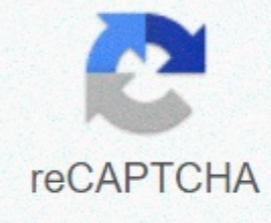




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Theoretical frameworks in education

I'm not a teacher; Just another passenger you asked the way. I voted ahead – before me, as well as yours. – George Bernard Shaw (1908) Some educators may share the idea of George Bernard Shaw (1908) that teaching is about learning with students as other travelers. Others may see the teaching process in completely different ways. However, few educators would disagree with Shaw's view that teaching practice involves painting ahead through deliberate processes that facilitate learning. Clinical teachers can guide learners with established theoretical foundations in the field of education. Theoretical fundamentals in the field of education include understanding and the value of how to integrate scholarship into teaching practice. They also include knowing how to apply conceptual frameworks, theories, and models. Conceptual frameworks are broad and metric views of the world. Conceptual frameworks differ from theories in that they are often more abstract and lasting than theories. Theories tend to offer more immediate, practical and factual guidance. They adapt more to change and may not be useful, depending on the circumstances. Models offer an even more specific direction and are often visually represented in a diagram or chart. Theoretical fundamentals include terms such as education, pedagogy and andragogy. The word for educating comes from Latin education, namely to draw and develop (Oxford Dictionary, N.D.). Pedagogy, the art and science of education, seeks to understand teaching methods and methods that can help teachers educate or attract learners (on education, N.D.). While pedagogy seeks to understand how to teach learners of all ages, andragogy is the study of helping adults learn (Knowles, 1984). Students enrolled in health programs in higher education institutions or after high school are considered older learners. Historically, higher education in general and clinical teaching in particular do not attach much importance to the actual way of teaching. Professors and instructors at post-secondary institutions were more respected for content knowledge of the subject within their discipline than for training methods. However, since the days of Socrates, educational researchers have looked at how learning occurs, what teaching methods facilitate learning, and the contexts in which learning best occurs. Today, content knowledge alone is insufficient – clinical teachers must ground their preoccupation with understanding educational processes. In this chapter we provide a brief introduction to the Teaching and Learning Scholarship, quirky conceptual frameworks and theories and models for adult education. In each section we include creative practical strategies that educators in health professions can easily use in their daily clinical teaching In 1990, Ernest Boyer, then president of the Carnegie Foundation for Teaching, challenged an existing norm in higher education. Traditionally, university educators —called the 'professor' or 'academia'—were expected to demonstrate their scholarship primarily by researching and publishing in their areas of content expertise. In his publication, *Scholarship reconsidered: The Professor's Priorities*, Boyer (1990) called for a broader definition of a scholarship that includes and recognizes superior research in the field of teaching and content as equally important. He offered four separate and revealing scholarship functions: the Discovery Scholarship, the Integration Scholarship, the Application Scholarship and the Teaching Scholarship. Boyer defined the different forms of scholarship as: The discovery scholarship comes closest to what it means when academics talk about 'research'... No principles in academia are considered a commitment to knowledge for its own sake... Higher Education Job Center... And contributes not only to the shares of human knowledge but also to the intellectual climate of a college or university. The Integration Fellowship emphasizes the need for researchers who give meaning to isolated facts... Creating connections between disciplines, placing specialties in a larger context, illuminating data expensively... A serious and disciplined work that seeks to interpret, unite and bring new insight into the original research... Adapting the research — or the study of others — to greater intellectual patterns. The application scholarship is moving towards involvement... Reflects the 19th and early 20th century zytageist who... Land grant colleges... Based on the principle that higher education must serve the interests of the large community... Related to the special knowledge of the person and relates, and flow directly from, this professional activity... Requiring vigor – and responsibility – traditionally related to research activities. Finally, we get to the teaching scholarship... As a scholarly enterprise, teaching begins with what the teacher knows... Those who teach must, above all, be well informed, and steeped in the knowledge of their fields... Teaching is also a dynamic effort that includes all the analogies, metaphors, and images that build bridges between teacher understanding and student learning... However, today teaching is often seen as a routine function, advised on, something almost anyone can do... However, defined as a scholarship, teaching both educator and tempting future researchers... And keeps the scholarship flame alive. The evolving definition of a scholarship later came to include six expectations. To be considered a scholar, teachers' work must Clear Goals, Adequate Preparation, Appropriate Methods, Significant Results, Effective Presentation and Conceptual Review (Glassick, 2000; Glassick, Hoover & Maroff, 1997). As the teaching scholarship became more well-worded, Lee Shulman, another president of the Carnegie Endeavors, expanded the definition further by introducing four important