

New models of learning and staff development are emerging from the combination of delivery methodologies such as blended, place-based and service-training

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Abstract

A new learning space was created for a group of allied hospital staff from two Malaysian hospitals through the networking of learners, teachers, educators, computer systems and delivery methodologies. Positive learning outcomes were achieved, despite the perceived local, national and international barriers.

This paper outlines and reports on the processes and outcomes of delivering a blended, computer-based English for Health course to a group of 50 Malaysian allied hospital workers. The course was developed in, and administered from New Zealand. For six months, the Malaysian students attended a fortnightly face-to-face class and completed an associated online unit between classes. Attendance and completion of the programme was deemed compulsory by their employer.

On the success of the initial programme, other learning opportunities have emerged. For example, replication of the English for Health programme through other hospitals in the same hospital group, and English for Nursing for first year in-service nurses.

Introduction

This paper focuses on how new models of learning and staff development are emerging from the combination of delivery methodologies such as blended, place-based and service-training. It consists of several parts. Firstly, some background information on how the programme was developed, followed by an overview of its delivery in Malaysia and finally some observations and reported outcomes. It is intended in this paper to demonstrate how the interconnectivity of the teaching and learning environment provided an optimal learning opportunity for the learners.

Background information

The author of this paper is associated with an educational institution which develops teaching and learning solutions for online and classroom delivery. The team of content writers, which is based in New Zealand, work with a range of global organisations and companies. The establishment of international partnerships means a range of English language programmes, developed by the group in New Zealand, can be delivered worldwide. International tertiary institutions and corporations have improved their learners' and employees' English competency levels, including pronunciation and vocabulary, through the integration of online and face-to-face delivery into classroom learning and staff training. The study being discussed in this paper has evolved from the blended delivery of an English for Health programme to a group of hospital workers in Malaysia. The course delivery took place in the health workers own working environment, incorporating elements of both place-based and service training methodologies.

Programme development and theoretical framework

Flexible delivery

The flexibility of delivery and the networking of computer systems, educators, trainers and learners provide greater opportunities for learners, teachers, institutions and corporates alike. The use of emergent technologies, coupled with an increasing need to diversify revenue strands through internationalisation, has enriched English language learning and literacy opportunities for learners, and provided interesting variations on traditionally-accepted educational perspectives. Content delivery varies across organisations and institutions. In some instances, it is delivered face-to-face, and in other cases, online. Alternatively, it can be mixed mode or blended delivery. Content can also be delivered to individuals who are currently in paid employment, through service-training in the workplace. Through the provision of offshore training sessions to tutors, the New Zealand-based institution is delivering worldwide, place-based learning opportunities.

Place-based education

'Place-based education' and 'place-conscious education' is linked to Gruenewald and Smith. (2008). They believe the significance of the "places" we live in and care for is often overlooked. They say we should focus on our places and ground learning in the "local". In their critique of the globalisation and standardisation of formal education they suggest that learners' experiences of learning are often isolated and decontextualised from their lives and local communities and environments. Gruenewald and Smith highlight the importance of

closing the gap between the environment and education. We should reconnect with the local. They argue that by drawing on local experiences and phenomena as a source of student learning, education that is conscious of local places enables learners to be inducted into the 'knowledge and patterns of behaviour associated with responsible community engagement'. (Gruenewald and Smith, 2008, p. xvi)

Service-training

Although service-learning can be used in many academic disciplines, health education seems to be an obvious fit. However, setting up a partnership between an educational institution and a health provider can be time-consuming. Initiating a tripartite relationship such as that developed between New Zealand and Malaysia required investing a tremendous amount of time and effort in the beginning. According to (Furco 2000)

the major criteria of service-training are that the project be part of an academic course, the project's objective match one or more of the course objectives; there be a community partner to serve; the community partner contribute to student learning; students examine their successes and failures; and students celebrate their work (as cited in Bajracharya, 2007, para. 6).

