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Secondary health education teachers (SHETs) have noted deficiencies in opportunities for professional development and learning (PDL) in their content area. The purpose of the study was to explore SHETs' perspectives of PDL in Central Virginia. Thirteen middle (n=7) and high school (n=6) SHETs volunteered for this research. A qualitative case study was framed by social constructionism and data collection included interviews, focus groups, and document analysis. The data was analyzed through an inductive and thematic analysis process. SHETs identified opportunities and constraints for school wide and outside PDL. This study also offers recommendations for school administration and PDL providers in an effort to support SHETs moving forward. SHETs requested school wide and outside PDL experiences that would meet their needs and offer opportunities to socially construct knowledge and align with the Virginia Health Standards of Learning. School administration should clearly define infrastructure and procedures for obtaining outside PDL opportunities that can support SHETs with time and funding to attend their preferred programming. This research suggested that SHETs could seek collaboration through professional learning communities to support continuous, interactive learning.

SECONDARY HEALTH EDUCATION TEACHERS PERSPECTIVES OF PROFESSIONAL
DEVELOPMENT AND LEARNING IN CENTRAL VIRGINIA

by

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Dr. Ben Dyson
Committee Chair

DEDICATION

I dedicate this work to my family. To my husband Tom and my children, Lauren and Andrew, I appreciate the time you have given me to work on this degree. Your willingness to help and the support you have shown has been unwavering. To my parents, Ken and Linda Merhar, your support was integral to me having the opportunity to complete this degree, thank you.

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APPROVAL PAGE

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CHAPTER I: PROJECT OVERVIEW

Teachers who are expected to teach health topics are reporting that they do not feel confident teaching all required content and have not received appropriate professional development and learning (PDL) (Clark et al., 2013; Fisher & Cummings, 2015; Wilson et al., 2015). Many secondary health education teachers (SHETs) state that the PDL they are offered is in core subjects that require state testing, not in health education. When surveyed, SHETs and their administrators agreed that it is preferable for teachers to have PDL in the subjects they teach. Teachers who engage in continuous PDL, for both health content knowledge and teaching strategies, are more effective than those whose PDL only contains content knowledge (Cardina & DeNysschen, 2018; LaCursia, 2011; Murray et al., 2019). Successful PDL must be a collaborative, ongoing effort (Patton & Parker, 2014). SHETs are requesting content-specific, collaborative, ongoing PDL that they need to improve their practice.

Background Literature

Effective professional development (PD) in education engages teachers in learning activities that are supportive, job-embedded, instructionally focused, collaborative, and ongoing (Hunzicker, 2011; Patton & Parker, 2014). Professional development and learning (PDL) workshops that offer follow-up opportunities and continued support must become the norm for teacher learning to occur and improvements in student achievement to be realized (K. Patton et al., 2015). Teachers not only need to have PDL for the means of constructing knowledge and skills, but also have the opportunity to continuously reflect on their practice throughout their careers (Ackermann, 2001; Kelly, 2006; Light, 2011; Patton et al., 2015).

PDL is also necessary for teacher retention and quality (Ovenden-Hope et al., 2018). Opportunities for PDL assist teachers in constructing knowledge-in-practice leading to the

development of self-efficacy, and high-quality educators (Kelly, 2006; Ovenden-Hope et al., 2018). Teachers involved in professional learning communities (PLCs), who receive mentorship and support are more likely to be retained (DuFour, 2007; Ovenden-Hope et al., 2018).

Conceptual Framework, Social Constructivism

Conceptually this research will take a constructivist approach. Social Constructivism has been widely utilized in education based on the principle that individuals have knowledge and additional inputs need to be combined with what they already know (Azzarito & Ennis, 2003). Scholars have assessed teaching and learning for pre-service and in-service teachers in physical education and worked to create appropriate teacher education and staff development to improve their qualifications (Ennis, 2006). Many models focus on assisting individuals to construct knowledge from prior knowledge with active and social learning (Patton & Parker, 2014). Skills in higher order thinking, which teach learning skills that can be replicated and applied to future experiences, also are supported in constructivist practices (Ennis, 2006).

Social constructivism, theorized by Vygotsky, looks at how individuals learn and construct knowledge together (Amineh & Asl, 2015). Vygotsky thought people, among other things, brought out the best in others' cognitive abilities (1978). A PDL experience that is shared, collective, and develops a community of learners, has the potential to support social constructivism (Ackermann, 2001; Azzarito & Ennis, 2003; Light, 2011). The social constructivist theory supports this research because it allows the SHETs the opportunity to reflect on how their individual engagement with others, while participating in PDL experiences, influences their learning and practice. Further, this research explored the perspectives of SHETs' PDL, specifically the opportunities within their state and their needs for PDL for future learning (Dornstauder & Chorney, 2019). Well-constructed and facilitated PDL opportunities should

provide SHETs with the knowledge and skills to improve teaching and learning in Health Education.

Professional Development and Learning

The term professional development (PD) has been used for formal courses taken (Armour & Yelling, 2004) that “engage teachers or administrators in new learning about their professional practice” (Knapp, 2003, p. 112). Previous research suggests that high-quality PD can assist teachers in improving instructional practices (Garet et al., 2001), but many educators reflect that traditional PD is not high-quality (Harvey et al., 2020). Garet et al. categorized characteristics of “high-quality” PD into structural (form, duration and collective participation) and core (content focus, active learning and coherence) features (2001).

The criticism of the formal, traditional PD format is that many of the opportunities are isolated events, providing little to no follow-up or support once concluded (Armour & Yelling, 2004). Additional limitations of more traditional PD have been identified: time, funding capacities to attend PD at specific sites, and lack of relevant content and participant-centered learning (Parker & Patton, 2017). Patton and Parker (2017) suggest that educators need deeper, holistic, interactive learning experiences to improve their practice.

With the ineffectiveness of many structured PD offerings (Webster-Wright, 2009), educators have found different ways of obtaining professional knowledge and building community. Professional learning (PL) is different from the traditional definition of PD because PL separates more formal PD courses and opportunities for professional growth for informal, self-directed options (Webster-Wright, 2009). Effective PL also “recognizes individual teacher needs, different learning motivations and prior knowledge and experiences that affect their learning” (Mukeredzi, 2016, p. 3). By encouraging knowing-in-practice through individual

reflection, teachers can be more self-directed in their PL, but for it to work, it must be supported and collaborative within their schools (Kelly, 2006; Mukeredzi, 2016).

PL can also be the learning that is undertaken on a daily basis that is embedded within the context of a practicing teacher, included research and practice-based evidence, and is supported by a professional learning community (PLC) (Berry et al., 2007; DuFour, 2007). In continued PL, it is professionals, not researchers, who define experiences where they feel they have learned through “a diverse range of activities from formal PD programs through interaction with work colleagues to experiences outside work in different combinations and permutations of experiences” (Webster-Wright, 2009, p. 705).

Professional development and learning (PDL) will be utilized as an overarching term summarizing ways teachers are participating in learning to improve their practice. PDL is active, and can be both individual or social (Dornstauder & Chorney, 2019; Patton & Parker, 2014). Individual learning, knowledge is based on prior experiences and understandings while social learning includes the creation of knowledge through shared experiences (Dornstauder & Chorney, 2019). PDL is a form of active learning punctuated by the ability to utilize decision-making, critical thinking, and problem solving (Dornstauder & Chorney, 2019). It can include, but is not limited to, attending conferences, participating in workshops, taking online training, engaging with professional learning communities (PLCs), and self-directed learning to understand new content, teaching strategies and concepts (Dornstauder & Chorney, 2019). PD, PL, and continuing professional development are all options.

Ideally, high-quality continued PDL programs are long term, include follow up sessions, and inspire continued interactions that lead to professional relationships based on a shared vision (Richardson, 2003). PDL offerings should also build on prior knowledge, experiences and

practices, and utilize a facilitator to assist teachers throughout their careers (Armour & Yelling, 2007; Patton & Parker, 2014; Richardson, 2003).

Professional Development and Learning in Health and Physical Education

It is important for resources, both fiscal and time to establish partnerships within the community, be reserved for PDL in HE curricula through district level school improvement plans (Rooney et al., 2015). No Child Left Behind (*No Child Left Behind Act of 2001* | OSPI, n.d.), the long standing educational plan that did not offer financial support for PDL in Health and PE, was replaced with the Every Student Succeeds Act (ESSA) (Darling-Hammond et al., 2016; SHAPE America—Society of Health and Physical Educators, 2016). ESSA declared that Health and PE are subjects designated as a part of a well-rounded education and is now considered a core subject. Because of that distinction, legislation allows for increased funding to support programming and PDL for SHETs (Cardina, 2018; *Every Student Succeeds Act*, n.d.; SHAPE America, 2016). By allocating funds for PDL in Health and PE, the department of education has placed an increased emphasis on “a well-rounded education” that includes Health and PE (C. Cardina, 2018).

While there is a paucity of knowledge about PDL for SHETs due to limited existing research in the area, a few studies stand out. Since ESSA was implemented, Cardina and colleagues used the 2011-2012 School Staffing Survey (SASS) data to analyze PDL opportunities specifically for health and physical educators (Broughman, 2013). When isolating the data from PE teachers, it highlighted the fact that PE teachers reported fewer PD activities, less excused professional development days and financial compensation when compared to teachers of other subjects (Cardina & DeNysschen, 2018).