standards. The work must be 1) done public in some way; 2) were subject to peer review by members of the individual's intellectual or professional community; 3) citable, refutable, and can be built on; d) A part of this community (Shulman, 1998). As the importance of learning roles in the teaching process was also recognized, Boyer's teaching scholarship continued to evolve and is now referred to as a teaching and learning scholarship. Journals such as the International Journal of Teaching and Learning Fellowship, the Journal of the Teaching and Learning Fellowship, the Canadian Journal of Teaching and Learning Fellowship and the Canadian Association of Nursing Schools (CASN) promoting quality in nursing education are examples of journals judges committed to publicly distributing the scholarly work of teachers. Nursing Educators (Cash and Tate, 2012; Duncan, Meara and Holmes, 2014; Oermann, 2015), Pharmacy (Govins, 2014), Physiotherapy (Anderson and Tani, 2014) and other health professions are making concerted efforts to implement the Teaching and Learning Fellowship in both clinical and academic areas of the practice. In Canada, casn (2013) developed a position statement on scholarship. This statement adapts boyer's scholarship model (1990) and includes the teaching scholarship as an activity expected for educators. An everyday scholarship Imagine a new way to solve a common learning dilemma or introduce a new innovation into your clinical teaching practice. Consider the standards of scholarship as you think through the issues involved. How can you make the solutions you develop public or the innovations you create so others can benefit? How do you invite colleagues to review them? How and where can you quote the explanations of what you've done so others can know about them, refute them or expand them? Willim Purkey (1992) put forward commissioning theory as an educational framework of learning and teaching relationships based on human value, responsibility and abilities. Invited learning has been observed in a social context, where learners should be invited by the teacher to develop their potential. The four pillars of order theory are honor, trust, optimism and deliberateness (Purkey, 1992). The instructor who invites learners in, greets them, creates warm and welcoming educational environments, deliberately provides learners with optimal learning opportunities, and offers learners Farewell at the end of the learning experience. In 1983, Parker Palmer introduced the term *invitational*. In particular, Palmer emphasizes that an atmosphere of hospitality enables the welcoming environment (1983, 1993, p. 71). Hospitality in Palmer's words means welcoming each other, our struggles, our newborn ideas, with openness and care (1983, 1993, p. 74). Palmer concludes that both teachers and learners experience a positive outcome when the class is invited (Palmer, 1983, 1993, 1998, 2007). Significant introductions to be true to invitation theory, the guide needs to find ways to get learners to the course as a great host and will welcome guests to a gala dinner. Introductions are important if you adopt the perspective of the invited theory. Instead of studying simply saying their name, etc., consider inviting them to share a special object (like their favorite tea or a picture of their special place). It will give fodder for discussion, help each person feel like a person, and promote connections between the learners in the group. The banstrowstrowthc thinking, as announced by educators such as Jean Piaget (1972) and Lev Vigotsky (1978), suggests that knowledge was built by the learners themselves. Those watching the world through a constructive lens believe that learners bring valuable existing knowledge to their learning experiences. They see the role of the teacher as building on this knowledge by providing activities of personal significance. Constructive teachers also believe that learning will be reinforced by interactions with other informed ones such as teachers, practitioners and colleagues. Therefore, an important aspect of any practice of teacher construction is to plan and ease opportunities for beneficial social interaction. In clinical teaching environments, instructors who use a constructive conceptual perspective will create different relationships separately with students and ensure that opportunities for relationships with students and other faculty members are possible. Melrose, Park and Perry (2013) summarize the construction as a conceptual framework: constructive learning environments combine verified consensual knowledge and professional practice standards, and competence is comprehensively tested. Students' misconceptions are identified and redirected. Learners are perceived as having a unique and individual capability area where they are able to complete an activity independently. Working together, students and teachers determine what assistance is needed to move forward to increase this independence zone. (p. 71) Teaching scaffolding. Just as scaffolding is used to support and support buildings during the construction process, educators use scaffolding to temporarily support learners. Scaffolding may be most needed in The beginning of learning experiences and gradual decline as students become increasingly able to achieve learning results independently (Hagler, White and Maurice, 2011; Morgan and Brooks, 2012; Sanders Volk, 2005). Swettenham/CC-BY-NC-SA scaffolding will initially provide intrinsic basic knowledge, offer sequencing opportunities for understanding new ideas, and are gradually retreating as learners build their own ways of understanding the material. Learning activities are designed to link to students' personal goals, connect the theory to practice, and invite deep, critical reflection. Clinical teachers can expect that teaching scaffolding such as syllabus, course results and required assessment activities are in place for student groups. However, each clinical area offers