**Portfolio: Reflection on Three Observed Teaching Sessions**

**Introduction**

Education in nursing has become an important tool for equipping students with clinical skills. The learning process takes place in the classrooms and as well as the practice setting (Pulcini, Jelic, Gul, & Loke, 2010). The profession has become a source of preparation and the mentorship needed for the current as well as the future nurses. Nurse educators play a fundamental role in reinforcing the nursing workforce. According to Pulcini, Jelic, Gul, and Loke (2010), the professionals serve as role models and leaders required to execute evidence-based practice. The educators oversee the designation, implementation, evaluation and the revision of the academic as well as the continuing education programs.

One of the tactics used in the nurse education is reflection. Reflection refers to the invaluable tool for the nursing students who learn in class and transfer the skills in practice (Lundy, Janes, & Lundy, 2014). Students use real or anecdotal evidence to gain skills and gain essential lessons from practice. Congruently, Mann, Gordon, and MacLeod (2007) argue that reflection may refer to the process of evaluating events, actions, or situations in real care settings. The process utilises a range of models to ensure that the students adapt to reflective practice within the realm of clinical practice. Subsequently, students relate to events in either the classroom or the practice to expand their knowledge of evidence-based practice.

Reflection has momentous importance in the nursing profession or education process. Nursing education has incorporated reflection to ensure that the theoretical lessons create a proper transition to real nursing settings (Lundy, Janes, & Lundy, 2014). Nursing students focus on using reflection to contemplate on their professional preparation and practice-based education, which comprises an integral part of the course. Consequently, students apply the theoretical knowledge in the practice setting in a bid to become competent and skilled clinical practitioners (Mann, Gordon, & MacLeod, 2007). In addition, learners can use reflective during placement to enhance personal and professional growth. Conversely, nursing students compile their reflections in a portfolio.

A portfolio refers to a collection of personal undertakings, investment, and participation in a class or care based event (Lundy, Janes, & Lundy, 2014). The portfolio demonstrates that learning has taken place. Portfolios enable students and teachers to undertake to learn through evidence-based assessment. A teacher gauges the abilities of a student in achieving learning outcomes, which become a conduit for shaping attitudes, strategies, and skills required for lifelong learning.

The reflective practice came in handy in the analysis of three observed teaching sessions. The teaching sessions aimed to assess the proficiency in teaching style. An individual had the opportunity to explore strengths as a teacher and establish areas of further development. To prepare sound reflections in a portfolio, the analysis will utilise Gibbs Model.  Gibbs model offers a comprehensive reflective cycle that encourages an individual to contemplate on systematic phases of a real experience or activity (Evans, 2014). The cycle entails a description of events, an accounting of feelings, evaluation of the experience, analysis of the situation, conclusion, and action plan. Gibbs reflective cycle will be useful in thinking through all the three teaching sessions.

**Reflection**

By employing Gibbs (1988) as a model of guidance in the reflection, I concurred that the use of certain, relevant information, and brief feature to determine the learning experience description as well as the reflective journal as a teacher, is essential. I will describe the three teaching lessons. I will describe the three teaching sessions, which I provided to my colleagues at nursing and midwifery at Salford University. I intended to use the lessons as ways of teaching and mastering the development of delivery skills to the nurses’ learner in academic practice. All the learners were postgraduate students. The average attendance was 7 Masters students of nursing education. My supervisor observed the two teaching sessions while the third involved peer assessment. The lessons were microteaching, online technology, and PowerPoint presentation. I used classroom and computer in the teaching environment.

**Description**

**First Session-Microteaching session**

It was my first time doing microteaching session module. I started thinking about how to undertake thorough preparation for the session. I contemplated on how to choose the session topic and the way to use the beneficial tools during the microteaching lessons. After careful evaluation, I decided and settled on a topic, medication calculation. Explicitly, medication calculation involves IV pump drop factors in critical care. Upon choosing a topic, I gathered sufficient information by undertaking research. In addition, I prepared questions and answers for the dosage formula. During the course of reading and research, I pointed out the aim of the lesson, which is to help students enhance group discussions and improve their knowledge as well as skills about calculation. After the preparation, I undertook a mock microteaching practice with my colleague to determine if I could do it in the appropriate way, for example within the stated time limit. As a facilitator, I am approachable and have trust in myself as well as my students, who can relate to the content of the topic.