A small study examined the perceptions of PDL in a sample of SHETs (9) and administrators (3) in Illinois through interviews (LaCursia, 2011). Participants shared that SHETs need PDL to update their content knowledge and skills for application to most effectively teach current students (LaCursia, 2011). When given the opportunity to choose PDL opportunities, all of the teachers involved in the study chose health content related to PDL that would be more applicable than the PDL they were offered within their schools. SHETs summarized the need for “simple ideas” that are “applicable, practical, and useful” (LaCursia, 2011, p. 33). When discussing PDL with administrators, they admitted that PDL in their school was focused on the school improvement plan and other school initiatives like technology, literacy and classroom management rather than health content (LaCursia, 2011). The lack of content-specific PDL for SHETs as well as the financial constraints to resources that would help them improve their practice have been defined.

Rationale

A growing number of SHETs are underprepared for classroom instruction due to lack of professional preparation (García & Weiss, 2019). Changing academic curriculum standards and a lack of PDL opportunities that meet their needs compound this problem. With a shortage of qualified teachers to employ, school districts in Virginia are not consistently able to find qualified health education teachers, leaving gaps in health skills and content knowledge for students (*Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2021-2022 School Year*, 2021). When new HE SOLs were introduced in Virginia in the fall of 2020, it became even more important for SHETs to have PDL to update curriculum.

A deficiency in PDL directly affects teachers’ knowledge of the content that they teach. High-quality PD can have a favorable effect on both teacher performance and achievement of

student learning outcomes (LaCursia, 2011). When teachers complete educator preparation programs, it means that they have met minimum content knowledge proficiencies for licensure in their state. Over time, to maintain their credentials, teachers are required to complete PD based on new standards that they will teach. PDL offered within the school settings may not meet the content needs of all subject area teachers (LaCursia, 2011). An effort to put programs in place to assess the needs of the teachers and create a system of PDL for all content-specific areas is necessary. PDL not only allows teachers to update content knowledge but will also develop levels of social support based on cooperation, creating positive work relationships among teachers (Karakaya et al., 2014). With many unlicensed teachers being hired to teach health education because of critical shortages (*Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2018-2019 School Year, 2018; Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2021-2022 School Year, 2021*) there is a significant need to assess the needs of SHETs in Central Virginia and offer high-quality PDL opportunities.

SHETs' needs for PDL vary by state and region due to differences in educational standards; therefore, it is important to explore the perspectives of SHETs' in Central Virginia. By exploring access to PDL for SHETs and recommendations for future PDL experiences, their needs were summarized. By understanding these phenomena, pertinent information can be shared with stakeholders who affect opportunities for PDL for SHETs.

Purpose and Research Questions

The purpose of the study was to explore secondary health education teachers' (SHETs) perspectives of professional development and learning (PDL). The data gathered in this study will not only help educators and administrators in Central Virginia understand faculty needs for professional development and learning, but it will also serve to provide the foundation to develop

future training and PDL for SHETs in Central Virginia. This was accomplished by the following research questions:

RQ #1: What are the constraints and opportunities for participation in health-related professional development and learning for secondary health education teachers in Central Virginia?

RQ #2: What structures and resources for professional development and learning experiences are needed for secondary health education teachers in Central Virginia to be prepared to teach the state health curriculum?

Methods

The research was approved by of the University of North Carolina at Greensboro's Institutional Review Board for approval of the human subjects' research. Site approval, for permission to recruit SHETs in each district, was obtained prior to participant recruitment (APPENDIX A). Once recruited, each participant read an information sheet and shared demographic information via google form prior to participation (APPENDIX B).

Researcher Positionality

This researcher's positionality was based on experience as a former SHET, one who held the same role as the participants, and utilized that familiarity to connect with the participants. Recently, she worked as a faculty member, at a regional University in Central Virginia in a Health and Physical Education, Educator Preparation Program. In this role, the researcher educates those who may accept positions at all levels of health and physical education in Virginia, and interacts with the SHETs during supervised student observations. The reactivity of the researcher and the participants' responses to one another during the data collection process were aided by the fact that the current SHETs were familiar with the researcher (Paterson, 1994). This familiarity allowed SHETs to be comfortable sharing thoughts and perspectives freely. Both of these positions offered a unique vantage point to collect and analyze the data for this research.

The researcher's role was one of an active listener; one who questioned, sought clarification, and probed. Prior experience as a SHET allowed the researcher to understand the PDL examples and experiences that the participants shared because the researcher had previously attended many PDL activities as well. The researcher's role was also that of a reflective practitioner and introspective thinker. For this, reflexivity, applied in a long-cycle, required the researcher to step back and take time to evaluate and bracket the information offered by the participants (Ahern, 1999; Rothman, 2014). The researcher's bias was noted in a research journal and strengthened the trustworthiness through the triangulation of data sources during subsequent analysis.

Research Design

A qualitative case study was utilized to explore Secondary Health Education Teachers (SHETs) perspectives of Professional Development and Learning (PDL) in an educational setting (Merriam & Tisdell, 2015). The research took a social constructivist approach by offering participants time to reflect on PDL experiences and explain how their learning was shaped through social interactions with other educators (Ackermann, 2001).

Participants

The participants for this study were recruited through purposeful sampling (M. Q. Patton, 2014). Thirteen participants, a combination of middle (n=7) and high school (n=6) SHETs, from five different school districts in Central Virginia were engaged. Individuals who agreed to participate were required to have a minimum of two years of experience teaching health education in the State of Virginia. Participants' years of experience ranged from 3-42 years with an average of 18 years of experience.

Data Collection

Data collection was carried out over two months. Data collection included: semi-structured interview or participation in a focus group, a research journal and document analysis.

Semi-structured Interviews and Focus Groups

Participants completed either a semi-structured interview or participated in a focus group offering the ability to stimulate a conversation and focus on the research questions (Rubin & Rubin, 2012). A researcher-developed protocol and semi-structured questions were created based on previous studies and supporting literature (APPENDIX D). A small pilot study in fall 2020 along with committee feedback allowed for refinement of the questions. The ability to speak with participants offered the researcher insight from the participants' experiences described and explained in their own words (Marshall & Rossman, 2016). Participants were able to express their thoughts, feelings, and opinions in the open format.

Research Journal

A research journal (that included eleven entries) was kept digitally throughout the research process. Narrative entries began leading up to data collection, after each interview or focus group, and during data analysis. Journaling about the research process, reflecting on the responses offered by the participants during data analysis, assisted with the reflexivity and heightened the awareness of the researchers own biases and perspectives (Orlipp, 2015; Rothman, 2014).

Document Analysis

Document analysis included a review of nineteen documents on the Health Education Standards page, as well as seven on the Social Emotional Learning page associated with the VDOE website (VDOE, 2020; VDOE, n.d.). Internet links, websites, and document texts that

were pre-existing and available to the participants at the time of data collection were included in this review (Braun & Clarke, 2006; Morgan, 2022). Utilizing document analysis was another way to offer support to the participant's claims (Merriam & Tisdell, 2015).

Data Analysis

Triangulation between data sources helped to create a coding structure that appropriately named and accurately represented the data being summarized (Lincoln & Guba, 1985; Marshall & Rossman, 2016). To enhance the trustworthiness of this research, the researcher took steps to reduce bias that included triangulation of data sources (interviews and focus groups, document analysis) and use of a research journal (Marshall & Rossman, 2016).

All interviews and focus groups were recorded through Zoom and the audio file generated was sent to Rev for transcription. Prior to analysis, pseudonyms were created for each of the participants, and all identifying information was removed from the transcripts. The data was analyzed through an inductive, thematic analysis (Braun & Clarke, 2006). A thematic analysis was used “for identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 6) and an inductive, semantic approach (Braun & Clarke, 2006) that utilized open, axial, and selective coding was applied (Marshall & Rossman, 2016). Atlas.ti was used by the researcher and a colleague, with similar positionalities, to open code the transcripts from interview and focus group responses (Atlas.ti, 2020). During axial coding, two additional qualitative researchers were utilized as peer debriefers. The researchers analyzed commonalities in the open codes, relationships were noted, and categories were discussed until unanimously agreed upon through virtual discussions. During selective coding, themes and subthemes were suggested, mutually defined and validated amongst the researcher and colleagues again through a

virtual discussion. The peer debriefing and triangulation aided in the reduction of researcher bias (Lincoln & Guba, 1985; Marshall & Rossman, 2016).

When viewing the analyzed documents, the authenticity, credibility, representativeness and meaning were considered when comparing the interview and focus group data deciding which to include in the results (Flick, 2014; Morgan, 2022). In the document analysis, the researcher reviewed each document for content, read and re-read for details, evaluated for similarities or differences to interview and focus group responses, and reflected upon in entries in the research journal. The summary of document analysis data can be found in APPENDIX E. Themes and subthemes were interpreted and connected to patterns in previous research in the discussion as another way to triangulate (Braun & Clarke, 2006; Lincoln & Guba, 1985; Marshall & Rossman, 2016).

Because the researcher has held both the role of a SHET and currently serves in educator preparation, it is important to recognize the potential bias associated with these roles. Reflexivity aided in the awareness of biases toward the subject of PDL for SHETs (Rothman, 2014).

Findings

Categories, themes, and subthemes were drawn from the data analysis process. An expanded table of categories, themes, subthemes, their definitions, and additional supporting quotes for research question 1 is in APPENDIX F.