unlimited options for additional innovative scaffolding. For example, clinical teachers can create specific activities for their clinical agency location area. They can adjust orientation activities to match their specific practice location areas. They can create advance organizers such as concept maps and brain maps (Melrose, Park and Perry, 2013) that illustrate approaches to patient care or procedures that students will implement. They can draw simple diagrams to complete verbal instructions or text. They can model procedures and invite students to participate as much as they can, and make the activity for the students themselves where possible. They can share their clinical experiences, both those that included clear professional responses and those that were ambiguous and without clear answers. Woodley (2015) proposes creating custom orientation folders, paper or electronic, to distribute to students at the start of their clinical rotation. Formatting catchy memory are memory aids that use the first few letters of a group of words to create sequences of information that are easy to remember. One example is the well-known ABC of CPR, 'A' for the airway, 'B' for breathing and 'C' for the bloodstream. You can design a catchy memory to help learners in your area remember critical points. Select three to five important pieces of information about a common condition or procedure. Select one word to represent each of these critical points. Include at least one word that begins with transactions if possible. Share your mediation with students early in the clinical experience and encourage everyone in the group to address it during discussions. The adult educator of transformative learning Jack Mechro (1978, 1981, 1997, 2009) is credited with expressing transformative learning as a framework for teaching and learning. This worldview suggests that learning involves significant and transformative changes in students' established beliefs and assumptions. These shifts are likely to occur when confusing dilemmas arise. At Other Learners can experience profound changes when they have been deeply affected by learning experience. Clinical learning environments offer unlimited opportunities for both teachers and students to think in new and different ways and experience transformative learning. Teachers ground their practice with transformative learning to find ways to challenge learners. They seek clinical experiences that have the potential to inspire new insights and invite critical reflection. They encourage students to question what they believe to be true. They also expect students to question what they are heard and what they actually see. Promoting critical thinking and critical observation are key elements of this conceptual framework. Critical thinking. Critical thinking involves analysis, evaluation and rebuilding (Critical Thinking Community, N.D.). Critically thinking people seek relevant information and break decisions, interpretations and givers based on evidence and context (Brookfield, 2012; Burrell, 2014; Rolls, 2012; Turner, 2005; Zygmunt and Moore, 2006). Socrates was one of the first educators to adhere to the use of teacher interrogation methods (Socratic polling) to require learners to think deeply, challenge their assumptions, and gather evidence before receiving new ideas (Paul Walder, 2007). Two clinical teaching activities that promote critical thinking are conceptual journals and case studies. Critical reflection. Clinical components or programs in health professions often use conceptual journals. As a task, conceptual drawing is well suited to older learners, helps bridge the theory gap for practice, and can promote conceptual practice (Garrity, 2013). The process fosters personal and professional growth, empowerment and knowledge development, skills and approaches (Garrity, 2013). As a transformative learning approach, conceptual drawing creates necessary introspective opportunities for students to recognize and analyze their feelings of discomfort, stress, or anxiety (Ganzer & Zauderer, 2013; Waldo and Herman, 2009). Journals are often used as a tool for evaluating students (Lasater & Nielsen, 2009; Ross, Mahal, Chinapen, Kollar and Woodman, 2014; Waldo and Herman, 2009). Including conceptual drawing in evaluation is a key benefit for students, providing an opportunity for them to express and share the experiences that have changed or changed their thinking. Teachers or clinical staff cannot be otherwise aware of these experiences or the profound impact they have had. Conceptual drawing is a place where students can think critically, be creative, express personal opinions and criticize their performance. On the other hand, a not unexpected disadvantage to evaluating a conceptual diary is students' reluctance to fully and honestly review students if it may affect They're getting it. Teachers can find it difficult to mark diaries objectively and their criticism can be time-consuming (Chan, 2009). Guidelines for implementing conceptual journal tasks include providing clear explanations of what Critical Reflection means, the estimated length of journal entries, how often they should be submitted, and the extent of privacy and confidentiality that students can expect (Chan, 2009). Timely feedback on student log entries reinforces the conceptual process. Critical reflection – what it is and what it doesn't differentiate between conceptual journal entries that demonstrate critical thinking and those that simply record activities and observations may not be easy for students. If a reflective journal is used in your program or if you want to invite students to a journal, show students what a critical reflection is. Provide examples of journal entries that demonstrate introspection, self-criticism, and experiences of feeling distressed or anxious. Emphasize the importance of harnessing honesty about what went well and what can or should be done differently next time. To illustrate critical