

Core Teaching Practices for Health Education



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A quick group chat.

What do you see as the two to three biggest barriers to improving the quality of health educators in teacher education?

Our main argument...

Health education in preservice and professional development settings is not supporting teachers well enough with quality pedagogy that would improve their effectiveness.

Teachers Make a Difference

Teachers make a difference in student learning and **effective teachers make more difference**. How much more- consider these data reported by Marzano (2010, p. 214).

Teacher competence on a scale of 1 to 100%.	Predicted student learning if the student scored at the 50th percentile
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Take home message

Teacher education and professional development can make a difference by improving the instructional competency of health teachers and in turn impact student learning in schools.



A recent national census study on physical and health teacher education in the United States – early data not yet published.

- Health education licensure in some states is not required to teach the subject.
- Typical course work specific to health education in many degrees is between 3-5 classes with the majority closer to 3 than 5. It is very unclear how programs can meet HETE standards.
- There is a small but growing trend on combining physical education and health education degrees – some required as in Michigan and some institutionally determined – typically without increasing credit hours.

Core Teaching Practices

Also called

- High leverage practices. (Ball, Sleep, Boerst, 2009)
- Ambitious teaching practices. (Windschitl et al., 2018)



What are core practices?

1. Practices that occur with high frequency in teaching.
2. Practices that novices can enact in classrooms across different curricula or instructional approaches.
3. Practices that novices can begin to master.
4. Practices that allow novices to learn more about students and teaching.
5. Practices that preserve the integrity and complexity of teaching.
6. Practices that are research-based and have the potential to improve student achievement.

Existing Core practices in

- Elementary mathematics (Ball et al., 2009)
- Teaching in general (Schneider-Kavanagh, Shahan, & Morrison, 2017; University of Michigan Teaching works 2018)
- History (Fogo, 2014)
- Music (Millican & Helweh-Forrrester, 2018)
- Science (Kloser, 2014)
- Physical Education (Ward, 2020)

A critical feature of teaching is the **ability of the teacher to adapt their instruction and content to address student needs.** Remember that an important characteristic of core practices is that teachers can learn from their use. But this learning doesn't happen by chance.

It requires that two components of professional judgment, **knowledge and reflection**, are used. As teachers use their knowledge to plan, enact and then reflect on their teaching they are able to learn from their use of these core practices.

The use of a core practice requires the teacher's understanding of the nuances of its' use, and then tinkering with the core practice to adapt to the needs of the student

Core practices represent the core task domains of teaching. Such as:



Uses big ideas, enduring ideas & essential questions to teach health education.



Sequences the content of health education to meet an objective.



Builds a classroom community that is safe, caring & focused on learning.



Establishes rules and routines.



Facilitates classroom discussion.



Adapts instruction to meet the needs of the students.

Core practices are more than a movement in teacher education; they are becoming a part of educational policy. For example, the Michigan Department of Education (2018) directed that specific core practices be included in all subject matter preparation programs in the state.

At present health education teacher education (HETE) is not using core practices widely, and this places the field out of sync with contemporary teacher education as it is being conducted in the United States.

Core practices for teaching health education

(Ward & Snyder, 2022)

Cluster 1

Planning for the teaching of the content of health education

- Teaching with big ideas
- Enduring understandings
- Essential questions
- Sequencing content
- Representing content to students
- Assessing learning

Core practices for teaching health education

Cluster 2 Pedagogies for health education

- Organizational routines/procedures rules and expectations.
- Building a classroom community that is safe, caring and focused on learning.
- Facilitating classroom discussion.
- Providing feedback to students.
- Adapting instruction to meet the needs of students.
- Developing decision making skills in students.

Core practices for teaching health education

(Ward & Snyder, 2022)

Cluster 3 Growing as a teacher

- Reflecting on teaching
- Developing as a teacher

Unpacking a core practice: Facilitating a classroom discussion

- Educators should have a deep understanding of, and skills related to, effectively facilitating classroom discussions because this is a commonly used strategy in health education. Though discussions occur in classrooms every day, good classroom discussion requires knowledge, skill, and practice by the teachers in order for it to be meaningful, relevant and effective.

What is a classroom discussion?

A classroom discussion is a sustained exchange between and among teachers and their students with the purpose of developing students' capabilities or skills and/or expanding students' understanding—both shared and individual—of a specific concept or instructional goal.

Classroom discussions are characterized by high quality and high quantities of student talk. Teachers must ensure that discussions are built upon and revolve around both students' contributions and the content at hand.

What is a classroom discussion? (cont.)

In a discussion, the teacher's role is to question students, take up, revoice, and press students' ideas, structure and steer the conversation toward the learning goal(s), enable students to respond to one another's ideas by stepping back to listen, moderate and facilitate students' interactions, ensure that the content under discussion is represented accurately, and bring the discussion to a meaningful close.

Preservice and beginning teachers should know that there are many ways to facilitate discussions.

- Gallery Walk
- Philosophical chairs
- Pinwheel discussion
- Socratic Seminar
- Affinity mapping
- Concentric circles *a.k.a. speed dating*
- Conver-stations
- Fishbowl
- Hot seat
- Snowball discussions
- Talk moves
- Teach OK
- Think-pair-Share

Affinity mapping *a.k.a.* affinity diagramming.

