Implementation of Health Education in a Practical Teaching Seminar for the Teacher Training Course in Health and Physical Education: Results of a Nationwide Mail Survey of Four-year Universities

Running Title: Health Education in a Practical Teaching Seminar

Key words: teacher's license, questionnaire, curriculum

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Abstract

The purpose of this study was to clarify the implementation of health education in a practical teaching seminar for teaching profession, whose full-scale application at four-year universities was started in 2013. We carried out a nationwide mail survey of 158 departments at 152 universities offering courses leading to the junior high school and high school teaching certificate (in health and physical education).
The response rate was 43.0% (68/158), and after exclusion of one blank response, 67 cases were analyzed. Among the participants, 71.6% secured time for health education in a practical teaching seminar. The responses were examined to determine whether the contents of the class were considered suitable for a trial health class (62.5%), whether it reflected a health class in teaching practice (45.8%), whether the content was suitable for health education (39.6%), whether or not it reflected teaching methods in health education (37.5%), whether the design was suitable for devising teaching plans for health classes (33.3%), and whether the material was suitable for health education (27.1%). The various class styles included a trial lesson (48.7%), practice (48.0%), a lecture (33.7%), and others (40.2%). These results were considered to indicate that a practical teaching seminar would contribute to teacher training and development through improvement of curricula in the health education field.

1. Introduction

In Japan, the ethos of health and physical education in junior high schools and high schools focuses on fostering the qualities of students and their ability to “acknowledge the value of health, identify problems on their own, understand information about health, and think, judge, and be proactive in order to solve problems in better ways,” as stated in the Health and Physical Education Council report (1997). It also aims to develop “solid academic capabilities,” which allow students to consider their problems and take action in order to proactively maintain and promote health and physical strength throughout their lives by utilizing the qualities and abilities acquired from health education (Ministry of Education, Culture, Sports, Science and Technology, 2014). Health education is an extremely important means of nurturing a sound mind and body. Elementary
school health education must form the foundation for this, while junior high school and high school health education must build on this to make it more solid (Ministry of Education, Culture, Sports, Science and Technology, 2008, 2009a, 2014).

In the field of health and physical education, health education is the core subject, which is why teacher training must strive to develop the competence of health and physical education teachers and select suitable trainers for those teachers. In Japan, a practical teaching seminar has recently been introduced to university teacher training courses as a new initiative to improve the caliber of teachers. This practical teaching seminar became compulsory for all those enrolled in the 2010 academic year wishing to acquire a teaching certificate. According to the Central Council for Education (2006), the objectives of this practical teaching seminar are to confirm at the final stage the qualities and abilities that student teachers have acquired with regard to teacher image, in addition to the university’s attainment goal. The seminars should also serve to reinforce what student teachers have learned so far at university. Based on these objectives, the council has indicated that it is appropriate to include four elements that are required of teachers: 1) elements pertaining to the sense of mission, responsibility, and passion for education; 2) elements pertaining to sociability and skill at interpersonal relations; 3) elements pertaining to an understanding of toddlers, pupils and students, and classroom management; and 4) elements pertaining to ability in teaching and childcare, which include ways to implement trial lessons, study teaching materials, and create teaching plans as examples, in order to accomplish these objectives (Central Council for Education, 2006). However, the council states that it is unnecessary to comprehensively include all four elements, which means that each university should develop its own content by combining these elements according to the teacher image and attainment goals for which the university is
aiming, as well as the challenges and current situations faced by student teachers (Central Council for Education, 2006). If each university decides to include contents related to health education ability as an “element pertaining to the ability to teach subjects and childcare,” as defined for the practical teaching seminar, we can expect an increase in opportunities to develop individual health education ability.

Before the full-scale implementation of the practical teaching seminar, case examples with unique contents and curriculum development were reported. For example, a case in which the four qualities required of a teacher were reorganized into three perspectives and included equally (Sase, 2013), a case in which many hours were spent on teaching-related content and lesson trials were conducted (Ibuka, 2013; Kashida et al., 2014; Saito et al., 2010), a case in which inspection training and fieldwork were conducted by visiting high schools (Matsumoto, 2014; Umetsu & Kondo, 2014), a case in which the students participated in team teaching at the affiliated school and held conferences (Muramatsu et al., 2013; Shimizu et al., 2014a; Shimizu et al., 2014b), a case in which a number of external lecturers, mainly incumbent teachers, were invited to participate in the seminar (Himeno et al., 2011), and a case in which class analysis led to accomplishments such as the broadening and deepening of student teachers’ perspectives toward the lesson (Kobayashi & Terada, 2014). Bearing in mind the objectives of the practical teaching seminar, its content and methods of implementation vary according to the teacher image and attainment goals for which each university aims, or according to the challenges faced by the student teachers, as evidenced by these reports. In other words, “elements pertaining to the ability to teach subjects and childcare” are not necessarily included.