reflection, also provide examples of more superficial values and don't really indicate changes in thinking or a willingness to look at issues in new ways. Case studies or case methods are also widely used during clinical components of programs for health professions. Case studies promote critical thinking, problem solving, self-direction, active learning and communication skills (Carnegie Mellon, N.D. Gaberson, Orman and Shellenbarger, 2015; Popil, 2011; Tommy, 2003). Case studies are stories of real-life situations with complexity, dilemmas and more abstract themes than concrete ones. Details in case studies are important and the information presented must be specific. Do not immediately have 'correct' responses and professional actions. This lack of clarity provides learners with opportunities to practice identifying the types of current problems, offer different treatment approaches and, most importantly, consider new and different perspectives (Carnegie Mellon, N.D.). Clinical teachers can draw from their experience to create case studies or access fully developed cases and peer surveys published on health resource websites. When judging the value of a case study for use in a particular area, assess whether the customer status and definition is realistic and whether the information provided is detailed but brief. The discussion questions accompanying the cases should be open, an inviting review and an inspiring question about the additional information learners should look for (Carnegie Mellon, N.D.). Complete any case study activity with background information, such as anatomy and physiology reviews, laboratory test information or excerpts Required texts will help students solve problems placed within the case in more informed ways. Draft case study reflect on your experiences as you first started working in the area where you are now teaching. Is a particular case conspicuous? Why? As a new practitioner, what was difficult or confusing about this case? How did you and other members of the health team try to solve dilemmas related to the case? What did you try that worked for? What didn't work? What would you like to know then that you know now? How'd it go about finding the extra information you need? Write the key details as briefly as possible as a case study draft. Separately, write discussion questions and complementary theoretical information. Ask colleagues to review your research case draft, share it with different groups of students, and change it if necessary. When your draft study is consistently well received, consider submitting it for publication on an open educational resource site such as Merlot (MERLOT Health Sciences, n.d.). By publicly sharing your well-received research case, you will strengthen your scholarship and provide other clinical teachers with useful teaching tools. Since Malcolm Knowles (1980) labeled andragogy as the art and science of helping adults learn (p.43), theories in adult education continue to contribute important ideas about how teachers can best facilitate learning among adults. Many of these ideas or emerging theories fit well into clinical learning environments, where practitioners in their workplaces actively work with clients and students. The basic assumptions andragogy as an educational approach (Knowles 1975, 1980, 1984) are that adult learners are independent and self-directional. They bring accumulated life experiences that are rich resources for learning. Adults' learning needs are closely linked to their changing social roles. Adults are driven by internal and non-external factors. They are a problem at the center and are most interested in immediate application of knowledge. For younger learners and those with little knowledge of the subject, some teaching may need to be more of a deliberate teacher than self-directed. However, most adult educational experiences are grounded in a climate of acceptance, respect and support, with learners expected to be actively involved in creating their learning. In the following paragraphs, we discuss three fundamental elements of andragogy: self-direction, experiential learning, and collaboration. Self-direction towards self is a fundamental element of andragogy. People who burn yourself accept responsibility for their learning by selecting, managing and evaluating many of the activities they need throughout their learning process (Brookfield, 1984; Guglielmino, 2014; International Association for Self-Burn Learning, N.D.; 1975). Many students in the health professions had their previous learning experiences in directing teachers who told them what to do, what to learn and what goals to achieve. When students had limited opportunities to take responsibility for their learning, clinical instructors could help by communicating clearly that predictable self-direction is needed. For example, instructors can ask how you direct your learning and how can we best help with this effort? (Douglas and Maurice, 2014, p. 13). I can make it think of a time when you need to implement new clinical activity but instructions were

not available. What'd you do? How did you choose resources or information to guide you? What did you do with these resources to manage them or put them together? How did you evaluate your process and determine that you can implement the activity safely? Self-direction involves choosing, managing and appreciating what it takes to be able to say I can do it. In a group discussion, explain your self-direction process to students. Using the questions above, invite students to share examples of how they went about learning a new assignment. Close the activity by emphasizing the importance of self-direction in clinical learning environments. Experiential learning and experiential learning, also referred to as 'hands on' or 'learning by doing,' is a second basic element of andragogy. The theory of experiential learning suggests that when learners are directly immersed in activities and then analytically reflect