I started to write the lesson plan for the observed teaching practice. I prepared a lecture suited for qualified nurses and undergraduate nursing students. I intended to present the lecture to the seven postgraduate nurses from Salford University. The lecture would last 10minutes in accordance with microteaching session. I presented it without any presentation software. I distributed hand outs to the class. I sought help from the supervisor who attended the session to observe on how I utilised the resources, for example, a flipchart that I needed for explaining the microteaching session.

I began the first session by dividing the seven postgraduate students into two groups of 4& 3. I handed out the medication calculation formula and pre-test questions to my students. I asked them to read and try to answer the pre-test within 3 minutes. I choose the activity to examine students’ prior knowledge and level of understanding of the topic. I found out that 90% of the students answered 50% of the pre-test question while 10% responded to all the questions. Upon collection of the answers, I began to explain to the students the answers to the pre-tests and the way to use the formula by identifying all elements in the questions. The explanation took around 2minutes. I proceeded to explain to the students the definition, importance, and the process of using the medication formulae. The part took about 3minutes but with the delivery of clear information. I granted the students the last 2minutes of the microteaching session by issuing 2 post-test questions. I wanted the learners to answer and affirm their knowledge learned during the session. I found out that 50% of the students could answer all the questions, which meant that the learners did not meet the target of the session.

**Second Session-Online Lesson**

I chose this type of teaching style to cover different education styles. The topic of the session was, “Oxygen Therapy.” I delivered the second teaching session online. I uploaded the video on TED-ED lesson website. The length of the video was 7minutes and 15 seconds. In addition, I included 10 multiple questions and article for the further reading.

**Learning outcomes**

By the end of the online session, the students could be able to:

1. Understand the concept of oxygen therapy
2. Administer oxygen therapy to the patient
3. Recognise the oxygen therapy device

During the feedback process, the students said that the questions were difficult and unrelated to the video except for one learner. The learner differed with others because she read the article. At this moment, I became angry due to the students’ feedback. However, the supervisor asked me to calm down and explained the right approach to use to address the students. The supervisor insisted that I should stoop to students’ level and encourage them. The response and feedback to the mistake were quick. I failed to explain to the students that they needed to watch the video and read the article before answering the questions.

**Third Session-PowerPoint Lecture on Medication Calculation**

I decided to address medication calculation during the session because of the students’ feedback after the first lesson. The learners had asked me to repeat the lessons to refresh their memory about medication calculation. The lesson mattered to the learners because they hoped to become nursing educators after graduating from the course in Masters of Nursing Education. I utilised a PowerPoint presentation during lecture. I started with the pre-test questions to determine of the students had made improvements following the engagement in the first lesson. The session took less than 4minutes. I found out that 60% of the students answered questions. The percentage was an encouragement to me, and I ended up starting the lecture with enthusiasm. It took 15minutes to cover and explain all the medication formula including using a few questions as well as examples for each part. I used the last 5minutes to provide 5 post-test questions to my students. The learners answered all the questions. I noted significant improvement from the students and from me as a facilitator. The session included a peer assessment where the students gave their views about my teaching style and the overall mastery of knowledge in the topic.

**Feelings**

**First Session**

I underwent through stress during the first session. I did not have a clear plan for approaching the microteaching session. Stress management during presentation occurs due to performance expectations (Gaberson, & Oermann, 2010). I worried about the reactions I would get from the supervisors who were supposed to provide their opinions about the sessions. While I know I am approachable and trustworthy facilitation, the stress was an indication that needed sufficient for presentation and going through the lesson plan.

I felt less confident about the teaching session, which compounded the stress I was experiencing at the time. Preparing an effective lesson that would last for 10minutes called for thorough and impeccable preparedness as recommended by Eugenia (2010). I was not sure if the pre-test questions would help the qualified nurses and the undergraduate nurses to learn about IV pump drop factors in clinical practice. After the session, I observed that gaining confidence during presentation requires an individual to overcome fear in public speaking.

While low confidence affected the way I engaged the students, I was anxious during the entire sessions. I wondered if the learners would master the skills of medication calculation. Presentation anxiety is common when one is the centre of attention (Jeffreys, 2010). While I thought the anxiety messed my lesson, the comments by the supervisor offered relief. The supervisor contended I had a good rapport with the students despite cutting off conversations at times.