In summary, Greenberg (2000) asserts, there are four phases of service-learning: planning, action, reflection, and celebration, (as cited in Bajracharya, 2007, para. 6).

Principles of course design

In developing the courseware, the principles of sound language curriculum design have been integrated into both the face-to-face and online content. Throughout the English for Health course, vocabulary and language points are frequently recycled. The content development team followed the 10 principles for developing language courses recommended by Rod Ellis (2005):

1. Ensure learners develop a rich repertoire of formulaic expressions and rule-based competence.
2. Focus predominantly on meaning.
3. Also focus on form.
4. Develop implicit knowledge without neglecting explicit knowledge.
5. Take into account the learners' 'built-in-syllabus'.
6. Require extensive L2 input.
7. Also require opportunities for output.
8. Interact in L2 as a means of developing proficiency.
9. Take into account individual learning styles.
10. Assess free, as well as controlled production.

The course is also based on the six principles for intercultural communicative language teaching as identified by the Ministry of Education report (2012). Namely, the course:

1. Integrates language and culture from the beginning.
2. Engages learners in genuine interaction.

3. Encourages and develops an exploratory and reflective approach to culture and culture-in-language.
4. Fosters explicit comparisons and connections between languages and cultures.
5. Acknowledges and responds appropriately to diverse learners and learning contexts.
6. Emphasises intercultural communicative competence rather than native-speaker competence.

Course methodology and design

The course extends the learning experience in ways which challenge and motivate learners and contribute to the development of their communicative language proficiency skills. It draws on a range of teaching and learning methodologies, including topic-based, situational-based, function-based and skills-based learning. This variation is in keeping with research, which suggests that alternating attention between form and meaning optimises the learner's opportunity for learning (Ellis, 2001). The online course takes a balanced approach to form and meaning. Following the generally established practice of learner knowledge being built up by the learner, for example, where the learner is actively engaged in the meaning-making process (Von Glasersfeld, 1995), previous learner knowledge is elicited, the vocabulary and topic is introduced, learners listen to the relevant language structure prior to reading it, the written form of the structure is introduced and then produced (Harmer, 2007). Language form and meaning are controlled, as is the use of the language. Language use is relevant to the specific situation or context in which it is being presented (Richards & Renandya, 2002). The learning is contextualised. The scenes and scenarios provided in the online delivery are as authentic as possible, given that they are staged to elicit specific language meaning and form. The face-to-face component allows for contexts to be drawn directly from the learner's individual working environment.

Theoretically-driven blended delivery: face-to-face content

Learners require copious opportunities to manipulate structures and construct meaning to become confident language users. By providing a face-to-face element, learners are provided with an opportunity to collaborate and reflect collectively on individual learner responses with other learners. Collaborative learning, where each learner reflects and discusses each of the other learner's answers [where learners reflect and discuss each other's answers], is an important aspect of learning (Chai and Tan, 2009). The classroom materials intrinsically motivate learners to perform well to ensure they will reach their objective. The conceptually and intellectually engaging activities help learners to construct more meaningful personal interpretations and representations of their everyday environments and include simulations and role plays. Learning is viewed as the construction of meaning rather than the memorisation of facts (Jonassen and Reeves, 1996). Constructivism claims that learning is achieved by the active construction of knowledge within meaningful contexts (Duffy and Cunningham, 1996). Learning situations must be authentic and not contrived. According to Murphy (1997), 'learning situations, environments, skills, content and tasks are relevant, realistic, authentic and represent the natural complexities of the "real world"' (as cited in McKenzie, Morgan, Cochrane, Watson & Roberts, 2002, p. 427)