their experiences, the process can combine cognitive, emotional and physical functions (Society for Experiential Education, N.D.; Dewey, 1938; Hanger, 1984). Each learner's experience is uniquely personal and will be conditioned according to context. Teachers can support experiential learning by engaging in ways learners analyze their experiences. Teachers can guide learners to think beyond the local context of their experiences (Moon, 2004). For example, Jacobson Ruddy (2004) suggests posing questions such as: Have you noticed...? Why did this happen? Does this happen in life? Why is this happening? How can you use that? David Kolb (1984; 1984-1984) Kolb and Perry, 1975) created an ongoing model to explain experiential learning. He understands that learning is a winding four-step process. First, learners perform an action or have a concrete experience. Second, they think or think about this action in relation to this particular situation. Third, they try to understand the abstract concepts involved and look for ways to generally exclude beyond the specific situation. Fourth, they apply the knowledge and understand what they have discovered in new situations. Start guardian file practitioners in various clinical areas not all do things the same way. When students apply clinically in one location area, they may find it challenging to be precisely included beyond this specific situation. To encourage students to think at length about what they learn from what they do and how that knowledge might be applied to other situations, suggest they are developing a guardian file. File Saver is a collection of notes that students feel will be valuable in their future practice. Each comment in the file includes a brief reflection on clinical activity they have applied to their current practice. This should also include relevant theoretical thinking. Most importantly, it should include why students felt being able to do this activity was guarding. What have they learned in this practice that can be included and applied to other clinical experiences and their future? The third basic element collaboration of andragogy is the exchange of hierarchy between teachers and students in collaboration and shared responsibility (Brookfield, 1986; Brookfield and Frescil, 2005; Imel, 1991). Traditional university programs presented information primarily through didactic methods such as lectures or assigned readings. The motivation was outward, usually in the form of grades. Students often worked alone and may have felt they were in competition with their peers. However, as ideas from the field of adult education are incorporated into higher education settings, shifts occur. Students are now more familiar with the idea that they are likely to be active participants in their learning. Motivation becomes more internal and most university students have experience working in small groups (Kurczek & Johnson, 2014). Combining cooperation between students and the fact that they work together in the fields of clinical practice can be an effective teaching approach and one that is relatively easy to implement. In contrast, establishing a learning environment in which the hierarchy between teachers and students is eliminated is less simple. Ultimately, teachers value students. However, teachers' relationships with their students in higher education programs can be collaborative. In academic settings, the role of teaching varies from an authoritative professor to a learning facilitator. One example is King's (1993) call for higher education teachers to be more like a guide on the side than sage on stage (p. 30). Deleus (2012) calls on higher education teachers to create mentoring relationships with students. Competitive thinking among students may be reduced by transition systems/fail rating rather than numerical grades or letters (Cohen, 2012; white, 2010). In clinical settings, teachers invest more in their relationships with students and efforts to facilitate discussions rather than just convey knowledge (Beckman and I, 2009). Collaborative learning is not a matter for expert teachers Knowledge for amateurs, it's teachers and students working together to pursue knowledge (Berkeley, Cross & Major, 2005; Palmer, 2007). Clinical teachers can collaborate and share responsibility for learning by inviting students to take on leadership roles within their clinical groups. In the next two From The Field strategies, guides provide direction for activities that can help promote collaboration. Taking a turn in a leading team encouraging students to take a turn in a leading team is an important way to help them learn some of the expected skills of nursing leaders and other health disciplines. Roles and Responsibilities of Team Management (TL – Each week two students will take on the role of TL (TL one for four students). – Every Monday (or first clinical shift) remind the instructor who is taking the TL role. – Arrive 15 minutes early (0645) per unit to make sure that the selected patients of the students are still acceptable and available (talk to the paid nurse). Initiate processes for alternative patients as needed. – Keep a list of all patients assigned to students in the group. Remind colleagues about flow sheet documentation, I&OS, and summaries. Make sure these are completed in time. Review peer documentation and provide feedback to ensure professional standards are maintained. - Assist colleagues with skills if time allows. – *Most importantly, serve as the contact between the instructor and each student. Taking a turn in the leading team with a group of students will assist with practice entry capabilities designed to demonstrate leadership in coordinating healthcare by: – assigning customer care – consent and supervision and evaluating the performance of healthcare assistants and undergraduate nursing workers in carrying out limited activities – facilitating continuity of care for Jacqueline Mann MN clients, academic coordinator, Center