Based on the above, we carried out a basic survey of health education covered
in this practical teaching seminar aimed at cultivating health and physical
education teachers. The objective of the present study was to clarify whether time
was secured for health education during the practical teaching seminar, as well as
in its outline, in the first year of its full-scale implementation at four-year
universities, through a survey of the university departments offering courses
leading to the junior high school and high school teaching certificate in health and
physical education.

2. Methods

2.1. Survey subjects

From among “universities offering courses leading to teaching certificates as
of April 1, 2009” and “teacher training courses newly offered or added in the
academic year 2010,” we selected university departments that offered courses
leading to the junior high school and high school teaching certificate in health and
physical education. Although, in a number of cases, departments were divided into
faculties, courses, and majors, each offering courses leading to the junior high
school and high school teaching certificate in health and physical education, we
selected only university departments as the subjects of this survey. In other words,
only when a university had two or more departments offering courses leading to
the junior high school and high school teaching certificate in health and physical
education, were those departments included in the survey.

The departments surveyed in this study were those of four-year universities
that offered the first practical teaching seminar in 2013; thus, we assumed that
the student teachers enrolled in April 2010 had participated in this seminar during
their fourth year of study. Although some university departments have offered
seminars similar to the practical teaching seminar, only those that offered the practical teaching seminar in the first year of its first full-scale implementation were surveyed. Normally, the survey subjects would have comprised those university departments offering courses leading to the junior high school and high school teaching certificate in health and physical education as of April, 2010; however, as no such information was available at the time, we decided to include university departments offering those courses as of April 2009, in addition to those that were offering, or had added, teacher training courses in the academic year 2010. University departments in which teacher training courses had been newly offered or added from 2011 onwards were not included in the survey, as, at the time of the survey, they did not offer a practical teaching seminar in the fourth year.

On the basis of the above rationale, 158 departments of 152 universities in Japan were selected as survey subjects. We mailed a survey form to the 158 academic staff who were in charge of the practical teaching seminar in these university departments, and asked for their cooperation.

2.2. Survey items

The survey comprised items on 1) the respondents’ specialty areas, 2) implementation of the health education field in the practical teaching seminar (health and physical education), and 3) an outline of the practical teaching seminar.

1) Respondents’ specialty areas

The options for respondents’ specialty areas were “health education,” “health-related areas” (e.g., school health, public hygiene), “physical education,” “physical education and sports” (e.g., exercise physiology, sports practice), “education other than physical education and sports,” and “other.” We asked
respondents to select all that applied from the above six options.

2) Implementation of the health education field in the practical teaching seminar (health and physical education)

For the question “Did you secure time for health education in the practical teaching seminar (health and physical education)?” we asked the respondents to choose either “Yes” or “No.” We then asked them to calculate the proportion (percentage) of the total time of the practical teaching seminar that was spent on health education (health and physical education) according to the hours stated in the syllabus.

3) Outline of the practical teaching seminar

To grasp the outline of the practical teaching seminar, we asked respondents about the number of students who had attended (health and physical education), the number of teachers who had taught (health and physical education), and the number of students per group during group learning. To ascertain what type of health education contents were included in the practical teaching seminar (health and physical education), we asked respondents to select all that applied from (1) the trial health education lesson, (2) the contents of health education, (3) the methods of teaching health education, (4) reflection of the health education class during the teaching practicum, (5) development of teaching plans for health education, (6) teaching materials for health education, (7) lectures by incumbent teachers on health education, (8) viewing of videos in health education lessons, (9) school visits and participation in the health education lesson, and (10) other.

Regarding the proportion of health education lesson styles in the practical teaching seminar (health and physical education), we asked participants to provide
numerical values for (1) the trial lesson, (2) practice, (3) lecture, and (4) other, so that the total of the four items made up 100%. The appropriateness of the above survey items was reviewed, primarily by university teachers involved in teacher cultivation as health education specialists. Before the survey was conducted, a few university teachers who were, in fact, in charge of the practical teaching seminar also confirmed that it was possible to give answers to all the items.