Give students a broad question or problem that is likely to result in lots of different ideas, such as “*Why do I choose the foods I eat?*” Have students generate responses by writing ideas on post-it notes (one idea per note) and placing them in no particular arrangement on a wall or chart paper.

Once lots of ideas have been generated, have students begin grouping them into similar categories, then label the categories and discuss why the ideas fit within them, how the categories relate to one another, and so on.

Conver-stations.

This is a small-group discussion strategy that gives students exposure to more of their peers' ideas and prevents the stagnation that can happen when a group doesn't happen to have the right chemistry. Students are placed into groups of 4-6 students each and are given a discussion question to talk about.

After sufficient time has passed for the discussion to develop, one or two students from each group rotate to a different group, while the other group members remain where they are. Once in their new group, they will discuss a different, but related question, and they may also share some of the key points from their last group's conversation.

For the next rotation, students who have not rotated before may be chosen to move, resulting in groups that are continually evolving.

Key considerations when facilitating discussion

- Determine the best method for the type of discussion you want
- Prepare your questions in advance and prompts for the questions
- Dignify the students
- Determine a smooth and summary end to the discussion
- Plan for students who may dominate the discussion
- Plan for students who might not contribute

Teaching facilitating a classroom discussion in teacher education

- Practice and observe- Have each student use a different technique and run 5-10 minute discussions. Repeat using different content.
 - Have the preservice teachers discuss the delivery of the teacher and quality of the discussion that the technique occasioned.
- Have students use these techniques in the lessons that they teach in practicums and student teaching.

Unpacking a core practice: Developing students' decision-making skills

Our capacity to make decisions is critical our success in life. We all make many decisions as we move through life. Over time we can learn, from trial and error, the value of some decisions versus others. There are many decisions, such as with sexual health and drug use, that ideally adolescents should not encounter, but the fact is they frequently do.

We expect adolescents to be able to cope with choices that life presents them on the basis of what they have learned at home or in school. Yet most adolescents receive little or no formal training in the required decision-making skills other than in their health education curriculum each year.

Developing students' decision-making skills (cont.)

Making decisions as an adolescent versus as an adult is more challenging because of at least two reasons. First, adolescents often have not had the benefit of experience that could inform their choices. Second, and most importantly, adolescents' brains are still developing. The American Academy of Child and Adolescent Psychiatry (2012) reports that the frontal cortex, the area of the brain that controls reasoning and helps us think before we act, is changing and maturing well into adulthood.

The academy also reports that based on their stage of brain development adolescents are more likely to:

- act on impulse
- misread or misinterpret social cues and emotions
- get into accidents of all kinds
- get involved in fights
- engage in dangerous or risky behavior

And adolescents are less likely to:

- think before they act
- pause to consider the potential consequences of their actions
- modify their dangerous or inappropriate behaviors

None of this means, however, that adolescents cannot make good decisions. But it does mean they need guidance. Guidance as we shall see ~~in~~ later in this paper also involves allowing students to make mistakes, so that they can learn from their mistakes.

Decision making model- -6 step model (Quist & Gregory, 2019)

- Framing
 - What must be decided and why?
 - Can you frame the problem/decision as a choice?
 - Be sure you do not simplify, include nuance in your discussion of the problem.
- Objectives
 - What things do I/we care about that could be affected by this decision?
- Alternatives
 - What alternatives can be considered?
- Consequences
 - What are the likely consequences of different courses of action?
- Preferences
 - How do I/we feel about the tradeoffs?

Pedagogical approaches to teaching decision making

- Teach students active listening skills.
- Promote mindfulness in the classroom.
- Let students live with the choices and avoid rescuing them (unless risk or harm is involved)
- Practice making active decisions.
- Simulate real world scenarios in the classroom.
- Recognize that uncertainty is common in decision making scenarios.
- Revisit and reflect.

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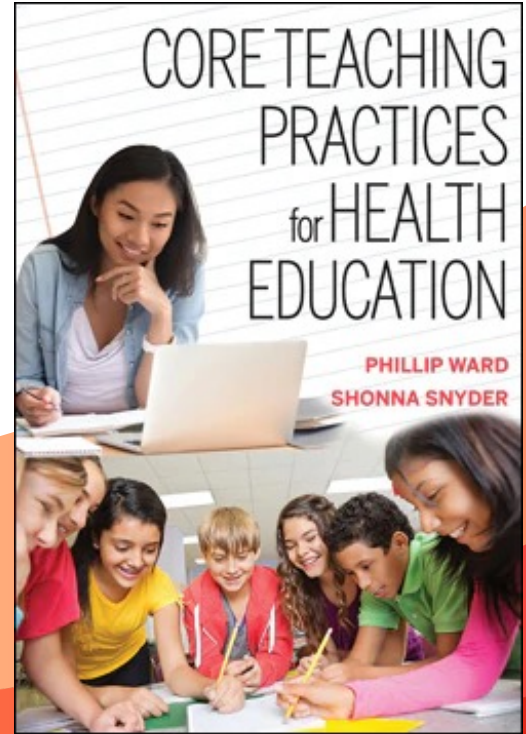
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For more information on core practices for health education see:



Human Kinetics

Thank you for your time this morning!

Do you have
any
Questions? 😊

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