

Mirror. Mirror: Using Reflection in the Health Classroom

Dr. Kelly M. Boyd and Dr. Kimberely Razzano

Department of Health Studies - East Stroudsburg University of Pennsylvania

Review of Literature

What "reflection" is and what "reflection" is not?

- ♦ It is difficult to find a uniform term.
- Current literature turns up terms like reflective thought, inquiry,
 critical thinking, reflection, inquiry-oriented approaches, critical reflection, reflective practice, reflection on action, etc.
- ♦ If there is not a uniform term, then there is not a uniform definition.
- ♦ If teachers and health educators are using different terms to say the same thing and/or do not fully understand what reflective practice is and is not, then are we correctly teaching our students how to reflect?

How we use reflection in our health classrooms?

- ♦ Literature was limited.
- ♦ Literature addressing the use of reflective practice is either discipline-specific (e.g. Nursing, Psychology, Physical Education) or overly general (e.g. Ethics, Teacher Preparation).

Are we teaching our health students the process of reflecting or reflective practice?

- ♦ Gaps in literature suggest that health educators are NOT teaching students how to reflect.
- ♦ Health educators tell their students to reflect, but we [health educators] do not provide structure or show them how to reflect

Need for Health Educators to **Understand the Process of Reflection**

- 1. Health Educators at all developmental levels use reflection in their classrooms.
- 2. If students know how to reflect, health teachers should be better able to integrate reflection into methods and assessments in the health classroom.
- 3. Reflective practice is firmly embedded in the National Health Education Standards.
- 4. Using "reflection on action" in the classroom makes it easier for students to then "reflect in action" when they are outside of the classroom.

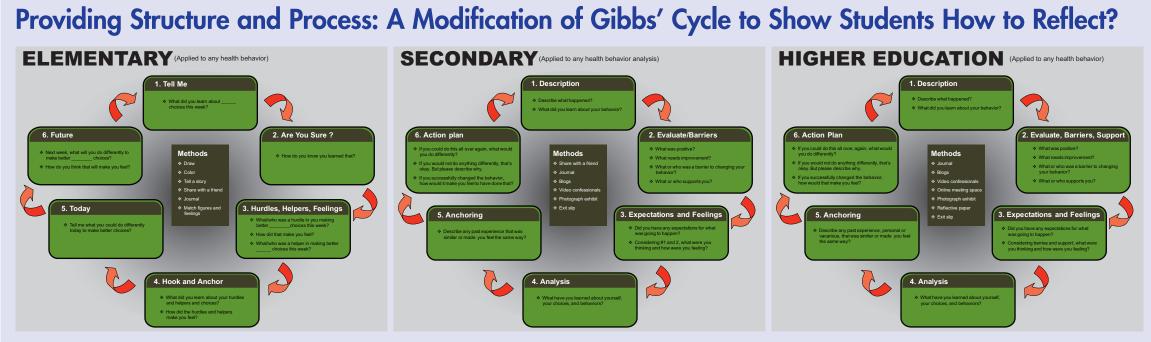
How Reflection Can Better the Health Classroom?

Providing a structure or process for "reflecting on action" addresses the following unique characteristics of teaching health and/or personal health behaviors:

- 1. Health students are consistently challenged to explore personal feelings and beliefs, which motivate their actions and decisions;
- 2. A large part of health behaviors will be delayed and/or unobservable;
- 3. Motivation to change a health-related behavior is entrenched in emotion and skill;
- 4. Health students need to examine commonly held beliefs about health products, health behaviors, etc.;
- 5. Relevancy is critical in every health lesson or the learning "light bulb" goes off.

Conclusions

- 1. All educators, specifically health educators, given the needs of their target population, need to reexamine what reflection is and is not.
- 2. Teaching health students how to reflect allows for easier integration of the affective domain and assessments.
- 3. A reflective model provides structure and process for learners. Once students learn how to "reflect on action" they will be better at reflecting while "in action."
- 4. Choose a model that best suits the needs of your classroom. Modify the model from one developmental level to the next to meet the needs of your learners.
- 5. Integrating reflection into health lessons and assessments addresses higher-level learning and/or "deep" learning.
- 6. When learners reflect on health behaviors, they establish relevancy and are better able to anchor content.
- 7. Reflection does not have to be a "writing" assignment. Provide multiple methods for reflection.



Reading and References

(Refer to hand-out for full list)

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