**Second Session**

I thought I would overcome the fear and anxiety after undertaking the microteaching session, but the second session presented a different challenge altogether. I felt uncomfortable doing a full online session. The supervisor’s comment on facilitation proved that how I approached the lesson. I could have used questions or a discussion to promote active learning.

I felt happy after completing the online session through I was upset with the student’s feedback. The timing of the session was excellent considering the comments from my supervisors. However, I felt I needed to communicate with the students more to encourage deeper thinking and promote the acquisition of skills. A problem-solving approach is important during the presentation (Gaberson, & Oermann, 2010). I felt that preparation for the TedED lesson but overcoming anger was a critical part of maintaining rapport with the learners. I felt I had gained experience in handling the third session.

**Third Session**

I was confident during the PowerPoint presentation lecture. I needed to overcome the presentation anxiety, fear and the stress that I had demonstrated during the first session. I intended to use the platform to teach the students sound skills on medication calculations. Confidence is the key to an effective presentation (Jeffreys, 2010). Furthermore, I wanted to get the best comments from the peers, who were the main assessors during the lessons. The students felt that they need to have a repeat of the first session. I engaged them with pre-test and post-test questions, which I believe offered a foundation for giving an address with high confidence.

I felt I was competent enough to undertake a PowerPoint presentation to equip postgraduate students with necessary skills in medication calculation. According to Jeffreys (2010), presentation skills are some of the required competencies in nursing education to enable learners to prepare for their actual career life. The competence fostered the development of the students. Over 60% of the students managed to answer the questions when compared to 90% learners who could not deliver good answers during the first session. I felt I had achieved the threshold needed for the peer assessment.

**Evaluation**

**First Session**

I thought feeling anxious during the first microteaching session would interfere with the lessons. However, preparation is an important element in any microteaching process. Remesh (2013) argues that the need to use an opportunity to promote real-time teaching experience calls for thorough preparation. I felt relieved when I received comments from the supervisor who noted that I had demonstrated good knowledge of the subject matter, developed rapport, utilized flipcharts, and overall excellent communication skills.

By overcoming anxiety, it was important to have a sound framework for the teaching practice. I intended to gather sufficient information on medication calculations by way of research. As noted by Loveless (2014), thinking about the lessons and considering all the details increases the chances of realising an effective microteaching. I am glad I came up with lesson aims and sufficient content for the topic to ensure that the students would acquire as many skills as possible.

A feeling of low confidence was common since many students do so during their maiden teaching sessions (Evans, 2014). However, I had a responsibility before me, which is why I chose to seek the help of my supervisor. I choose the right resources, for example, flipchart and pre-test questions. Rossi and Fedeli (2016) argue that teaching development necessitates the use of expert strategies. Although the student demonstrated poor skills in medication calculation, the supervisor noted use of group activity and charts enhanced management of the session.

**Second Session**

I needed to exude confidence in the online sessions that the students would master different education styles. However, thorough preparation was important for the session. I decided to come up with learning outcomes, choice questions, and article for the session to make it easy for the audience to understand it. Understandably, I realised an online could be challenging if you do not control nervousness. As Bourne (2007) points, any oral presentation requires sufficient reviews of the content.

I failed to manage my anger when I noted that the students had not read the instructions. However, I took responsibility for the mishap because of failing to adopt self-calming skills as well as power-struggle situations that can ruin an instructional session as recommended in the literature by Schutz (2011). The mistake explains the failure by the supervisor to acknowledge the level of facilitation and rapport needed in the online lesson. It was critical for me to maintain time and approach the subject to promote the understanding of oxygen therapy.

**Third Session**

The third session was an epitome of confidence and competence require in a teaching session. I would offer a repeat of the first session of medical calculations because the students acknowledge my approach. The realisation that I offered valuable lessons to the postgraduate students was a source of motivation. A communicative process and interaction with the audience are critical elements in a PowerPoint presentation (Knoblauch, 2013). Understandably, I look forward to an interactive session where I would equip the learners with calculation skills while I could get excellent feedback. The feedback would demonstrate the extent I had acquired teaching skills.

I noted that the audience could be a source of motivation during the presentation. The question and answer sessions were a strategic tool that builds the rapport between students and me. Understandably, an individual cannot digress from the presentation when delivering valuable lessons to the audience (Bradshaw, & Hultquist, 2014). The 60% response from the students affirmed the effectiveness of a well-thought PowerPoint, which requires a short time to avoid disruptions. I acknowledged the improvement I had made to the students and the progress I had made as a facilitator.