Constraints for School Wide PDL

Several constraints emerged as subthemes from the data analysis. The first of these is the lack of health education offerings within the school. One SHET, Hannah, commented that the PDL offerings, "...had zero relevance to my subject matter." Another participant, Amaya, stated, "I've been at the middle school for 24 years. We've never had health PD ever." This lack of

relevance and practical, seamless application of PDL offered in house turned off the SHETs and seemed to leave them feeling unsatisfied when it came to PDL offerings.

When asked about whether or not the SHETs knew if there were goals in their School Improvement Plans (SIP) that pertained to Health Education, Duke stated, “I actually tried to look it [goals in the SIP] up the other day and couldn’t even find where to really find it, but not that I know of.” (Duke) This was a consistent finding amongst the SHETs. Upon reflection, in the research journal, several interviews and focus groups, I noted similar frustrations to the current SHETs about lack of presence in the SIP and therefore goals to address HE (12/7/21).

Constraints for Outside PDL

Time, and Requests and Approval Procedures for PDL experiences were constraints that the SHETs identified for accessing Outside PDL. SHETs lamented that they lacked time, both in their already busy workdays and when offerings such as prerecorded and live webinars were offered. Duke reflected, “If we had planning and time, we would have an opportunity to go in and look at it [offerings for PD].” He further stated that there was a better chance of SHETs being able to “just watch something for 20 minutes rather than having to go somewhere” to participate in a PDL experience. PDL offerings occurring outside of work hours also posed a time issue for SHETs.

Request and Approval Procedures for PDL experiences that could allow excused time for professional leave were cumbersome and difficult to navigate. Dean expressed his concerns about the request and approval procedures for PDL experiences, “If we are here at school and it’s during that time, we have to get approval, a sub, and right now, it’s murder to get one.” Other SHETs shared that when they created requests for Outside PDL, administrators were surprised

they were making the request, did not approve it immediately, and had questions because they were not familiar with the activities for which SHETs were requesting leave.

Opportunities for School Wide PDL

There were also opportunities that the SHETs shared for both School Wide and Outside PDL, but the responses did note shortcomings. SHETs stated that School Wide Technology and Project-Based Learning focused PDL were able to be adapted to their lessons, but not as much as it would have applied directly to teachers of other subject areas. Hannah shared,

...it [PDL] doesn't always have to be just health related. I enjoy professional development and technology because I'm older and I'm not very technology savvy. So, some of the professional development that we did with technology, I benefited from that.

SHETs concluded that, although there were some practical applications of the PDL, the resources were not always easily incorporated into their health curriculum.

SHETs shared that First Aid, Cardio Pulmonary Resuscitation, and Automated External Defibrillator (FA, CPR and AED) training was included School Wide sometimes and other times as Outside PDL. The recertification allowed them to continue to be up to date on the requirements but lacked pedagogical knowledge and best practices for teaching FA, CPR and AED content. Hannah reflected on the instructor training she attended by saying,

Yes. I had to attend a training session. I guess it was professional development or just mandatory training. I had to go over to (hospital name) to a training session for several days and get certified to certify the ninth graders. So yes, I guess it counted as professional development, but it was certainly required training that I had to have as the only ninth grade teacher that I had to go do that.

All SHETs also shared that Social-Emotional Learning (SEL) had become an emphasis over the past years since the pandemic began and that programming was mandated for each school district by the state. However, SEL was included in the school improvements plans (SIP) not as support for a HE Standard, but as a separate initiative. Mika stated, “The focus, for my school recently, has been a huge amount of SEL. At the beginning of the year, we had tons of PD related to that.” Holly reiterated that by responding,

In the last year, they have offered social-emotional, professional development opportunities that we all had to take as a staff that does closely relate to health. As in, when we speak about the mental health aspect in class...but on a whole, typically they [PDL offerings in HE] are not offered for us.

When asked if the administrators recognized that SEL was content that was already included in the Health Education Standards of Learning (HE SOLs) for Virginia, the responses varied. Some thought that they may realize it, but others stated they felt it was not recognized. The consensus was that all teachers were implementing SEL activities at some level into their classrooms to support students, not just as an expectation solely placed on SHETs. Website analysis of the SEL page offered by the VDOE shows no suggested alignment between the SEL VA SOLs that SHETs are already expected to incorporate into health curriculum (*VDOE :: Social Emotional Learning (SEL)*, n.d.).

Opportunities for Outside PDL

Outside PDL opportunities that SHETs discussed were Internet Searches, State Conferences, and Special Offerings and Programming. The internet was by far the most common place that SHETs went to find updated information. Holly said, when rebuilding a tobacco, alcohol and drug unit,

I do use the internet a lot to update the information that I use in class to find newer information...I did access a lot of CDC information, other reputable websites and institutions for the information to pass on to my students.

The others went to different “websites” to research specific topics and current issues.

Conference Attendance, especially within the state, was discussed as a desirable opportunity but events were not well attended by the participants of this study. There are two major conferences each year in the state of Virginia, the VAPHERD Conference in November and the Health and Physical Activity Institute each July. Mika shared that she was looking for more PDL in health when attending VAPHERD in fall 2021. In a breakout group discussing health education, she shared that, “there were only like 10 of us, and there were like 150 people in the PE one.” Mika paraphrased the consensus of that group, “Everyone said, ‘There's nothing offered by VDOE, or anything for health, we have to do something more for health.’” Others who had attended conferences noted that they had not attended in years citing “lack of funding opportunities”...“COVID,” and other reasons.

Many spoke about Special Offerings and Programming sponsored by Universities, entities, or individuals as “one off” presentations. SHETs with more years of experience stated that many years ago they attended a program at a University with several speakers and noted that as their most recent and significant PDL in health. During this PDL opportunity, Hannah shared, “We got a lot of supplemental materials. We got a bunch of pamphlets, we got some videos, we got some worksheet stuff to incorporate into our classes, but that was probably 10 or 15 years ago.” The SHETs agreed that they benefitted from those experiences. Others were interested in having experts in specific content areas come and teach sessions.

Overall, the constraints and opportunities were consistent for the SHETs. There was a lack of assistance to access and find PDL opportunities and even when there were affordances, they were not always able to capitalize on to improve their professional knowledge.

Further analysis of data, relating to research question 2, revealed both needs for school wide PDL and outside PDL those SHETs felt imperative for being prepared to teach the state health curriculum. An expanded table of categories, themes, subthemes, and additional supporting quotes for research question 2 is in APPENDIX G. The most pressing need for school wide PDL is infrastructure for PDL experiences, while for outside PDL, SHETs requested effective delivery of PDL and content-specific PDL.

Infrastructure for PDL Experiences

The most common subthemes shared by SHETs about Infrastructure for PDL Experiences were about Access and Approval Procedures, Administrative Guidance and Support, and Training for PLCs. The SHETs all spoke about Access and Approval Procedures for PDL being cumbersome. They all had some level of uncertainty as to whether or not a professional leave request for an outside PDL offering would be approved, if there was money allocated for SHETs, or if the school would be able to cover their classes with substitutes while they were away. Aniah shared her frustration, by saying, “We'd have to pay for it ourselves. And we'd have to sign up and beg to get a professional development day, if they let us do that, we have no subs, so good luck.”

SHETs from different counties had different things to share about the Administrative Guidance and Support that they had been receiving simply because positions are different in each district. Of the five districts represented by participants in this research, only one still has an employee whose job is to support an area of study that includes health education. Participants

from a district that used to have the position shared their thoughts. Amaya commented, “They dissolved the family life position. So nobody leads us anymore.” Aniah reinforced that by responding that, “There is no one in charge of health... There is not really anyone that knows what's going on as far as CPR and graduation requirements.” SHETs expressed the need for specific guidance to execute their job responsibilities and keep their work aligned with state expectations. The support from her administrators allowed her to plan effective family life lessons. Their comments support and expressed the need for administrative guidance and support for them to function effectively in their jobs.

Professional Learning Communities (PLCs) were cited as a way that SHETs could share information, but there was an expressed interest in having more structure and training regarding the execution of PLCs. Duke explained the process simply, “Honestly, they [PLCs] would be a good way to do it.” Holly shared that as a department chair who led a PLC which met

...within our department, every week to every two weeks. We were to be having PLC meetings, we were to be gathering data, and reporting back, and reassessing. But again...I have not had somebody show me exactly what I need to be doing in relation to how it pertains to my department specifically.

Effective Delivery of PDL

Although most SHETs get content from the internet, the next preferred method of accessing PDL was state conferences (for those who have attended). SHETs reiterated that state conferences allowed for sharing expertise and learning opportunities from Health Professionals, professors and content area experts who can adequately and effectively Model Instructional Strategies. The SHETs commented that they would rather learn from individuals who can accurately model health lessons rather than power lecture in a “do as I say, not as I do” format.

Hector emphasized it is easy to say, “‘Hey, make sure your class is engaged.’ If I’m in professional development, and you’re not doing that, that’s the same thing. We want to be engaged too...” The integration of instructional strategies was also desirable to the SHETs. Holly then emphasized needing: “Different activities, ways to break down the information, how to present this specific topic to those students.”

Content-Specific PDL

The SHETs acknowledge that their content needs will vary when there are content changes in VA SOLs. The implementation of new standards place emphasis on specific health topics that have evolved over time and should now have a focus placed on them. Hannah stated, “We just need help with more information or content to help our students to learn better...It’s just more getting that good content.” She went on to explain some areas where PDL in Health Content are necessary. She explained, “I think that taking a look at the curriculum...and then doing some professional development to help us in topics like family life, tobacco, vaping, and mental health. If we could do a big professional development...that would really benefit us.”