2.3. Survey method

At the beginning of February 2014, we mailed a letter of request and a survey form to the teachers in charge of the practical teaching seminar (junior high school and high school) at the university departments we had selected for the survey. We also sent them a prepaid card as a gratuity for their cooperation. The return deadline was the end of February and the respondents’ consent to participate was implied by their completion and return of the survey form. Because this was an anonymous survey, to protect the privacy of participants, no names were required on either the survey form or the return envelope.

2.4. Ethical considerations

This study was conducted in compliance with the code of ethics of the researchers, who belonged to the Japan Society of Physical Education, Health and Sport Sciences. We also received approval for the research plan from the ethics committee of Niigata University of Health and Welfare (Approval Number: 17459-140207).

3. Results

3.1. Response rate and respondents’ specialty areas
The response rate was 43.0% (68/158). Apart from this, we received four replies saying “we do not satisfy the requirements of the survey” (three phone calls and one email). After omitting one blank response, the total of 67 responses received was analyzed. In terms of respondents’ specialty areas (multiple answers permitted), 47.8% selected “physical education” (n=32), 16.4% selected “education other than physical education and sports” (n=11), 11.9% selected “physical education and sports” (e.g., exercise physiology, sports practice) (n=8), 10.4% selected “health education” (n=7), 6.0% selected “health-related area” (e.g., school health, public hygiene) (n=4), and 11.9% selected “other” (n=8) (Table 1).

3.2. Implementation of the health education field in the practical teaching seminar

Of the university departments that participated in the survey, 71.6% secured time for health education in the practical teaching seminar (n=48) (Table 2).

When asked about the proportion (percentage) of health education in the total hours of the practical teaching seminar as stated in the syllabus, 25% of respondents selected 7% and 13%, respectively (n=12), which were the most frequent percentages (Table 3); 18.8% selected 20% (n=9) and 8.3% selected 27% (n=4). The minimum value was 5%, which was selected by 4.2% (n=2), while the maximum value was 67%, which was selected by 2.1% (n=1). When converted into 15 lectures of a general 2-credit course, 25% of respondents selected “approximately 1 lecture”, 25% selected “approximately 2 lectures”, and 18.8% selected “approximately 3 lectures”.

3.3. Outline of the health education implemented

With regard to the number of students who attended the practical teaching seminar, the values were: mean=67.4, median=29.5, maximum=342, and
minimum=4. In terms of the number of teachers who taught in the seminar, the values were: mean=5, median=2, maximum=25, and minimum=1. As to the number of students per group during group learning, the values were: mean=9.5, median=5, maximum=40, and minimum=1 (Table 4). In terms of the percentage of students who attended the seminar, fewer than 20 accounted for 29.2%, 20-39 accounted for 29.2%, 40-59 accounted for 14.6%, 60-79 accounted for 12.5%, and 80 and over accounted for 14.6% (Table 5).

When asked about the contents of the health education implemented (multiple answers permitted), 62.5% selected “trials lessons on health education” (n=30), which was the most frequent content type (Table 6). Next, 45.8% selected “reflection of the health education class during the teaching practicum” (n=22), 39.6% selected “contents of health education” (n=19), 37.5% selected “teaching methods of health education” (n=18), 33.3% selected “development of teaching plans for health education” (n=16), and 27.1% selected “teaching materials for health education” (n=13). In terms of the contents selected by just a small proportion of the respondents, 4.2% selected “viewing a health education lessons video” (n=2), 8.3% selected “school visit and participation in a health education lesson” (n=4), and 10.4% selected “lectures by incumbent teachers” (n=5). This was followed by 16.7% who selected “other” (n=8). The contents specified by those who selected this option included “participation in a lesson study group,” “participation in an academic society,” “consideration of teaching plan examples,” “helping students in the lower grades to develop teaching plans,” “discussion of health education (theme: smoking),” and “actual practice of cardiopulmonary resuscitation.”

In terms of the proportion of health education lesson styles that were implemented, we asked the respondents to ascribe numerical values to lesson trials, practices, lectures, and other, so that the total of the four would make up 100%.
The mean value of the lesson trials was 48.7%, that of practices was 48.0%, that of lectures was 33.7%, and that of other was 40.2% (Table 7). The contents specified by those who selected “other” included “participation in a research lesson and study group,” “discussion and presentation,” “actual practice of cardiopulmonary resuscitation,” “about the job of a teacher and the job of a health and physical education teacher,” “talk by an incumbent teacher,” and “development of teaching plans and group discussions.”