**Analysis**

**Microteaching Session**

The feelings of fear, stress, and anxieties did not prevent me from undertaking a participative learning and education process. The supervisor noted that that I had produced hand outs to add information. A participative learning environment is a channel for promoting active listening, which Dunleavy, Dede, and Mitchell (2008) associated with the effectiveness of escaping from the convention lecture and tutorial practices. However, proper timing should have optimised the facilitation to ensure that the learners understood the medical calculations in detail. Hedges and Cullen (2011) insists that a participative learning framework extensive use of knowledge, which is why I composed lesson plan and made mock presentations to a few friends. The supervisor insists that I should have moved slowly by utilising the lesson plans as I had arranged.

Developing good rapport and adopting an enthusiastic approach when I was teaching medical calculation was an effective strategy.  Although I struggled to actively listen to the students and to control cut-off conversations, a deep approach to the subject was critical because the theory of active learning by Dornan, Boshuizen, King, and Scherpbier (2007) enhances deep understanding of the subject matter as well as the development of students’ comprehension. Furthermore, an enthusiastic teacher should be willing to engage in class discussions through sound communication and presentation skills (Gargiulo, & Metcalf, 2012). However, the supervisor felt that I could have introduced myself first to set the scene. I should have offered fewer questions for the pre-test and post-test activities.

I believe that using a mixture of small group and whole group activity was the most effective approach for the microteaching sessions. I had low confidence and anxiety in dealing with a session for the first time, but the incorporation of group sessions overcame that weakness. The theory of Communities of Practice (CoP) explains the approach I used. The model postulates that learning in groups enhances students to share concerns and create room for interactive learning (Andrew, Tolson, & Ferguson, 2008). Another element that stood out was the use of flip chart the microteaching session, which is a facet of anchored instruction in the constructivist model of learning (Nix, 2009).  Anchoring the lesson on flipcharts enhanced the effectiveness of the lesson by creating a shared experience for the Salford University students. However, the supervisor noted the lack of sensitivity and inclusivity during the lesson.

An active learning environment should consider the different situations of the students to promote a shared experience (Gargiulo, & Metcalf, 2012). I felt I needed to consider the students who were out of practice for a while to enhance sound conversations. I attribute the mishap to the low confidence and anxiety because I felt that the students need more than a mere demonstration of medication calculations. As postulated by CoP, shared experience and timing during the session could have prevented any moment of weakness. As recommended by Jeffreys (2010), timing is a key element in the teaching session, which should have taken precedence before the microteaching session. In addition, the second session presented a different outlook of teaching practice.

**Online Video Session**

I had discovered that preparation and timing were important elements of effective presentation during the microteaching session. The TedED video session requires clear instructions, which the supervisor acknowledged after the activity. However, I should have elicited questions or a discussion to promote active learning. Bradford's theory of anchored instruction necessitates the use of materials to enhance learning and active listening (Pellegrino, & Brophy, 2008; Gargiulo, & Metcalf, 2012). I might have provided clear guidelines on oxygen therapy but using anchored instruction could have led to a better facilitation with the students. Understandably, I demonstrate low confidence during the session, which could explain the little impact on students’ facilitation from the beginning of the online video to the end.

I might have prepared for the Ted-ED session in advance, prepared choice questions, and article for further reading but the failure to produce proper learning outcomes inhibited the performance during the lessons. I went overboard to blame the students for failing to read the instructions, but I discovered I had a hand in the mistake. The supervisors noted that the learning objectives were inadequate, which should enhance the attitudes as well as the knowledge needed during the lessons (Pellegrino, & Brophy, 2008). Furthermore, well-constructed learning outcomes ensure that the students or the teacher engage in contemplative thinking, which allows the lesson to narrow to clear specifics (Ingleby, Joyce, & Powell, 2010). An online might have been a platform for covering different education styles, but clear outcomes should have enhanced the questions I had prepared.