Both the research journal and document analysis offered support of this subtheme. The researcher reflected on having similar feelings of the members of the focus group from their time as a SHET, “Comments about a lack of content specific PDL opportunities hit home. The minimal offerings never matched up with the content that I needed (11/15/21).” Document analysis of a “Professional Development and Learning link on VDOE webpage for Health, PE and Driver Education” promised a spreadsheet of offerings available, but only had one entry about one event that happened in June 2018 (*Department of Education Professional Development Calendar*, n.d.). Additional document analysis confirmed that curriculum

frameworks (that define the exact content to be taught) are not offered to core subject areas are not offered for VA Health SOLs (VDOE, 2020).

Discussion

The goal of this study was to explore SHETs perspectives of PDL. The data gathered has revealed the assistance that SHETs in Central Virginia need for PDL, and offers information that can be utilized to provide the foundation to develop PDL in health education. The majority of the findings align with previous research and reiterate that although ample research illustrates that PDL practices support change, previous recommendations have not been implemented (Webster-Wright, 2009).

Infrastructure for Approvals and Administration

The most common need of the SHETs moving forward was infrastructure that would create a clear approval process for PDL. SHETs felt constrained by a lack of support for *timing* and *request and approval procedures for PDL experiences* to improve their teaching. Both time and funding were expressed and are well known limitations preventing educators from accessing outside PDL (Haslam, 2010; Parker & Patton, 2017). The constraint of *timing* and *Request and Approval Procedures* could be remedied with clearly defined policies that administrators support, creating an infrastructure for SHETs to access PDL experiences. Participants noted the need for changes on the district level in faculty policies and procedures. Information in faculty handbooks could include policies for requesting leave for PDL, an annual budget for PDL, and the number of professional days dedicated to discipline specific PDL.

A lack of administrative guidance and support was noted as a barrier to PDL in the findings of this study, but was not included in earlier literature. The SHETs who previously had an administrator who oversaw their work in HE felt supported with updates on VA SOLs and the

content they were asked to teach, who they could have in as presenters, and were alerted too or offered PDL experiences from this administrator. Without support, they felt that there was no one that truly understood the work that they were tasked with or their current needs for PDL. By adding this position back or designating a current SHET to support the other SHETs within a district, support could be reestablished for teaching HE.

The SHETs also noted that *lack of goals for HE in the school improvement plan (SIP)* was also an issue. Without inclusion in the SIP, an emphasis will not be placed on HE or the needs of the SHETs within the school, but on other school wide initiatives such as integrating technology into the curriculum, literacy, and classroom management (LaCursia, 2011).

Health Specific PDL

Some opportunities for PDL were offered, but had caveats. While some school wide PDL were reported as at least moderately helpful for the SHETs, it was not a seamless implementation because they lacked examples specifically in HE. The absence of discipline specific examples and training caused an issue for the SHETs, as it was not easy to integrate the PDL information into their lessons. Participants responded that there was *no PDL specific to HE* when discussing *school wide PDL offered to SHETs*, a finding consistent with previous research that PDL is typically offered in a one-size fits all format in schools (K. Patton et al., 2015). SHETs shared that they were offered PDL in Technology, FA, CPR and AED Recertification and Social Emotional Learning Focused PDL, but lacked the direct connections from that content to be easily implemented in HE. There were never examples from technology presentations that included HE. An offering for PDL that was sometimes school wide or as outside PDL was FA, CPR, and AED training. FA, CPR and AED Recertification were offered as something for everyone with no regard for the fact that SHETs had to teach the content within their classes.

Providing knowledge or skills in terms of improving pedagogy that would support student learning in FA, CPR, and AED would have been helpful for the SHETs. The need for a wide range of relevant, continuous PDL activities for educators has been documented in physical education literature (Tannehill et al., 2015), in HE (*CDC Professional Development Practices | Adolescent and School Health | CDC, 2020; LaCursia, 2011*) and is being expressed in this research by SHETs in central Virginia.

In recent years, because of a push for an emphasis on Social-Emotional Learning (SEL) by the Virginia Department of Education, PDL has been focused on an area of content that has been included in the HE Standards of Learning for the state of Virginia (VA SOLs) (VDOE, 2020). Guidance and VA SOLs for SEL have been included since 2020 and therefore in SIPs at all schools in this study (as reported by the participants) (VDOE, n.d.). The implementation of SEL activities in the SIP was not an aligned effort to support the HE SOLs, but as a separate initiative to provide additional support to students. The lack of acknowledgement that SEL was already included in HE SOLs that SHETs already taught shows the disconnect between the school administration knowing the content taught in HE and further supplants the fact that they cannot support the content needs of SHETs. This is a new finding in this study.

Consistent with previous findings (Mukeredzi, 2016), the needs of the SHETs were not assessed by school administration creating constraints to appropriate opportunities for PDL experiences in Specific Health Content areas. Changes to the VA SOLs in each subject area generally happen every seven years. The VDOE makes the changes available in a draft for review, prior to implementation about a year in advance. State administrators should review the draft of content-specific changes and the needs of the SHETs should be determined based on the

modifications. Accessible PDL from VDOE sponsored trainings should be created to better prepare SHETs for teaching new content.

Delivery PDL

The SHETs shared that to improve their practice they would like the focus of PDL offerings to encompass both pedagogical resources and content knowledge that will allow them to be more prepared to teach their subject (LaCursia, 2011; Murray et al., 2019). Internet searches, an outside opportunity, was the most common source of PDL for the participants of this research study. However, by having to work alone on creating lessons, SHETs are not co-constructing learning opportunities. Although PDL can be completed individually, it can also be active and social (Dornstauder & Chorney, 2019; Patton & Parker, 2014). By having the opportunity to attend state conferences or other special offerings and programming, SHETs experience social learning through shared participation and experiences. Active learning with other SHETs was expressed as overwhelmingly preferred by the participants of the current study. The literature supports moving PDL away from one-off trainings (Webster-Wright, 2009) in favor of continuous PDL, a series of activities that include a wide range of offerings and experiences (LaCursia, 2011; Tannehill et al., 2015). Continuous PDL opportunities will also offer SHETs the deeper, holistic, interactive, social learning to improve their practice recommended by previous literature (Parker & Patton, 2017).

Professional learning communities (PLCs) were noted as a necessary preferred method of continuous learning for the future in the current study and previous studies (Berry et al., 2007; DuFour, 2007). The current PLCs that SHETs have been participating in could be defined better as “collaborative teams” (DuFour, 2007) due to a lack of training on appropriate execution and a qualified facilitator. By offering PLC facilitator trainings, leaders can emerge and offer support

to SHETs that teach the same SOLs. The creation of further support for PLCs in both school wide and outside PDL settings would offer SHETs opportunities for continuous learning and collaboration within their content area increasing access to the PDL they state as needed in their field (Dornstauder & Chorney, 2019).

Active, collaborative delivery methods and content-specific PDL were requested by the SHETs for future outside experiences. The expressed needs posed by the SHETs are documented “best practices” for United States educators; specific content focus in a collaborative, active learning environment that also provides support in instructional practices and pedagogies (Desimone & Garet, 2015). The SHETs are interested in having presenters that have or have previously held the same position as them. They shared that when learning, they are interested in PDL facilitators that model instructional strategies and activities that are appropriate for their health content and the age of their students. SHETs want active learning examples that can be translated to the classroom for the content they are required to teach by state policy.

Recommendations for Stakeholders can be found in APPENDIX H.

Conclusions

By giving SHETs voice and choice to request school wide and outside PDL experiences that will support their current needs, they will have opportunities to construct knowledge aligned with the health content standards they teach and can prepare appropriate learning opportunities for their students. School administration, as catalysts, can ease this process by clearly defining the infrastructure and procedures for obtaining outside PDL opportunities; supporting SHETs with time, class coverage, and funding to attend preferred programming. Additionally, ongoing collaboration with other SHETs within PLCs will aid in a continuous, interactive learning and support that has been requested by these professionals.

Limitations

The limitations for this research should be considered when interpreting the results. The geographic area where the SHETs live and work may offer constraints and opportunities that differ from SHETs who reside and work in other areas. A lack of transferability is a common limitation of qualitative research (Slevin & Sines, 1999). Therefore, the findings and recommendations of this study may not translate to SHETs in other geographic areas with different state standards or a larger population. The methods of this research could be utilized to seek perspectives for other populations of SHETs.

CHAPTER II: DISSEMINATION

In the planning phase of this study, I met with the Coordinator of Health, Physical Education and Driver Education at the Virginia Department of Education (VDOE), Mrs. Vanessa Wigand and Dr. Elizabeth Payne, Health and Physical Education Specialist, at the Office of Science, Technology, Engineering, Mathematics and Innovation. They expressed an interest in the study “Secondary Health Education Teachers Perspectives of Professional Development and Learning in Central Virginia” and understood the local impact that I was hoping to make. Both expressed interest in a follow up to hear the results of the research once completed and hoped to use the findings to support PDL experiences for SHETs in Virginia.

I recently reached out to schedule a Google Meet or Zoom and hope to have completed the initial dissemination in May of 2022.

Sample Presentation

The images of the slides are included in APPENDIX I and the talking points are as follows:

SLIDE 1 Title Slide

I would like to reintroduce myself. I am Katie Bowman. I completed my doctoral studies in the EdD in Kinesiology Online program and the University of North Carolina at Greensboro. I am also still Assistant Professor of Health and Physical Education at the University of Lynchburg. We spoke about this project in the planning stages in the summer of 2020 and I wanted to share the findings and recommendations with you.