4. Discussion

Approximately 70% of university departments in Japan that offer courses leading to the junior high school and high school teaching certificate secured time for health education in the practical teaching seminar (response rate: 43.0%). The primary content of the health education implemented included a trial lesson on health education and reflection of the health education class during the teaching practicum. The survey conducted for this study was limited to the contents of health education that were implemented in the practical teaching seminar, and therefore we were unable to consider the overall structure of the seminar. Therefore, it will be necessary in the future to investigate the inclusion of content pertaining to the ability to teach subjects and childcare, compare health education with physical education and other subjects, consider the differences between university departments that offer courses leading only to the junior high school and high school teaching certificate, and those that offer courses leading to the junior high school, high school, and elementary school teaching certificate.

In terms of the respondents’ specialty areas, physical education accounted for the highest proportion, while health education accounted for less than 10% and the health-related area for even less. It is possible that some teachers specialize in
health education fields differing from those of the survey respondents; however, it is also possible that even if health education contents are offered in the seminar, none of the teachers specializing in health education or those teaching health-related subjects may have been in charge of the practical teaching seminar. Furthermore, education other than physical education and sports accounted for 16.4%. Building a teaching system or a collaboration system for teachers who are in charge of subjects related to the teaching profession and teachers who are in charge of academic subjects is an essential agenda of the practical teaching seminar (Tamiya & Hirano, 2008), and it is therefore necessary to explore how we can construct such a system.

In terms of the contents and lesson styles of health education in the practical teaching seminar, lesson trials and practices accounted for higher percentages than lectures. This is consistent with the concept of a “practical teaching seminar” and the “things to be noted” in the decision made by the Course Approval Committee (2008). Moreover, the results obtained were in line with the objective of enhancing the ability to teach specific subjects. Yonezawa (2008) has emphasized the importance of the teaching practicum in the teacher education curriculum from various perspectives by reviewing relevant studies, and pointed out that students pursuing a career in teaching “highly evaluate the practical experience at school as being helpful” and “think that experience-based subjects in a variety of educational settings are useful” for enhancing their abilities as a teacher. In the light of the fact that student teachers accomplished a great deal during the teaching practicum, in the future, the practical teaching seminar must offer practical contents and lesson styles that further deepen what has been accomplished during the teaching practicum.

Sase (2012) reported that students made positive comments about
interacting with incumbent teachers after the implementation of the practical
teaching seminar trial program. The results of the survey of first-year teachers
conducted by Takeda et al. (2013) demonstrated a high demand for learning
through trial lessons in addition to learning about teaching materials and teaching
plans. This study revealed that health education consists of practical contents,
such as trial lessons and reflecting on health classes during the teaching practicum,
which is believed to be consistent with the fact that student and first-year teachers
require practical opportunities to learn about lessons.

Regarding the implementation of trial lessons, various forms, for example
the number of people, hours, and observers, can be expected, depending on the
situation at each university (Ieda, 2000; Komatsuzaki, 2010); however, it is
undeniable that what can be accomplished through trial lessons is limited because
the hours spent on health education during the practical teaching seminar are
limited. The results obtained through this survey have revealed that health
education trial lessons were conducted within a limited time period.

In terms of study limitations, the first is that a bias was created by university
departments that did not participate in the survey (the response rate to the
complete survey was just 43.0%). The second is that the locations and attributes of
the participating universities were unknown, as the survey forms were collected
anonymously. The final limitation was that we did not investigate the universities’
aims with regard to teacher image and goals, the rishu karte (course record) and
portfolio, or the challenges faced by student teachers. Despite these limitations,
further consideration of future trends using the results obtained through this
study as basic data would contribute to the development of teachers who are in
charge of health education through the practical teaching seminar.
5. Conclusion

This study has revealed how “health education” was implemented in the practical teaching seminar launched in its full scale at four-year universities in Japan. The findings can be summarized as follows:

1) Of the university departments that participated in the survey, 71.6% secured time for health education in the practical teaching seminar.

2) In terms of the percentage of time spent on health education from the total hours of the practical teaching seminar, 25% of respondents selected 7% and 13%, respectively, while 18.8% selected 20%.