Using credible sources for the teaching sessions is an effective approach (Ingleby, Joyce, & Powell, 2010). The strategy injects credibility to the information intended for a particular audience. I chose credible sources for the Oxygen Therapy lesson, which is in accordance with the discovery learning theory. An inquiry-based instruction and use of factual information enhance learning by creating a foundation for disseminating good knowledge (Alfieri, Brooks, Aldrich, & Tenenbaum, 2011). I intended to use the online session to equip the learners with the right skills in Oxygen Therapy without using unreliable experiences or theoretical concepts. Reasonably, the power of credibility for a facilitator is critical (Ingleby, Joyce, & Powell, 2010), which meant that using authoritative and trusted sources, was a priority rather than an option for the online video session. However, as recommended Alfieri, Brooks, Aldrich, and Tenenbaum (2011), the teacher should curate the resources to avoid bombarding the students with unnecessary information.

The supervisor had noted that I used detailed question, but I needed to filter the resources to enhance understanding of the video. I deviated from the suggestions of information theory of learning, which presents a behaviourist notion during an instructional session. Jeffreys (2010) associates the theory with information gathering during teaching. After a thorough evaluation of the session, I concurred with the supervisor that the organization and mastery of the subject matter needed background information, for example, an explanation about the Ted-ED video. The strategy could have enhanced understanding, but I managed to present an organised session after all. In addition, the third session was the climax of confidence and competence in teaching.

**PowerPoint-Based Lecture**

Anchoring the session on a PowerPoint lecture was an effective strategy for achieving the learning outcomes. The foundation of active learning is the materials or the props used to enhance teaching (Ferris, 2012; Phillips, 2016). I realised my approach to the PowerPoint lecture on medication calculation was in accordance with the anchored instruction theory proposed by Bransford (Yilmaz, 2011). I wanted to use the session to equip the postgraduate students with skills in calculating medication problems. The peer assessment session enhanced a shared experience where the learners have a platform to engage pre and post-test questions. A PowerPoint presentation was an effective and strategic choice because it created the focus as well as the spontaneity needed by the Master's students. Although the session might have created a teacher-centred platform, using questions was a thoughtful approach.

Questions enhance an interactive feedback process where the teacher and the student focus on getting answers. I noticed that the student had extensive motivation to learn medical calculation despite demonstration poor attitude during the session. The encouragement to oversee the PowerPoint lecture aligns with the model of intrinsically motivating instruction, which enhances the creation of the right mood for learning as noted by Yilmaz (2011). The pre-tests and post-test questions compounded the learning process by ensuring that I nurtured the skills of the students from their standpoint of the lecture session prepared in advance. I wanted to avoid any altercation that could derail the success of the peer assessment session. I looked forward to the evaluation by the students because I believed I had made landmark steps in enhancing their skill in medication calculations.

Spending the last 5 minutes with the students was a strategic move during the session. The last five minutes created room for experiential learning, which requires students to focus on gaining concrete experience from a teaching session (Manolis, Burns, Assudani, & Chinta, 2013). Kolb’s experiential learning cycle requires learners to adopt an active experimentation approach (Kolb, & Kolb, 2008). I intended to the use the last 5 minutes to test the effectiveness of the lesson and my teaching capabilities as a facilitator. Allowing the learners to make observations and substantiate unclear information enhance their performance during the peer assessment session. Overall, I had made thorough preparation for the session, which turned out to be the most interactive and effective session of the three.

**Conclusion**

The three sessions demonstrated the essence of giving the students a chance to present their views and options. I would consider a student-guided learning session given sufficient time and resources. The responsibility of developing the knowledge and the skills of the learners depends on the extent the teacher would go to accommodate their diverse needs (Sagar, 2014). The supervisor insisted on inclusivity and sensitivity, which is an important inspiration behind facilitating a session where the students would dominate the lesson. The process would optimise learning.

I have learned from the teaching sessions that preparation and timing are valuable tools. Making any noticeable improvement requires investment in terms of time and resources. As noted in the anchored instruction theory, advance preparation, coming up with learning outcomes and exploiting technology materials would enhance the interactive sessions (Dean, & Marzano, 2013). I realised that time eliminate the negative feelings towards the teaching tasks. Additionally, I learned that students-centred learning takes precedence over the improvement the teacher intends to make.

The supervisor pointed out the need to develop sound learning outcomes. I concur that the outcomes require proper organization to enhance specificity during learning. The outcomes determine the degree of skills the students should acquire by the time they complete the learning sessions (Dean, & Marzano, 2013). The outcomes needed to be specific, measurable and stated clearly in the lesson plan. For example, I could have stated, “the students should learn how to recognise and use therapy device” during the second session. In future, the learners would benefit with focused learning activities, which would make it easier for the teacher to make assessments.

