for an effective Health Education learning. Where such standards are not met, pre-service teachers can hardly learn effectively in order to achieve the objectives for which Health Education programme is accredited. In addition, a tertiary educational institution that does not have sufficient physical facilities, or where the Health Education Laboratory is not within the specification of NUC is not viable to enhance pre-service training programme. A Health Education laboratory in which more pre-service teachers occupy a space less than $7.50m^2$ which is specified by NUC (2023) is ethically not conducive for students to learn.

With attention to the concepts of effectiveness, efficiency, relevance and ethical quality, how a pre-service teacher will teach Health Education including its contents, manage his classroom, use and vary methods and pedagogy is a crucial point of determination. The teaching practice is an exercise in which the pre-service health teacher meets with learners like them, in a relevant encounter. The real classroom situation they are to face also consists of learners from different cultural backgrounds, parental upbringing and

learning needs. Such setting tends to pose challenges to the teachers in training as it is sometimes difficult for them to handle. For example, differences in socioeconomic status, parenting styles, values and interests become issues the teacher have to handle and strike a balance of equity, justice and fairness. For the teacher to relevantly face this setting, the onus lies on him to have been well-equipped with personal, academic, social, and professional attributes in teaching, behaviour and classroom management. He must be regular and punctual at school and be able to use his professional skills to manage the misconduct of students. He must address any form of misconduct without the use of corporal punishment, but employ behaviour modification technique involving reinforcement.

The pre-service teacher must be acquitted with the Health Education curriculum to be able to teach well. A well-designed Health Education curriculum must have the potential to meet the criteria of best practice which are inclusive but not limited to effectiveness, efficiency, relevance and ethical soundness. A Health Education curriculum is an overall planned sequence of health instructional experiences which are not only culturally inclusive for individual health and educational development but also socially inclined. A Health Education curriculum is a working framework consisting of performance objectives, which pre-service teachers are expected to use as a minimum guide to prepare a good lesson plan in Health Education.

A lesson plan is a tool or an outline of health teaching. According to Dahiya (2019), a lesson plan is an outline of teaching made up of crucial points which are arranged in a manner of its presentation. Based on this definition, a Health Education lesson plan is a model or framework of health instructional objectives, teaching materials, teacher and learner participatory activities, evaluation which are logical and sequentially arranged and presented to students within a period of time.

A Health Education pre-service teacher must be able to practice the skill of lesson planning and consistently use the skill in the Health Education classroom. No one framework of a lesson plan is superior to another. Certain components are needed to be included to make the plan to meet the criteria of effectiveness, efficiency, relevance and ethical basis. These are 'the topic to be taught', 'instructional materials', 'instructional objectives', 'time of delivery', 'method of presentation involving teacher and learner participatory procedures' and 'evaluation'. The components of the model are what the teacher can be acquainted with in order to make the teaching/leaning process full of fun and interesting. A template consisting of the components for a best practice Health Education lesson plan is presented in Appendix A. The components can also be tabulated as shown in Appendix B. Consequent upon the preparation of a best practice Health Education lesson plan, the adequately prepared and well-dressed pre-service health teacher can proceed to use the plan to teach the students.

Conclusion

The learning and teaching of Health Education is paramount in the professional, academic and social development of pre-service health teacher. Without the basic

understanding of what they should learn and teach, why they should learn and teach and how they can learn and teach, it is difficult for the pre-service health teacher to acquire capacity building and become qualified graduate health teachers, advocates or administrators. Therefore, an understanding of the knowledge of the philosophical questions and the practice of what they entail are needed for community advancement.

Recommendation

The article is recommended as a reform to enhance education programme for pre-service health teacher to become competent, and confident graduate teachers, advocates and administrators.

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APPENDIX A

Template for a best practice Health Education lesson plan

Name of teacher:	Abu James
Class to be taught:	Junior Secondary School I
Duration/time of teaching:	40 Minutes
Gender:	Mixed
Age range:	11 years and above
Topic to be taught:	Oral Hygiene
Entry behaviour/Previous knowledge:	Students have been taught 'personal hygiene'
Instructional/Performance/ Behavioural objectives:	At the end of the lesson, students will be able to: 1. define oral hygiene, 2. itemize three items which can be used for cleaning the teeth, and 3. explain three benefits of keeping the teeth clean.
Instructional Materials/ resources:	Markers, marker board, and colourful flip chart

Presentation (teacher's and student's activity): The teacher introduces the lesson by asking the students if they brushed their teeth before coming to school that day.

Step 1: The teacher defines oral hygiene, and then writes the definition on the marker board. The teacher then displays the colourful flip chart showing the definition of 'oral hygiene'. Students write the definition in their notebooks.

Step II: The teacher asks the students to list, orally, three items they used to wash their teeth and mouth that morning. The students respond and the teacher lists the three items on the marker board. The teacher again, displays the next page of the flip chart with the items and asks the students to put the items into their notebooks.

Step III: The teacher gives the benefits of keeping the teeth and mouth clean, first orally and then displays the last page of the flip chart for the students to see.

Evaluation: The teacher asks the students to:

1. define oral hygiene,
2. itemize three items which can be used for cleaning the teeth, and
3. explain three benefits of keeping the teeth clean.

Assignment: The teacher asks the students to write a report of how to take care of the items used for oral hygiene.

APPENDIX B

Template for a best practice Health Education lesson plan

Name of teacher: Abu James
Class to be taught: Junior Secondary School I
Duration/time of teaching: 40 Minutes
Gender: Mixed
Age range: 11 years and above
Entry behaviour/Previous knowledge: Students have been taught 'personal hygiene'

Topic	**Instructional Objectives**	**Contents**	**Time**	**Resources**	**Teacher activity**	**Student activity**	**Evaluation**	**Assignment**	**Remarks**