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A COMPETENCY-BASED PEDAGOGICAL MODEL FOR PREPARING PRE-SERVICE PRESCHOOL TEACHERS TO FOSTER HEALTH-RELATED SKILLS IN YOUNG CHILDREN

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Abstract: The professional preparation of preschool teachers is increasingly expected to address the complex developmental, educational, and health-related needs of young children. One important area of such preparation is the ability of future educators to foster health-related knowledge, habits, practical skills, responsible behaviour, and age-appropriate self-regulation in preschool children. However, traditional teacher education often presents theoretical knowledge, pedagogical methods, practical training, assessment, and reflection as relatively separate components. This conceptual study aims to substantiate an enhanced competency-based pedagogical model for preparing pre-service preschool teachers to foster health-related skills in young children. The study is based on theoretical analysis, conceptual synthesis, structural-functional analysis, and pedagogical modelling. The proposed model integrates five interconnected blocks: target-conceptual, content-competency, process-technological, diagnostic-evaluative, and result-reflective. It is implemented through four stages: diagnostic-motivational, cognitive-content, practice-transformative, and reflective-evaluative. The professional readiness of future preschool teachers is represented through motivational-axiological, cognitive, operational-activity, and reflective-evaluative components. The model combines competency-based, activity-oriented, contextual, and reflective approaches and promotes the transformation of theoretical knowledge into developmentally appropriate pedagogical action. It positions the future preschool teacher not merely as a transmitter of health information but as a designer of educational situations that support the gradual development of sustainable health-related skills in young children.

Keywords: pre-service preschool teachers, pedagogical model, health-related skills, professional readiness, competency-based education, early childhood education, reflective practice.

Introduction

The quality of early childhood education is closely related to the professional competence of educators who organise children's everyday learning, interaction, care, play, and development. Early childhood is a significant period during which basic behavioural patterns, habits, attitudes, and forms of self-regulation begin to emerge. Therefore, the preparation of preschool teachers should support not only children's cognitive and social development but also their physical and emotional well-being.

Health-related education is an important part of this professional responsibility. Preschool children gradually develop skills related to personal hygiene, healthy nutrition, hydration, physical activity, rest, personal safety, emotional well-being, communication of discomfort, and responsible behaviour in everyday situations. Such skills cannot be formed effectively through occasional explanations or verbal instructions alone. Their development requires repeated practice, modelling, meaningful interaction, child participation, and continuity between preschool and family environments.

Recent studies have increasingly focused on the health literacy and health-related competence of preschool educators. This research indicates that educators' ability to understand, communicate, and

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apply health-related information may influence the quality of health education provided to children. However, health-related knowledge alone does not guarantee professional readiness. A future preschool teacher may understand the importance of hygiene, nutrition, or physical activity but still experience difficulty designing an age-appropriate activity, responding to a child's misconception, organising practical learning, or evaluating whether a health-related skill has actually been developed.

This reveals an important distinction between knowing about health education and being professionally prepared to implement it in real preschool practice.

Therefore, future preschool teachers require a systematic preparation model that integrates motivation, professional values, relevant knowledge, practical action, assessment, feedback, and reflection.

The purpose of this study is to theoretically substantiate an enhanced competency-based pedagogical model for preparing pre-service preschool teachers to foster health-related skills in young children.

The main objectives are:

to define the professional readiness of future preschool teachers in this field;

to identify the methodological foundations of the model;

to determine its structural blocks and implementation stages;

to define pedagogical conditions, methods, assessment criteria, and expected outcomes.

Theoretical Foundations

Health-related skills in early childhood

Health education in early childhood should not be reduced to the memorisation of rules. A health-related skill is formed when a child can apply relevant knowledge in practical situations with gradually decreasing adult assistance.

In this study, health-related skills are understood as developmentally appropriate patterns of knowledge-guided behaviour that contribute to the protection, maintenance, and strengthening of children's physical, emotional, and social well-being.