for Nursing and Health Studies, Atabaska University, Athetvska, AB. Another strategy for clinical teachers to facilitate collaboration is by providing an opportunity for everyone in the group to complete the inventory of their preferred learning styles. It's especially expensive at the beginning of a course. The process of teachers and students working together to find out and then share the ways they learn best can offer valuable reminders that everyone learns differently. The process can also remind teachers to deliberately implement a variety of different teaching approaches, not just those they know or prefer themselves. A quick Google search will yield plenty of inventory for preferred learning styles. Many are inadequate because they are prolonged, must be purchased or restricted under copyright law. 1 inventory, VAK/VARK questionnaire, suitable and available for public use in VARK Site. The VAK (Fleming and Mills, 1992; 1992; Ark., N.D. Model indicates that people prefer one of three styles of learning: visual, auditory (auditory) or kinesthetic. visual learners prefer movies, photos, diagrams, views and handouts. They work well from written instructions. The words tell me. kinesthetic learners prefer physical experiences such as touching, feeling, holding and actually performing tasks. they are very convenient learning tasks by stepping straight in and trying what they are likely to do. they may use phrases such as let me try. at different times and in different situations. , people may prefer different ways of learning and combinations of learning styles. Another learning style, reading and writing, was later added to VAK and VAK became VARK (Vark, n.d.). Reading/writing learners prefer text-based information and materials. They are drawn to the information displayed in Lists, Tutorials, Textbooks, Class Notes, and PowerPoint Lectures. They might use phrases like I read it... What's your VARK? As a way to minimize the hierarchy between teachers and students, try completing vark as a collaborative group activity early in the course. The VARK (visual, auditory, read/write, kinesthetic) is an inventory of learning style preferences and is available for free . Participants submit an online questionnaire and receive immediate feedback indicating the learning styles they prefer. The site does not collect personal information. After you and your students have finished the VARK, discuss the results. Some members of the group will prefer images and demonstrations (visual); Some will prefer the spoken word and the instructions recorded (auditory); Some would prefer textbooks and PowerPoint lectures (read/write); And some prefer touching and practical (kinesia) actions. Most people appreciate all these different ways of learning, but are particularly attracted to one or two. During the discussion of learning style preferences, ask for the students' help in ensuring your preferences and will not control the student group responsible for many different styles throughout the course. In this chapter, we invite teachers to consider the idea of traveling with students as they drive towards their destination to become health professionals. Basic knowledge of education and adult education can help clinical teachers Learn on purpose. Boyer's work (1990) in drafting the scholarship inherent in teaching processes encouraged educators to approach their work in new ways. Teachers explore the everyday aspects of their practice through studies and then conceal their findings in peer-reviewed journals focused solely on education. Most areas of health now have journals where educators share research findings and best teaching methods. Conceptual frameworks offer important guidance for teachers from a variety of fields. In healthcare, ideas from the timed frameworks, constructive and transformative are particularly useful. An invited display highlights welcoming and welcoming learning environments that promote a climate of trust, respect and optimism. A constructive view underscores the assessment of what learners already know and are building scaffolding guidance to promote independence and expand existing knowledge. A transformative view emphasizes changes in students' assumptions and the procession of learning experiences towards activating new insights and has triggered critical reflection. Clinical learning activities that can trigger critical reflection include conceptual registration and incidents. Students participating in programs in higher education settings or after high school are considered older learners. Theories and models in the field of adult education are based on the assumptions that adults bring life experiences to any learning event, that their learning consumption is likely related to their changing social roles, and that they are driven by internal and non-external factors. Adults learn best when addressing problems in real life and they want to apply what they learn immediately. Elementary elements that ground most adult education theories are that adult learners value self-direction, experiential learning, and collaboration. Self-direction involves the ability to choose, manage, and evaluate many of the activities needed for learning experience. Experiential learning or learning thereafter actually means performing an activity, then an analytical reflection of the experience and imagining how learning can apply beyond a particular setting. Cooperation involves sharing responsibility for learning among student groups and reducing hierarchical relationships between teachers and students. In conclusion, in this chapter we cast a spotlight on the idea that teaching can and should be seen in this chapter as a scholarly practice. The field of education offers clinical teachers a rich and fluid body of knowledge. Drawing from and contributing to this body of knowledge can be an exciting and satisfying part of clinical teaching. About Education (n.d.) 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