I regret using my anger to respond to the student’s inability to answer the questions. Although the failure to provide the necessary instructions on how the students could read the article, I should have composed myself and re-evaluated the way I had prepared the questions. I will control my anger and emotions during the lessons so that the outburst does not happen again. Self-calming will also come in handy in dealing with difficult situations. The approach would ensure that the learners comply with the much-needed instructions during the lessons. Stress, anxiety and the pressure to perform can derail the emotional stability of any teacher (White, Duncan, & Baumle, 2011). I will seek the advice of an anger management consultant who would ensure that I do not exhibit negative feeling during interactive sessions with the learners.

**Action Plan**

I intend to consult the supervisor to gain skills in facilitated learning. Mastering facilitated learning was a major weakness in the first and second session. I will use the instructions of the supervisor to learn how to ensure that the learners have sufficient control in the learning process. My role as a facilitator is to provide the resources and the support needed by the learners. The supervisor will show me the strategies I can employ in teaching sessions to enhance acquisition of skills. In addition, I intend to use the session to identify the solutions to classroom-based learning. I believe that the guidelines from the tutor will be a source of extra learning materials, and enhancing education within a particular period. The interaction will involve tutorials, presentations, and face-to-face group sessions.

I will conduct extensive research to understand to maintain rapport with the students with the students during learning sessions. The supervisor noted that poor facilitation of the learners led to the poor establishment of rapport with during the second session. I will go to the school library to find periodicals, journals, and books on how I should engage the learners by maintaining harmonious relationships. The third session on PowerPoint lecture was a revelation to the extent affinity with students could contribute to an effective learning process. The students could answer the questions with enthusiasm. I will use the findings to make a custom list of strategies I could use for similar sessions in the future. I hope to boost the quality and the satisfaction needed by the students in learning.

I need to improve my acquaintance with the art of sensitivity and inclusivity during the classroom sessions. The failure to accommodate the needs of the students who have been out practice could have inhibited their ability to understand oxygen therapy. In addition, equality and diversity in the classroom should take precedence over pressure of teaching so that the learning can be tailored according to differences among the learners. I will attend similar sessions in school to learn how the tutors accommodate the different needs of the students. I will accommodate such differences in the lesson plans, visual presentation, and any interactive sessions that might occur in the future. I believe an all-inclusive atmosphere will optimise the contributions of the students and enhance their capacity to learn new practices.

I will request for a practicum from the supervisor so that I could learn how to set up classrooms for presentation purposes. One of the shortfalls of the first and third sessions was a failure to create an atmosphere for presentation. I will face real challenges such as noise from the students, which will allow me to think of instant as well as effective solutions. A practicum session will enhance the quality of teaching. I will use the platform to establish a connection between the theoretical knowledge and practice experiences required to enhance presentation skills. Furthermore, using teaching practicum will be a long-term solution because I will strive to enhance students’ skills.

**References**

Alfieri, L., Brooks, P., Aldrich, N., & Tenenbaum, H. (2011). Does discovery-based instruction enhance learning?. *Journal Of Educational Psychology*, *103*(1), 1-18. http://dx.doi.org/10.1037/a0021017

Andrew, N., Tolson, D., & Ferguson, D. (2008). Building on Wenger: Communities of practice in nursing. *Nurse Education Today*, *28*(2), 246-252. http://dx.doi.org/10.1016/j.nedt.2007.05.002

Bourne, P. (2007). Ten Simple Rules for Making Good Oral Presentations. *Plos Computational Biology*, *3*(4), e77. http://dx.doi.org/10.1371/journal.pcbi.0030077

Bradshaw, M., & Hultquist, B. (2014). *Innovative teaching strategies in nursing and related health professions* (7th ed.). Burlington, MA: Jones & Bartlett Learning.

Dean, C., & Marzano, R. (2013). *Classroom instruction that works* (1st ed.). Boston, Mass.: Pearson Education.