SLIDE 2 Background and Problems in Central Virginia

Because education is regulated at the state level, it was important to ask the questions of SHETs as they experience changes within the state. In Virginia, there are major differences in

the geographic areas in terms of socioeconomic status and educational funding that changes educational opportunities for students and teachers. However, some things are constant:

- VA Health and Physical Education teachers on the critical shortage list 2018-19 and 2021-22 (*Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2018-2019 School Year*, 2018; *Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2021-2022 School Year*, 2021)
- Provisional licensure to fill vacancies (*Understanding Virginia Provisional Teaching Licensure.*, 2016)
- As of July of 2015, licensed teachers in Virginia are not required to complete PD in their area of academic endorsement to renew their teaching license (*Understanding Virginia Provisional Teaching Licensure.*, 2016) Initial teaching license or renewal, as of July 1, 2018, will be valid for ten years (previously, licenses expired after five years)
- In health education, SHETs reported less support, in terms of PDL, as compared with educators of all other secondary subjects (Cardina, 2018).

These facts combined were the rationale for me to investigate what was going on.

SLIDE 3 Purpose Statement and Research Questions

The purpose of the study is to explore secondary health education teachers' (SHETs) perspectives of professional development and learning (PDL).

RQ #1: What constraints and opportunities exist to participation in health-related professional development and learning for secondary health education teachers in Central Virginia?

RQ #2: What structures and resources for professional development and learning experiences are needed for secondary health education teachers in Central Virginia to be prepared to teach the state health curriculum?

SLIDE 4 Setting, Participants and Data

I was able to speak, through either an interview or a focus group, with thirteen SHETs in Central Virginia for this research, (n=7 middle school and n=6 high school). These schools are within close proximity to the university where I teach and are observation sites for teacher candidates. A document analysis of the VDOE webpage for Health Education Standards of

Learning and the Social Emotional Learning page was conducted. Additionally, I kept a research journal to reflect on my thoughts from the discussions with the SHETs and the corroborated findings or vacancies in alignment with what the participants shared.

SLIDE 5 Findings RQ #1

The constraints and opportunities that were offered by the SHETs are explicit. School wide, many stated that they do not feel that they are being offered content specific PDL that will help them improve as SHETs. They attribute much of this to the lack of goals in the School Improvement Plan. The offerings considered as opportunities have caveats. The SHETS express that they are one-size fits all and often include technology that they cannot easily apply, or are offerings like FA, CPR and AED that are recertifications for everyone else, but could be expanded to offer pedagogy training for the SHETs that teach and certify the students per their curriculum. The addition of Social Emotional Learning Standards and training was a value add in their minds, but the issue is that many felt that there was not acknowledgement from the administration that this content was included in the health curriculum already. They also feel that there is a lack of time offered for professional leave and a deficiency in their knowledge about requests they may make to gain approval to attend PDL opportunities. Without a way to access more structured PDL offerings, most state that they get updated content to teach their students from internet and web searches. Those who have been to conferences prefer attendance, but with lack of professional leave and funding find themselves unable to attend. Special offerings and programming provided by any number of groups with experts sharing knowledge are favored by SHETs to gain knowledge for improving curriculum and practice.

SLIDE 6 Findings RQ #2

The structures and resources that the SHETs state they need can be broken down into two categories. The first is their needs for school wide PDL and the greatest need expressed is infrastructure to understand what outside PDL they have access to and the approval procedures so that they can attend activities that will offer them the knowledge for the vacancies that they identify. They would also like the support of administration to guide them. This could be as small as forwarding them opportunities that may enhance their content knowledge, all the way to ensuring that they know what new standards are and how their specific district is interested in them handling the teaching of content standards to students. For outside PDL experiences, the SHETs crave presenters that model instructional strategies that they can then use in their classes. They don't want a "do as I say, not as I do" type of lecture that has been dominant in their past experiences. They expressed their interest in active learning for themselves and as a means to learn and to apply to their teaching. And finally, they want PDL in their content area. Many said they have never been asked what they need and how they could be supported in this area.

SLIDE 7 Recommendations

I feel strongly that these results can be used to support SHETs in Central Virginia, and perhaps throughout the state. By sharing recommendations to School Administration and also those who provide PDL for SHETs in Virginia, changes can begin to be made to support this population of teachers.

School Administration can assist SHETs in a few ways. The first would be to ensure that they clarify or create access and approval procedures so that outside PDL can be easier to obtain. Schools can look to restore administrative guidance and support for the SHETs as a means to support their work. Offering trainings about how to execute a PLC and then allowing time for

those PLCs to meet and collaborate in an ongoing manner will offer the opportunity for continuous learning for SHETs. Finally, simply asking the SHETs what their needs are and supporting them through finding and attending opportunities that fill their content weaknesses is imperative. By offering these supports within their district or building, SHETs will have more access to the PDL they crave to move their practice of health educating forward.

Those who offer PDL for SHETs also have recommendations that they can begin to follow. First, surveying SHETs for health content needs is crucial. There are times when what is offered at conferences is what the presenter prefers to speak on and not necessarily what the SHETs need. Again, those who present should be prepared to model instructional strategies that can be easily incorporated into the health classroom. Offering the opportunity to participants to form PLCs for continuous collaborative learning will create a network of support within the SHETs that can sustain the learning needs of the teachers far beyond the short time that most conferences convene.

SLIDE 8 Next Steps

- Disseminate Findings to School Districts per the conditions of the site approval letters (May 2022)
- Disseminate Findings to SHETs in this research (similar presentation)/Present findings at Health and Physical Activity Institute in July 2022/Interest meeting for PLCs for SHETs at VAPHERD in November of 2022
- Seek publication (Possible Journals for submission: The Journal of School Health, The Journal of Health Education, and The Health Educator) (Summer/Fall 2022)
- Creation of PLCs interested in creating a continuous support system of PDL within Central Virginia (Fall 2022/Spring 2023)

Of the items listed, I would like to emphasize the second and the fourth items as things that I would like to discuss further with you. In your current positions, you both have the ability to influence PDL for Health Educators.

I have noticed that at HPAI and VAPHERD, presentations are generally centered around what the volunteer presenters propose a presentation on. But, the most helpful, well attended presentations at HPAI are those by current and former “Teachers of the Year” (TOYs) that offer targeted PDL in Health Content. These presentations seem to be intentionally offered to focus on new or adapted content from updated SOLs. The organizer has offered these targeted presentations to support teacher’s content knowledge and offer pedagogical strategies. Reaching out and surveying all SHETs for content needs is an idea that could offer more voice to those teaching health and could increase the attendance and participation at HPAI. That survey information could be shared with the VAHPERD planning committee to offer targeted programming or request presenters in that area. It could as well be disseminated to school administrators as a means for assisting their SHETs in scheduling school wide offerings within a district.

Many of the SHETs in this research stated that they felt that PLCs were an area they would like to explore. With an impending implementation of new Health Education SOLs in the fall of 2022 there will be an opportunity to for SHETs to come together to collaborate with one another. This was done about seven years ago and I was happy to be a cohost to this event at my University. I think that taking this opportunity a step further and asking SHETs if they would like to continue to connect in a PLC format (either face-to-face, virtually or in a hybrid fashion) could offer them the continuous learning and support many have stated they crave.

I look forward to continued collaborations to improve the statewide conference offerings.

I plan to create a system to support SHETs local to me by creating PLCs and continuous learning for SHETs in Central Virginia.

SLIDE 9 Thank you

CHAPTER III: ACTION PLAN

The plan for this research has always been to have a local impact on the SHETs in the Central Virginia region. The research hopes that by supporting the needs of the local SHETs with the PDL that helps them to improve their teaching practice, that it will improve the quality of the lessons that the SHETs teach, thus improving the health knowledge in the community. The initial dissemination will be to Vanessa Wigand and Liz Payne at the Virginia Department of Education (see Chapter 2). Following that presentation and my defense of this dissertation, I have several other plans for additional dissemination (Figure 1.).

Figure 1: Timeline for Action Plan.



Dissemination to School Districts

As a condition of site approval, two of the five districts requested information regarding the findings of this study. The researcher plans to share the final version of this paper, a virtual abstract and any additional materials created for dissemination with the representatives of school districts in May 2022.

Dissemination to Participants

The findings of this research will also be shared with the Secondary Health Education Teachers (SHETs) who participated in my study. I will create an 8-10 minute recording of the

findings with similar slides offered to Ms. Wigand and Payne in the initial dissemination to the VDOE. The findings and recommendations of the research will offer the teachers talking points to begin conversations with school administrators about their needs for PDL in Health Education. I hope that the building level administration will be receptive to the information provided and use it as the rationale for offering more paid time for professional leave days for teachers and reimbursement for registration at PDL activities.

Conference Presentations

I have been accepted to present my research to a larger audience for an open session presentation at the Health and Physical Activity Institute (HPAI) at James Madison University in Harrisonburg, Virginia this July 11-13, 2022. This event is sponsored and financially subsidized by the Virginia Department of Education as a PDL opportunity for all Health and Physical Educators in the state at a low cost. This presentation will allow my findings to be disseminated to SHETs in other geographic areas of the state that were not included in the research. School Administration and district level coordinators of Health and Physical Education frequently attend this conference and I hope gain additional rationale for improving opportunities for their teachers. I plan to include time for discussion to hear the needs of SHETs in attendance and to allow a sharing of ideas to improve PDL for SHETs beyond Central Virginia. Ideally, this presentation would be the impetus for developing a committee to plan PDL offerings for SHETs for the future in Virginia.