Theoretically-driven blended delivery: online content

The online content of this course also significantly aligns with real life health situations. The authentic contexts and types of tasks presented to the learners throughout the online course reflect the way knowledge is used in real life health situations. Throughout the course, the activities involve the meaningful use of language. In their Meaningful Learning Model Jonassen, Howland, Marra and Crismond, (2008) identified the main characteristics required as: ‘active, constructive, intentional, authentic and cooperative’. They claimed thinking mediates learning: ‘Students learn from thinking. Thinking about what they are doing or what they have just done, thinking about what they believe and thinking about the thinking process. Thinking and reasoning.’ (Jonassen et al, 2008). Throughout the course, the activities are not a one-way or two-way information gap, where learners have to provide a description of an image or spot-the-difference. Rather, the tasks require thinking and reasoning. They reflect the kind of language use and interactional communication an individual requires when actually engaged in a real-life, health-environment situation.

Interactional online learning

Throughout the course, the activities have a relational thread from one exercise to the next. Learners are scaffolded through the learning process. The language is graded through sequential exercises to assist meaning-making and provide chunked practice. The activities are engaging and entertaining, but more importantly they are educational and emulate the real world. Throughout the course, the activities require learners to manipulate the language rather than just regurgitate mimicked forms. They also vary from problem-solving tasks, to a more prescriptive type which requires the learner to demonstrate an understanding of a specific language structure, with a focus on form.

Online feedback

The learner is provided with instant, system-based feedback for each response. Functionality enables the productive skills of written and spoken discourse to be captured. Written text can be saved for peer review or to be tutor marked, if required. Alternatively, the learner can self-assess against a model answer. The system for speaking captures the learner’s voice and enables the learner to compare their version to a model answer. The feedback raises learner awareness and enhances learner performance by encouraging critical thinking around answers. Learners can identify where they are experiencing difficulties through constructive feedback and this can be done in the privacy of their own learning environment, if desired.

Constructive alignment

Construction of the blended English for Health course was a team effort. The content writers and teachers endeavoured to create a learning environment which was as encouraging and as supportive as possible for learners. According to Biggs (1999), in the development of a course we constructively align the content by defining the learning outcomes and selecting learning and teaching activities likely to enable the learners to attain the outcomes. In this instance, the online content of the course had been developed prior to the initial setting up of the programme. However, there was flexibility to embed more of the learners’ social and

work experiences into the face-to-face delivery. Learners can further enhance their learning opportunities by using the language and cultural content relevant to their living and working environments. Constructivist theory believes that effective learning environments embed learning in social experience (Cunningham, Duffy and Knuth, 1993).

Programme delivery

Programme setup

The delivery methods of programmes vary according to the requirements of clients. Some courses have components which are optional and for others all aspects of the course are compulsory. The study being discussed in this paper evolved from a new learning space created for a group of Malaysian allied hospital workers in full-time employment. All elements of this course were compulsory because it was funded by their employer. The development of the programme required the collaboration of various groups; they included an agent based in Malaysia, the hospital management and staff - this is a private hospital chain with 22 hospitals throughout Malaysia and two in Indonesia, the educating university associated with the hospital chain and its tutors, and finally the New Zealand-based institution with which the author of this paper is associated. Each member of the team was required to provide leadership and support at various times throughout the planning and delivery stages.

The learner group

The group consisted of 50 individuals in full-time employment, including admission clerks, clinical assistants, IT operators, radiographers, receptionists, physiotherapists and pharmacy assistants across two hospitals. The course was provided to the learners free of charge because the course costs were met by the employing company. There was a range of English competencies from Beginner to Low Advanced, and there was a range in age (25-49) and ethnicity (Malay, Chinese and Indian). This programme aimed at up-skilling the hospital employees to provide better communication between staff and English-speaking patients and visitors.

Methodology

The students attended one 4-hour, face-to-face lesson every second Saturday, which would normally have been part of each worker's paid employment time. The face-to-face lesson was supported with an associated online lesson which the staff completed at a time and place convenient to them between the face-to-face lessons. The online self-study component was able to be completed on a hospital computer station if a personal home computer was not available. Students were not only supported by teachers and administrators both in New Zealand and in Malaysia, but were also supported by their employer by being funded to attend the course and by being provided with ready access to computers. As stated earlier, all elements of the course were compulsory, including the online self-study component, the fortnightly face-to-face class, the formal assessment, the pre- and post course questionnaires and the follow-up evaluation. Access to the online content continued for a period of 3 months after completion of the 12 face-to-face lessons, which took place over 6 months, totalling nine months altogether.

