

# 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.

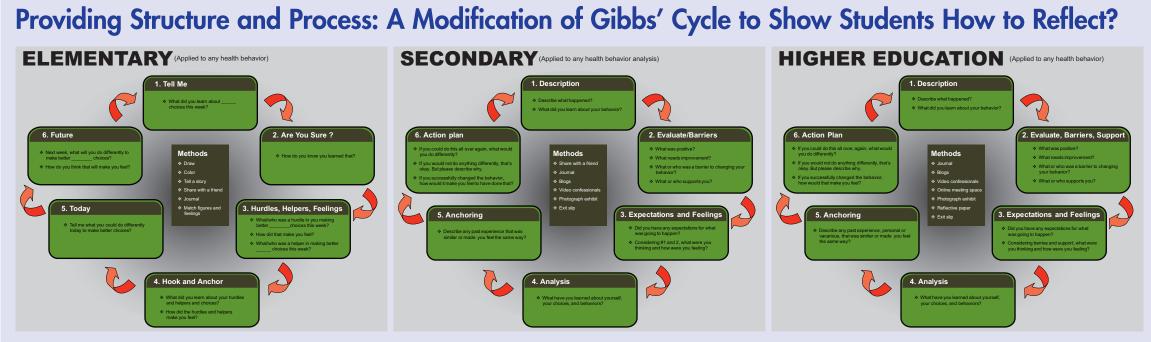
# How Reflection Can Better the Health Classroom?

#### 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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