Additionally, I hope to hold an interest meeting for SHETs at Virginia Health, Physical Education, Recreation and Dance Conference in the fall of 2022. This meeting would be used to connect SHETs outside of Central Virginia for participation in future PLCs and to hear their needs for PDL moving forward.

Peer Reviewed Publication

I plan to submit my research for publication in a reputable peer-reviewed journal with a primary focus on Health Education. Examples of these journals are *The Journal of School Health*, *The Journal of Health Education*, and *The Health Educator*. Each of these journals listed above would offer the opportunity for widespread dissemination increasing the viewership of the article by SHETs and administrators. The decision of which journal to submit will be determined by several factors, the most important being whether or not articles on a specific topic are being sourced for a special issue (Byrne, 2016). If there is an opportunity to be included, that would sway my decision of where to submit, as a special edition would increase the number of individuals that would possibly review the research.

In advance of a journal publication, if the journal will not be placing content ahead of print in an online format, I plan to promote the pending publication (as long as the journal that has accepted it for publication says that is acceptable). I plan to request posts on all social media platforms by University Communications and Marketing at the University of Lynchburg (Byrne, 2016). I will post on my professional social media pages (Facebook, Instagram and Twitter) and on the University of Health and Physical Education website. I plan to check that those links remain accessible and make adjustments as needed.

Creation of Local Professional Learning Communities

This work in the area of PDL for SHETs has already and will continue to connect with like-minded individuals who wish to collaborate (Byrne, 2016). I will use the findings of my research to create meaningful, ongoing PDL for SHETs within Central Virginia. The creation of professional learning communities (PLCs) of SHETs in Central Virginia will offer the social

network and support that teachers will be interested in being involved with so that they can construct learning opportunities to improve their practice for years to come.

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APPENDIX A: SAMPLE SITE REQUEST LETTER

August XX, 2021

Dear [REDACTED],

My name is Katie Bowman and I am an EdD student from the University of North Carolina at Greensboro in the EdD of Kinesiology Online program, and also an Assistant Professor of Health and Physical Education at the University of Lynchburg. I am interested in conducting my dissertation research with the working title “Secondary Health Education Teachers Perspectives of Professional Development and Learning in Central Virginia.” For this research, I hope to contact and interview secondary health education teachers (SHETs) from [REDACTED] Public Schools between September and February of 2021.

This letter is a request for permission for me, Katie Bowman, to recruit SHETs via their school emails, as well as to conduct these interviews (via Zoom), analyze the data, and present the findings for my dissertation upon consent of the participant. I am committed to developing the appropriate interview questions and approaches to data collection with my dissertation chair, Dr. Ben Dyson also of UNCG EdD in Kinesiology online. Prior to beginning recruitment, the project proposal will be reviewed and approved by UNCG Institutional Review Board for Research Involving Human Participants, and that approval will be verified by the IRB director, Dr. Sean Collins at the University of Lynchburg.

A brief response, either as a letter or email, will allow me to reach out to the SHETs in Appomattox County Public Schools.

If you need further information in support of this project please do not hesitate to contact me at [REDACTED], [REDACTED] or [REDACTED]

Thank you for your time and consideration,

DIGITAL SIGNATURE

Katie Bowman

EdD in Kinesiology Online Doctoral Student

University of North Carolina at Greensboro

klbowman@uncg.edu

C: [REDACTED]

Assistant Professor Health and Physical Education

University of Lynchburg

bowman_k@lynchburg.edu

APPENDIX B: INFORMATION SHEET

Project Title: Secondary Health Education Teachers Perspectives of Professional Development and Learning in Central Virginia

Principal Investigator: Katie Bowman

Faculty Advisor: Dr. Ben Dyson

What is this all about?

I am asking you to participate in this research study because you have taught as a Secondary Health Education Teacher in Central Virginia. The purpose of the study is to explore secondary health education teachers' (SHETs) perspectives of professional development and learning (PDL). The data gathered by this study will not only help educators and administrators in Central Virginia understand faculty needs for professional development and learning, but it will also serve to provide the foundation to develop future training and PDL for SHETs in Central Virginia.

This research project will only take about one hour and will involve you participating in an interview or focus group. Your participation in this research project is voluntary.

How will this negatively affect me?

No, other than the time you spend on this project, there are no known or foreseeable risks involved with this study.

What do I get out of this research project?

The result of the study may improve knowledge regarding the professional development and learning opportunities and preferences of offerings of SHETs in Central Virginia.

Will I get paid for participating?

There is no compensation for participation in this study.

What about my confidentiality?

We will do everything possible to make sure that your information is kept confidential. All information obtained in this study is strictly confidential unless disclosure is required by law. To protect the data collected for this research, several steps will be taken. All data for this study will remain in a password protected UNCG Box account accessible only to the primary investigator (PI) and the dissertation chair. We will use pseudonyms to represent participants in all data analyses and written work from the interview and focus group transcriptions. A master list of participants and pseudonyms will be kept on the PIs password protected hard drive.

Zoom meetings with participants will be private and the invitations will be password protected so that only the interviewer and the intended participant are able to access the meeting. **Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.**

We will have the audio file of your interview or focus group transcribed by a professional transcription company (Rev) or a research team member. If you do not want your audio file shared with the transcribers, please tell the researcher conducting the Zoom interview or focus group. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described in this section. The recordings and subsequent transcription of the digital files will be completed on a password-protected laptop and stored in the PIs UNCG student Box account. The data will be password protected and permissions for access will be limited to the PI and dissertation chair. The data will be utilized for the researcher's dissertation and subsequent conference presentations, and publications. Your data will be destroyed from UNCG Box within 5 years. De-identified data will not be stored and will not be used in future research projects.

What if I do not want to be in this research study?

You do not have to be part of this project. This project is voluntary and it is up to you to decide to participate in this research project. If you agree to participate at any time in this project, you may stop participating without penalty.

What if I have questions?

You can ask Katie Bowman at [REDACTED] or [klbowman@\[REDACTED\].edu](mailto:klbowman@[REDACTED].edu), or Dr. Ben Dyson [REDACTED] or [bpdyson@\[REDACTED\].edu](mailto:bpdyson@[REDACTED].edu) anything about the study. If you have concerns about how you have been treated in this study call the Office of Research Integrity Director at 1-855-251-2351.

APPENDIX C: SEMI-STRUCTURED INTERVIEW AND FOCUS GROUP QUESTIONS

Secondary Health Education Teachers Perspectives of Professional Development and Learning in Central Virginia

Hello _____,

I am Katie Bowman and I am a graduate student in the EdD in Kinesiology Program at the University of North Carolina Greensboro and an Assistant Professor of Health and Physical Education at the University of Lynchburg. It is nice to be speaking with you via Zoom today. Thank you for taking the time to talk with me this [morning/afternoon/evening]. Before we get started, I want to take a minute to review the purpose of this interview: We are interested in learning more about your experiences as they pertain to Professional Development and Learning in Health Education.

What we want to learn more about is your recent engagement in professional development and learning in health education and what characteristics you find necessary for the experience to benefit both your preparation as a teacher and your students' learning. The information gathered will be used for research purposes and may help, in the future, to inform professional development offerings at the district and state level in health education. Anything that you say will be kept strictly confidential. We will transcribe this conversation and then remove identifying information such as your name, coworkers' names, and the name of the school you work at.

Because of this, please feel free to respond candidly and honestly. The interview/focus group should take no longer than 60 minutes.

Please remember that your participation in this interview/focus group is entirely voluntary. You may choose to start or stop at any point in the interview process without question or explanation. Your request will be honored and there will not be a penalty for ending the interview.

During the interview or focus group, you will see me taking notes – these notes are for me to ensure that I ask all of the questions I intend to ask and that I do not omit or repeat information. It is my effort to keep things on track and show you that I value your time. This conversation will be recorded and the transcript will be sent to you so you can verify the accuracy of your statements.

At this point, do you have any questions about the interview or any of the other information I have given to you? [wait for response] Is it okay to begin? [wait for response] Okay, then let's begin!

Icebreakers

- Thank you so much for completing the demographic information prior to this interview. I would like to start off by learning more about you and your experience in your current position. Can you please explain your current or previous role as a health educator?
- I would like to revisit your demographic information to seek clarification on a few items ... (ask pertinent questions). (If necessary.)
- “Can you remember the last time you used something in your health class that you learned from a professional development learning experience? (LaCursia, 2011, p. 28)”

Professional Development and Learning - I would like to know more about the availability of professional development in your school.

- When considering school wide professional development and learning: What does professional development and learning look like at the school you work at?
- Are you aware of goals in the current school improvement plan that pertain to health education?
- How useful is the professional development and learning that is offered in the school you work at to teach in your content area?
 - Can you offer examples of useful PD?

Professional Development and Learning in Health Education - I would like to know more about your access to professional development in health education that is supported by the school you work at.