These skills may include:

following basic personal hygiene routines;

making age-appropriate healthy choices;

participating in physical activity;

recognising the need for rest;

communicating pain, fear, or discomfort to an adult;

following elementary safety rules;

developing appropriate eating and hydration habits;

using simple strategies for emotional self-regulation;

seeking adult help when necessary.

Such skills combine knowledge, behaviour, communication, elementary decision-making, and self-regulation. Their development therefore requires active, contextual, and developmentally appropriate pedagogical support.

Health literacy theories are relevant to this issue because they emphasise not only access to information but also the ability to understand, evaluate, and apply it. Although these theories were not developed exclusively for preschool children, their central principle is important for teacher preparation: health-related knowledge becomes meaningful when it is transformed into action.

Professional readiness of pre-service preschool teachers

In the present study, the professional readiness of a pre-service preschool teacher to foster health-related skills in young children is defined as an integrated personal and professional formation

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combining motivation, health-pedagogical knowledge, practical competence, situational decision-making, and reflection.

This readiness consists of four interrelated components.

Motivational-axiological component includes recognition of child health as a professional value, responsibility for creating health-supportive educational conditions, and willingness to improve professional competence.

Cognitive component includes knowledge of child development, health-related educational content, age-appropriate methods, safety principles, and the boundaries between pedagogical and medical responsibilities.

Operational-activity component includes the ability to plan, organise, conduct, adapt, and evaluate health-related educational activities.

Reflective-evaluative component includes self-analysis, interpretation of feedback, identification of weaknesses, and improvement of professional practice.

The effectiveness of professional preparation depends on the integration of these components. Knowledge without practical competence remains insufficient, while activity without reflection may reproduce ineffective approaches.

Methodological approaches

The proposed model is based on several complementary methodological approaches.

The competency-based approach focuses on the ability to apply knowledge, skills, values, and professional judgement in specific pedagogical situations.

The systemic approach considers teacher preparation as an interconnected structure in which goals, content, methods, assessment, and outcomes influence one another.

The activity-based approach emphasises learning through purposeful action, including case analysis, simulation, microteaching, project work, and supervised practice.

The contextual approach connects university learning with authentic professional situations.

The reflective approach establishes self-analysis and feedback as mechanisms of professional improvement.

Together, these approaches support a transition from passive knowledge acquisition to professional action.

Methodology

The present study is theoretical and model-building in nature. It does not report the results of an experimental intervention and therefore does not claim empirical effectiveness at this stage.

The research methods included:

theoretical analysis of literature on early childhood education, health literacy, and teacher preparation;

conceptual synthesis;

structural-functional analysis;

pedagogical modelling;

comparative interpretation of practice-oriented teaching strategies.

The model was constructed according to the following logical sequence:

social and educational need → aim → methodological foundations → content → pedagogical conditions → technologies → professional activity → assessment → reflection → improved readiness.

Structure of the Enhanced Pedagogical Model

The proposed model includes five interconnected blocks:

target-conceptual;

content-competency;

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process-technological;
diagnostic-evaluative;
result-reflective.
Target-conceptual block
The main aim of the model is:
to develop the integrated professional readiness of pre-service preschool teachers to foster health-related skills in young children through competency-based, practice-oriented, contextual, and reflective preparation.
The model is guided by the principles of:
scientific validity;
professional relevance;
developmental appropriateness;
integration of theory and practice;
active participation;
contextualisation;
continuity;
feedback;
reflection.
Content-competency block
The content of professional preparation is structured according to the four components of readiness.
The motivational-axiological component develops professional responsibility, positive attitudes toward health education, and recognition of child well-being as an educational value.
The cognitive component develops knowledge of child development, hygiene, healthy nutrition, physical activity, safety, emotional well-being, pedagogical methods, and health-related educational principles.
The operational-activity component develops the ability to formulate learning objectives, design health-related pedagogical situations, use appropriate methods, adapt activities to children's needs, and evaluate outcomes.
The reflective-evaluative component develops the ability to analyse professional actions, use feedback, identify difficulties, and improve practice.