Dornan, T., Boshuizen, H., King, N., & Scherpbier, A. (2007). Experience-based learning: a model linking the processes and outcomes of medical students' workplace learning. *Medical Education*, *41*(1), 84-91. http://dx.doi.org/10.1111/j.1365-2929.2006.02652.x

Dunleavy, M., Dede, C., & Mitchell, R. (2008). Affordances and Limitations of Immersive Participatory Augmented Reality Simulations for Teaching and Learning. *Journal Of Science Education And Technology*, *18*(1), 7-22. http://dx.doi.org/10.1007/s10956-008-9119-1

Eugenia, M. (2010). *Comparative blended learning practices and environments* (1st ed.). Hershey, Pa.: IGI Global.

Evans, N. (2014). *Essential study skills for nursing students* (1st ed.). London: Routledge.

Ferris, S. (2012). *Teaching, learning, and the net generation* (1st ed.). Hershey, Pa.: Information Science Reference.

Gaberson, K., & Oermann, M. (2010). *Clinical teaching strategies in nursing* (3rd ed.). New York: Springer Pub.

Gargiulo, R., & Metcalf, D. (2012). *Teaching in today's inclusive classrooms* (1st ed.). London, UK: Cengage Learning.

Ingleby, E., Joyce, D., & Powell, S. (2010). *Learning to teach in the lifelong learning sector* (1st ed.). New York, NY: Continuum International Pub. Group.

Jeffreys, M. (2010). *Teaching cultural competence in nursing and health care* (2nd ed.). London: Springer Pub Co.

Knoblauch, H. (2014). *PowerPoint, communication, and the knowledge society* (1st ed.). Cambridge: Cambridge University Press.

Kolb, A., & Kolb, D. (2008). The Learning Way: Meta-cognitive Aspects of Experiential Learning. *Simulation & Gaming*, *40*(3), 297-327. http://dx.doi.org/10.1177/1046878108325713

Loveless, D. (2014). *Academic knowledge construction and multimodal curriculum development* (1st ed.). Hershey: Information Science Reference/an imprint of IGI Global.

Lundy, K., Janes, S., & Lundy, K. (2014). *Community health nursing* (3rd ed.). California: Jones & Bartlett Learning.

Mann, K., Gordon, J., & MacLeod, A. (2007). Reflection and reflective practice in health professions education: a systematic review. *Advances In Health Sciences Education*, *14*(4), 595-621. http://dx.doi.org/10.1007/s10459-007-9090-2

Manolis, C., Burns, D., Assudani, R., & Chinta, R. (2013). Assessing experiential learning styles: A methodological reconstruction and validation of the Kolb Learning Style Inventory. *Learning And Individual Differences*, *23*, 44-52. http://dx.doi.org/10.1016/j.lindif.2012.10.009

Nix, D. (2009). *Cognition, education, and multimedia* (1st ed.). London: Routledge.

Pellegrino, J., & Brophy, S. (2008). From Cognitive Theory to Instructional Practice: Technology and the Evolution of Anchored Instruction. *Understanding Models For Learning And Instruction*, 277-303. http://dx.doi.org/10.1007/978-0-387-76898-4\_14

Phillips, M. (2016). *Digital technology, schools and teachers' workplace learning* (1st ed.). London: Springer Publications.

Pulcini, J., Jelic, M., Gul, R., & Loke, A. (2010). An International Survey on Advanced Practice Nursing Education, Practice, and Regulation. *Journal Of Nursing Scholarship*, *42*(1), 31-39. http://dx.doi.org/10.1111/j.1547-5069.2009.01322.x

Remesh, A. (2013). Microteaching, an efficient technique for learning effective teaching. *Journal Of Research In Medical Sciences*, *18*(2), 158-163.

Rossi, P., & Fedeli, L. (2016). *Integrating video into pre-service and in-service teacher training* (1st ed.). Hershey: IGI Global.

Sagar, P. (2014). *Transcultural Nursing Education Strategies* (1st ed.). London: Springer Publishing Company.

Schutz, P. (2011). *Emotion in education* (1st ed.). Amsterdam: Academic Press.

White, L., Duncan, G., & Baumle, W. (2011). *Foundations of basic nursing* (1st ed.). Clifton Park, NY: Cengage Learning.

Yilmaz, K. (2011). The Cognitive Perspective on Learning: Its Theoretical Underpinnings and Implications for Classroom Practices. *The Clearing House: A Journal Of Educational Strategies, Issues And Ideas*, *84*(5), 204-212. http://dx.doi.org/10.1080/00098655.2011.568989