- Explain which types of professional development and learning for health education are available and accessible at the school you work at to you as a health educator.
 - What elements made the PDL helpful? Please explain.
- Where do you go to seek access to professional development and learning in health education? Can you provide some examples?
 - What elements made the PDL helpful? Please explain.
- Where have you found the most effective professional development and learning for health education?
 - Can you provide some examples? (conferences, webinars, association websites, social media groups, professional learning communities, etc.)
- Where have you found the least effective professional development and learning for health education?
 - Can you provide some examples? (conferences, webinars, association websites, social media groups, professional learning communities, etc.)
 - How could these PDL experiences be improved?
- What types of professional development and learning experiences would you deem necessary to improve your teaching practice?

Wrap-Up- We appreciate your time and thoughtful reflection today.

- Thinking about the conversation today, was there a time that you had something else to add, but the conversation steered you away from your thoughts?
- Is there anything else that you would like to share with us?
- Is there any information that we missed?
- Whom else do you think we could talk with to better understand this issue?

APPENDIX D: INTERVIEW AND FOCUS GROUP DATA SUMMARY

Type	Participant/s (#)	Duration
FG	3	37 min
INT 1	1	25 min
INT 2	1	27 min
FG	2	41 min
FG	3	61 min
INT 3	1	26 min
FG	2	45 min
	13	261 min

APPENDIX E: DOCUMENT ANALYSIS DATA SUMMARY

Health Education – Virginia Department of Education Website (accessed 12/14/21)

Instructional Resources (link to word and pdf documents)

Health SOLs and Curriculum Frameworks

Health Smart Virginia Sample Lesson Plans

Mental Health Training and Education

Curriculum Guidelines for Instruction on the Safe Use of and Risks of Abuse of
Prescription Drugs

Additional VDOE Resources (links to associated webpages)

Physical Education

Family Life Education

School Health Services

Outside Resources (links to respective webpages)

American Heart Association

American School Health Association

CDC Healthy Schools

NIH Nutrition and Physical Activity Tools and Resources

Nemours Kids Health

SAMHSA School and Campus Health

SHAPE AMERICA

USDA Choose My Plate Nutrition Resources

VAHPERD

Virginia Department of Health

VDBHDS – Office of Behavioral Health Wellness

Virginia Foundation for Healthy Youth

Social Emotional Learning – Virginia Department of Education Website (accessed 12/15/21)

Page Contents

Virginia’s Vision for Social Emotional Learning (website content)

Virginia's Definitions of Social Emotional Learning (website content)

Virginia Social Emotional Guidance Standards (link to pdf document)

Core SEL Competencies (website content)

Positive Impact of SEL (website link)

SEL Resources (website content)

Implementation Resources (link to pdf document)

APPENDIX F: CATEGORIES, THEMES AND SUBTHEMES, DEFINITIONS AND

REPRESENTATIVE QUOTES FOR RESEARCH QUESTION 1

Category	Theme	Subtheme
Constraints	School Wide PDL	No PDL specific to HE Lack of Goals for HE in School Improvement Plan
	Outside PDL	Timing Request and Approval Procedures for PDL
Opportunities	School Wide PDL	Technology offerings FA, CPR and AED Recertification Social Emotional Learning Focused PDL
	Outside PDL	Internet Searches Conference Attendance Special Offerings and Programming

Category: Constraints are defined as areas that SHETs found absences in PDL or school infrastructure that were shared as missed opportunities to improve their practice.

Theme: School Wide PDL offerings were any experiences that all teachers in a school participated in together.

Subtheme: No PDL specific to HE

“I would say content-wise, there wasn’t anything that was really health and PE-specific that was offered... You could pull some of that from the professional developments that we had, but you had to adapt it to what it was that we were doing because the health room wasn’t exactly the traditional.” (Dave)

Subtheme: Lack of Goals for HE in School Improvement Plan

“I would say no.” (Hannah)

“I don’t hear too much about the school improvement plan right now.” (Hector)

Theme: Outside PDL opportunities were those that a SHET chose to seek out and participated in as an individual.

Subtheme: Timing

“A lot of them [PDL offerings] are offered in the evening. There’s just no way, with 3 kids, I’m going to be able to watch something.” (Amelia)

Subtheme: Request and Approval Procedures for PDL

“I had to find it, I had to know about it, I had to explain what it was, I had to ask them about paying for it, if they would cover [my classes with substitutes], if I could go do it.” (Mika)

“...if it was something that we had to go outside of the county for, they [administration] wouldn't pay for it. You'd have to do that on your own or you'd have to go through a long lengthy process to get reimbursed. If they had the money to reimburse you, they wanted you to do things, but they weren't always willing to compensate you for what you did.” (Hannah)

Category: Opportunities are affordances that the SHETs shared that were positive additions to their ability to improve their professional knowledge for their students.

Theme: School Wide PDL

Subtheme: Technology offerings

“...a lot of technology things like how to incorporate technology into your teaching, which in health, and Dave can tell you this, there's not a lot of ... I mean, I did some things in my health classroom that used technology, but it wasn't as much as other people would use.” (Hannah)

Subtheme: FA, CPR and AED Recertification

“We are required to go through medication training and administration, as well as CPR certification...I go through that training every two years. I do use that information and the medication training and the information I've gathered from that in my health class in some of my discussions and information that I give to my students when we go through the friends and family hands only CPR, first aid training in class. I use some for the students to give them a better base of how to assess situations that they need to offer help in”. (Holly)

Subtheme: Social Emotional Learning Focused PDL

“I don't think that they think about that we teach that in health class. We address that [SEL] and they're talking about things that we are educated in. But yet, none of us are on that social, emotional learning team when that's content that we already teach in class. I really don't think that they went in depth to think that, oh, they [SHETs] might know.” (Aniah)

Theme: Outside PDL

Subtheme: Internet Searches

“I look at different websites for new and updated data, information and research.” (Amelia)

“I'm going to go on the internet and search for some stuff to give me background information so that if a student asks a question I can answer that question for them.” (Dave)

Subtheme: Conference Attendance

“We do have the state conference that is held every summer at [conference host

University name], the health and PE conference that is accessible to us. I have attended

that once and then with COVID, I just haven't been able to return. I did take some of the health offerings at that training.” (Holly)

“...it's just a little harder now, but back then it was really, really beneficial. If the school district was supportive of going to VAHPERD, financially and time wise, and if we were able to get substitutes with COVID and that kind of thing...because I know that would be challenging [I would attend again].” (Amelia)

Subtheme: Special Offerings and Programming

“I wish we could pull speakers from the community and stuff. Maybe have them as a resource...just to have people that are more experienced in the areas that we're teaching.” (Aniah)

“I'll be honest, I kind of have a leg in; my daughter has her PhD in Health Promotion and Disease Prevention. I bounce a lot of ideas off of her, and she is a great resource to tell me where to go. Like the whole Revive training, it was her department to put it on. So I, you know, I didn't have to dig very deep. I mean, that's been very helpful.” (Holliday)

APPENDIX G: CATEGORIES, THEMES AND SUBTHEMES, REPRESENTATIVE

QUOTES FOR RESEARCH QUESTION 2

Category	Themes	Subthemes
Needs for School Wide PDL	Infrastructure for PDL	Access and Approval Procedures for PDL
	Experiences	Administrative Guidance and Support
		Training for PLCs
Needs for Outside PDL	Effective Delivery of PDL	Modeling Instructional Strategies
	Content-Specific Knowledge	PDL in Health Content

Category: Needs for School Wide PDL

Theme: Infrastructure for PDL Experiences

Subtheme: Access and Approval Procedures for PDL

“I think that's the deterrent because we should be able to say, “this is a great opportunity for us to bring back something and be more up to date on what we're doing.” But they were like, "Well, if you pay for it first, we might reimburse you whatever without tax." People don't want to put up that kind of extra money when it's something that should be part of our job.” (Sarah)

Subtheme: Administrative Guidance and Support

“I probably still have folders from meetings that we went to as a group and as a county that did give us guided instruction, guided speakers, things that we could use from family life.” (Sarah)

Subtheme: Training for PLCs

“Yes, I would. Honestly, I've looked to see if I could find a PLC training that pertains specifically to this department, to this content, so that I have a better grasp of what I should be doing, especially as the lead of the department. I'm not someone that likes to slack on my job. I like to do my job, to do the best of my ability, and I feel like I am a disservice in that area because I don't understand how to do it, and without the proper training, it makes it really hard for me to make sure that I'm doing it correctly.” (Holly)

Category: Needs for Outside PDL

Theme: Effective Delivery of PDL

Subtheme: Modeling Instructional Strategies

“I think the biggest thing is that information is coming from somebody who's saying, “I've been in a classroom and these are some strategies that have worked for me.” So especially with the, “hey I've been to middle school or gone to observe middle school and these are some good strategies, especially with kids who, maybe these kids who struggle to do this, this is a good way to get them to participate.” Those real situations that cause me to be like, “okay, so I have a student who's like that...that might work for them.”” (Duke)

“I like the hands-on stuff where they'll present a lesson to us like we're the student so that we can see it from both sides. I love that hands-on learning type environment like we did for the PE stuff a lot. But for health lessons, presenting a health lesson to us and showing us how it would...last the whole block, if you're doing it that way. Or exactly how the lesson would be executed as far as the teacher and the student and how current it is and the resources that they got it from, stuff like that.” (Aniah)

Theme: Content-Specific Knowledge

Subtheme: PDL in Health Content

“Yeah. I would say the same. Really focusing on content because there's not a lot out there for professional development for health teachers as far as content goes. Everybody else can go learn strategies to teach their specific courses, but health teachers don't really get that.” (Dave)

“I feel like there should be places where we can get that more through professional development and, let's say, just really get a deeper understanding of what it is that we're teaching through professional development, as opposed to just having to do that research on our own.” (Dave)

APPENDIX H: RECOMMENDATIONS FOR STAKEHOLDERS

Recommendations for School Administrators	Recommendations for PDL Providers
Clarify or Create Access and Approval Procedures for PDL	Survey SHETs for Health Content needs
Add or Reinstate Administrative Guidance and Support	Create PDL that Models Appropriate Instructional Strategies
Support PLCs through trainings and opportunities to participate	Support PLCs for continuous learning
Allow SHETs to share/state needs for and support PDL in Health Content	

Secondary Health Education Teachers Perspectives of Professional Development and Learning in Central Virginia



Presented by: Katie Bowman, MEd, MS, ATC



Background & Problems In Central Virginia...