3) In terms of the health education contents that were implemented (multiple answers permitted), 62.5% of respondents selected “trial lesson of health education,” which was the highest, while 45.8% selected “reflection of the health education class during teaching practicum,” 39.6% selected “contents of health education,” 37.5% selected “methods of teaching health education,” 33.3% selected “development of teaching plans for health education,” and 27.1% selected “teaching materials for health education.”

4) In terms of the proportion of health education lesson styles that were implemented, lesson trials accounted for 48.7%, practice accounted for 48.0%, lectures accounted for 33.7%, and “other” accounted for 40.2%, which indicates that trial lessons and practices accounted for a higher percentage than lectures.

This study has revealed that a certain number of university departments secured time for health education in the practical teaching seminar implemented at four-year universities in Japan and that they spent more time on trial lessons and practice during the seminar.

Further consideration of future trends using the results obtained through this study as basic data would help to develop the abilities of teachers who are in
charge of health education through the practical teaching seminar.

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Membership in Learned Societies:

Japan Society of Physical Education, Health and Sport Sciences

Japanese Association of School Health

Japan Society for the Pedagogy of School Health Education
### Table 1  Respondents’ Specialty Areas (multiple answers permitted) n=67

| Specialty Area                                | n  | %   |
|-----------------------------------------------|----|-----|
| Pedagogy of physical education                | 32 | 47.8|
| Education other than physical education and sports | 11 | 16.4|
| Physical education and sports                 |  8 | 11.9|
| Health education                              |  7 | 10.4|
| Health-related area                           |  4 |  6.0|
| Other                                         |  8 | 11.9|

### Table 2  Time secured for health education n=67

|    | n  | %   |
|----|----|-----|
| Yes| 48 | 71.6|
| No | 19 | 28.4|

### Table 3  Proportion (percentage) of the total time of the practical teaching seminar in health education n=48

| Proportion (percentage) of total hours | When these were converted into 15 lectures of a general 2-credit course | n  | %   |
|----------------------------------------|-------------------------------------------------------------------------|----|-----|
| 7%                                     |                                                                         | 1  | 12  | 25.0|
| 13%                                    |                                                                         | 2  | 12  | 25.0|
| 20%                                    |                                                                         | 3  | 9   | 18.8|
| 27%                                    |                                                                         | 4  | 4   |  8.3|
| 40%                                    |                                                                         | 6  | 3   |  6.3|
| 5%                                     |                                                                         | 0.75 | 2 |  4.2|
| 30%                                    |                                                                         | 4.5 | 2  |  4.2|
| 33%                                    |                                                                         | 5   | 2   |  4.2|
| 10%                                    |                                                                         | 1.5 | 1   |  2.1|
| 67%                                    |                                                                         | 10  | 1   |  2.1|

### Table 4  Outline of the Health Education Implemented n=48

|                        | mean | median | mode | maximum | minimum |
|------------------------|------|--------|------|---------|---------|
| Number of students who attended | 67.4 | 29.5   | 21   | 342     | 4       |
| Number of teachers who taught      | 5    | 2      | 2    | 25      | 1       |
| Number of students in one group during group learning | 9.7  | 5      | 4    | 40      | 1       |
| Number of students in one group per teacher | 15.4 | 10.9   | 5    | 62      | 1       |
### Table 6  Contents of the health education implemented (multiple answers permitted)  n=48

|                        | n  | %   |
|------------------------|----|-----|
| Trial lessons in health education | 30 | 62.5|
| Reflection of the health education class during the teaching practicum | 22 | 45.8|
| Contents of health education | 19 | 39.6|
| Methods of teaching health education | 18 | 37.5|
| Development of teaching plans for health education | 16 | 33.3|
| Teaching materials for health education | 13 | 27.1|
| Lectures by incumbent teachers | 5  | 10.4|
| School visit and participation in a health education lesson | 4  | 8.3 |
| Viewing a health education lessons video | 2  | 4.2 |
| Other                  | 8  | 16.7|

### Table 7  Proportion of health education lesson styles that were implemented  n=48

|                        | n | mean | median | mode | maximum | minimum |
|------------------------|---|------|--------|------|---------|---------|
| Trial lessons          | 32| 48.6 | 50     | 50   | 100     | 0       |
| Practices              | 28| 48.0 | 40     | 25   | 100     | 10      |
| Lectures               | 30| 33.7 | 25     | 25   | 100     | 0       |
| Other                  | 17| 40.2 | 30     | 100  | 100     | 10      |

We asked the respondents to ascribe numerical values to the four, in order to make a total of 100%.