Process-Technological Block

The process-technological block determines how professional readiness is developed.
The model recommends the integrated use of:
scenario-based learning;
case analysis;
problem-based learning;
microteaching;
simulation;
role play;
project-based learning;
collaborative learning;
reflective journals;
peer observation;
structured feedback;
supervised preschool practice.

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The central educational sequence is:

knowledge → situation → analysis → decision → action → feedback → reflection → improved action.

Stages of Model Implementation

The model is implemented through four interconnected stages.

Stage I: Diagnostic-Motivational

This stage identifies students' initial readiness and develops professional motivation.

Activities may include initial assessment, self-evaluation, analysis of professional problems, and formulation of individual learning goals.

Expected outcome: awareness of the importance of health-related education and readiness for professional development.

Stage II: Cognitive-Content

This stage develops a scientifically grounded and pedagogically relevant knowledge base through interactive lectures, seminars, literature analysis, problem-based tasks, and interdisciplinary integration.

Expected outcome: a structured system of knowledge supporting professional decision-making.

Stage III: Practice-Transformative

This is the central stage of the model.

Students participate in scenario analysis, case studies, simulation, microteaching, project work, and supervised practice.

The stage follows the cycle:

Analyse → Plan → Act → Receive feedback → Reflect → Redesign.

Expected outcome: the ability to transform theoretical knowledge into developmentally appropriate pedagogical action.

Stage IV: Reflective-Evaluative

This stage focuses on final assessment, self-analysis, and further professional improvement.

Activities include portfolio evaluation, self-assessment, peer assessment, reflective analysis, and comparison of initial and final readiness.

Expected outcome: reflective professional readiness and the capacity for continuous self-development.

Pedagogical Conditions

The effectiveness of the proposed model depends on several pedagogical conditions.

First, health-related content should be integrated into professional subjects such as preschool pedagogy, child development, methodology, educational psychology, practicum, and family cooperation.

Second, theory and practice should be systematically connected. Important theoretical content should be followed by application through cases, scenarios, simulations, or microteaching.

Third, authentic and simulated professional situations should be used to develop contextual decision-making.

Fourth, students should receive continuous, timely, and constructive feedback.

Fifth, reflection should be organised systematically rather than only at the end of the course.

Sixth, cooperation between universities and preschool institutions should ensure continuity between academic preparation and real professional practice.

Discussion

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The proposed model contributes to preschool teacher education by defining preparation for health-related education as an integrated professional competence rather than as the acquisition of separate theoretical knowledge.

Its first important feature is the integration of professional values, knowledge, practical skills, situational decision-making, and reflection.

Second, the model emphasises the transformation of knowledge into action. Scenario-based learning, case analysis, microteaching, simulation, and practicum enable future teachers to practise professional decisions before and during real preschool experience.

Third, the model supports developmentally appropriate child participation. The aim of health-related education is not merely to require children to obey rules but to create situations in which they gradually understand, practise, and internalise appropriate behaviour.

Fourth, reflection functions as a mechanism of continuous professional improvement.

The model nevertheless requires empirical validation. Future studies should test its effectiveness through experimental or quasi-experimental research and examine changes in professional readiness, teaching performance, and the transfer of acquired skills to real preschool practice.

Conclusion

Preparing future preschool teachers to foster health-related skills in young children requires more than the transmission of theoretical knowledge. Pre-service teachers need an integrated professional preparation system that develops motivation, values, knowledge, practical competence, situational decision-making, assessment, and reflection.

The proposed competency-based pedagogical model consists of five interconnected blocks: target-conceptual, content-competency, process-technological, diagnostic-evaluative, and result-reflective. Its implementation takes place through diagnostic-motivational, cognitive-content, practice-transformative, and reflective-evaluative stages.

The theoretical contribution of the model lies in the integration of:

professional values → knowledge → contextual analysis → pedagogical action → assessment → reflection → improved professional practice.

The proposed model provides a theoretical basis for the development of teacher education programmes, specialised training modules, assessment tools, and future empirical research.

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