- * VA Health and Physical Education teachers on the critical shortage list 2018-19 and 2021-22
(Commonwealth of Virginia Critical Shortage Teaching Endorsement Areas for 2018-2019 School Year, 2018, Commonwealth of Virginia critical shortage teaching endorsement areas for 2021-2022 school year, 2021)
- * Provisional licensure to fill vacancies. *(Understanding Virginia Provisional Teaching Licensure., 2016)*
- * As of July of 2015, licensed teachers in Virginia are not required to complete PD in their area of academic endorsement to renew their teaching license *(Understanding Virginia Provisional Teaching Licensure., 2016)*
- * Initial teaching license or renewal, as of July 1, 2018, will be valid for ten years
(previously, licenses expired after five years)

In health education, SHETs reported less support, in terms of PDL, as compared with educators of all other secondary subjects (Cardina, 2018).

Purpose & Specific Aims

The purpose of the study is to explore secondary health education teachers' (SHETs) perspectives of professional development and learning (PDL).

RQ #1



What constraints and opportunities exist to participation in health-related professional development and learning for secondary health education teachers in Central Virginia?

RQ #2



What structures and resources for professional development and learning experiences are needed for secondary health education teachers in Central Virginia to be prepared to teach the state health curriculum?



Setting, Participants & Data



Anherst, Appomattox, Campbell, Nelson Counties and the City of Lynchburg in Virginia

- * Purposeful Sample (Patton, 2014)
- * 13 SHETs (n=7 MS, n=6 HS)
- * between 3-42 years of experience (average=18)
- * School districts represent some observation and student teaching sites for the University of Lynchburg
- * Interviews, Focus Groups, Research Journal and Document Analysis

RQ #1 - Categories Themes and Subthemes...

What constraints and opportunities exist to participation in health-related professional development and learning for secondary health education teachers in Central Virginia?

Category	Theme	Subtheme
Constraints	School Wide PDL	No PDL specific to HE Lack of Goals for HE in School Improvement Plan
	Outside PDL	Timing Request and Approval Procedures for PDL
Opportunities	School Wide PDL	Technology offerings FA, CPR and AED Recertification Social Emotional Learning Focused PDL
	Outside PDL	Internet Searches Conference Attendance Special Offerings and Programming

RQ #2 - Categories Themes and Subthemes...

What structures and resources for professional development and learning experiences are needed for secondary health education teachers in Central Virginia to be prepared to teach the state health curriculum?

Category	Themes	Subthemes
Needs for School Wide PDL	Infrastructure for PDL	Access and Approval Procedures for PDL Administrative Guidance and Support
	Experiences	Training for PLCs
Needs for Outside PDL	Effective Delivery of PDL	Modeling Instructional Strategies
	Content-Specific Knowledge	PDL in Health Content



Dissemination and Action Plan...





Thank You!



Katie Bowman

- klbowman@uncg.edu
- bowman_k@lynchburg.edu
- (440) 570-2309



BIOGRAPHICAL SKETCH

NAME Katie Bowman	POSITION TITLE Assistant Professor of Health and Physical Education at the University of Lynchburg
EMAIL bowman_k@lynchburg.edu and klbowman@uncg.edu	

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Mount Union, Alliance, OH 44601	BS	5/02	Athletic Training
California University of Pennsylvania, California, PA 15419	MS	5/03	Athletic Training
University of Lynchburg, Lynchburg, VA 24501	Non-Degree		Health and Physical Education
University of Lynchburg, Lynchburg, VA 24501	MEd	8/17	Curriculum and Instruction
University of North Carolina at Greensboro, Greensboro, NC 27413	EdD	Anticipated 8/22	Kinesiology

A. Personal Statement

I have served as an Assistant Professor of Health and Physical Education at the University of Lynchburg for the past seven years. As a former secondary school health education teacher (SHET) (for eleven years), I was in similar role as the participants and utilized that familiarity to connect with them.

In addition to my current and former work experience, I am also a graduate student at the University of North Carolina at Greensboro, in the EdD in Kinesiology program. In a recent course, Qualitative Methods in KIN (Fall 2020), I had the opportunity to complete pilot interviews and focus groups on several SHETs in Wisconsin. This experience offered me additional insight into what those in the profession are experiencing in terms of professional development and learning, and has helped to inform and narrow the efforts for this research.

Positions and Honors

University of Lynchburg—Lynchburg, VA 24501

Assistant Professor, Department of Health and Physical Education, August 2015-present
Courses Taught: HPE 102 Lifetime Wellness, LVWL 100 21st Century Wellness, HPE 116, 117, 118 Team

Sport Lab I, II, III, HPE 141 Elementary Tennis, HPE 149 Strength Training, HPE 191 Conscious Relaxation, HPE 258 History and Foundations of Health and Physical Education, HPE 259 Health Content, HPE 310 PK-5 PE Methods, HPE 320 6-12 PE Methods, HPE 335 School Health Curriculum and Methods, HPE 362 Physical Education for Exceptional Populations

University Committees: General Education Oversight Committee (GEOC) (2020-2023), GEOC & Friends, GEOC Assessment Liaison for Living Well, Student Success Team

College Committees: Dispositions Committee, Student Awards Committee

Awards: Allen-Koring Academic Advising Award Winner (2021), Transfer Advising Award Nominee (2020)

Appomattox County High School—Appomattox, VA 24522

Health and Physical Education Teacher, August 2008-August 2015

Courses Taught: 9th Grade Girls' Health and Physical Education, Adaptive Physical Education, Lifetime Activities/Advanced PE, Strength Training

School Committees: Building Leadership Team (Department Leader for Health and Physical Education), Building Improvement Committee

Division Committees: Family Life Education Committee, Safe and Drug Free Schools Committee, Dress Code Committee

Supervised Student Teachers Spring 2009, Spring 2011, Spring 2012

B. Selected Publications and Presentations

Katie Bowman and Samantha Williams, "Digital Diagrams for Enhanced Student Learning" (presentation, North Carolina Alliance for Athletics, Health, Physical Education, Recreation, Dance and Sport Management Conference in Winston-Salem North Carolina, October 24-26, 2019).

Katie Bowman and Beth McKinney, "Assisting Students in Coping with Stress" (presentation, Virginia Health, Physical Education, Recreation and Dance Conference, Roanoke, VA, November 9-11, 2018).

Katie Bowman, Jazmyne Johnson, and Samantha Williams, "Creating Digital Diagrams in Google" (presentation, Virginia Health, Physical Education, Recreation and Dance Conference, Roanoke, VA, November 9-11, 2018).

Katie Bowman, "What Motivates Students These Days" (presentation, Virginia Health, Physical Education, Recreation and Dance Conference, Roanoke, VA, November 10-12, 2017).

Katie Bowman, and Brittany McLean, "Brain Break!: Physical Education and Algebra Collide" (presentation, Virginia Health, Physical Education, Recreation and Dance Conference, Roanoke, VA, November 12, 2017).

C. Previous Funding

Award: Summer Research Grant, University of Lynchburg (\$1,424.90)

Title: Perspectives of Secondary Health Education Teachers on Professional Development in Central Virginia

Goal: My goal is to learn secondary health education teachers in Central Virginia perceptions of the professional development they have participated in. This information will be used to create opportunities for SHETs to benefit from professional development and to remove barriers that limit their access to professional development.

Role: Principal Investigator (June-August 2021)

Award: Teaching & Learning Summer Innovative Teaching Grant, University of Lynchburg (\$1,000)

Title: Innovative Teaching in Elementary Physical Education

Goal: The goal of this project was attend the Health and Physical Activity Institute 2019 at James Madison University and learn new and innovative techniques for teaching Elementary Physical Education.

Role: Professional Activity Participant (Summer 2019)

Award: DuPont Teaching and Learning Summer Research Grant, University of Lynchburg (\$1,000)

Title: JMU Health and Physical Activity Institute and Implementation of Activities

Goal: The goal of this project was to seek professional development in Health and Physical Education so that I can be confident that the content presented in my courses is relevant to what is being taught in the public schools in Virginia.

Role: Professional Activity Participant (Summer 2018)

Award: DuPont Teaching and Learning Summer Research Grant, University of Lynchburg (\$1,000)

Title: Active Learning in Health Sciences and Human Performance

Goal: The goal of this project was to create the first active learning classroom for undergraduate Health Science and Human Performance.

Role: Project Coordinator (Summer 2017)

D. Other Relevant Professional Experiences.

Virginia Department of Education: Health SOL revision workshop. James Madison University, Harrisonburg, VA. (Summer 2019).

Health and Physical Activity Institute Participant. James Madison University, Harrisonburg, VA. (Summer 2018, 2019).