Training

In order to introduce the Malaysian-based clients to the English for Health programme, the New Zealand-based institution provided a one-week training session in Malaysia for 10 people; the Malaysian agent and two staff members, four English tutors representing the university hospital training institution, along with two registered nurses. These nurses were the staff trainers for two hospitals in the chain. The training days focused on both the online and face-to-face elements of the course with interactive teaching techniques for classroom activities also being demonstrated during the sessions.

All 50 students were brought together for the first class. The students completed the pre-testing and pre-course questionnaire and were introduced to the online course. Students worked in pairs, two to a computer, and went through the login process and familiarised themselves with the navigation bar and the various interactions. The author of this paper facilitated the students' first class assisted by the tutors and personnel who had attended the training sessions through the week.

Face-to-face delivery

For subsequent classes the students were divided into two groups of 25. One group was taught on the Saturday morning and the other in the afternoon. This arrangement suited the staff roster at both hospitals. It also meant the students from one hospital could work a Saturday morning shift and then travel to the other hospital for their afternoon English class. The time frame between classes also meant the English tutors had the initial two-week period to prepare for their first lesson. The four tutors worked in teams of two. This meant planning was less demanding because they only had to plan one lesson and teach it twice, once in the morning and repeat it in the afternoon. Therefore, each teaching pair was only required to work one extra Saturday a month. These tutors were already meeting fulltime teaching commitments in their university hospital training positions.

Contractual factors

At the insistence of the Malaysian agent, all participating tutors and students were required to sign a contract form which outlined their commitment to the programme and set down the rules around such aspects as copyright of the course content.

Programme aims

The rationale of hospital management for the instigation of this course was to improve its workplace practices; in particular to improve their front-line staff's ability to communicate in English.

Programme observations and reported outcomes

Observed outcomes

The observed outcomes of running this course were immediately obvious. When the author had first entered the hospital foyer in Kuala Lumpur in June 2011 to undertake the initial training and pre-test of the group, there were very few front-line staff members able or

confident enough to approach and communicate with the author in English. However, on returning in December to complete the post-course testing, the author was surrounded by staff willing and comfortable to use the language. Also, on attending the group's graduation ceremony in March 2012, one employee very proudly stated he had received a promotion thanks to the course. He believed his success was not due to his achievements in the test but rather because of his increased confidence in using English. The Malaysian contact who originally negotiated the contract with the hospital network had also observed a much greater willingness by staff to speak with patients and visitors on her visits to meet with hospital administrators. Even the General Managers of the hospitals stated they had observed individuals who had participated in the programme demonstrating, 'an increase in confidence and commitment to task in their everyday hospital work' and that they had observed 'pleasing exchanges in English' in the corridors and wards of the hospital.

Reported learner observations

However, perhaps more rewarding were the observations made by the staff members themselves. Some examples of their comments include:

'This programme was very good. Increase my confidence level in English speaking.'

'I've got new knowledge and my pronunciation is much better and correctly.'

'I improve a lot with my English. I will full confidence to talk with others and patients'.

'I'm happy doing this programme because it helps me to improve my English well.'

'I must thank my management for given me such an opportunity to learn and speak well in English, especially in the medical line.'

Reported value to company

Interestingly, the staff could see the value to the company of the programme and many made the comment that the programme needed to be provided to more employees. They commented:

'Provide this class for other employees'.

'All staff need to join this programme because it's very helpful and give me more confident level when I talk with our patients.'

'Hope this program to be continued for other staff to improve our organisation'.

'I think this programme is good and need to proceed because have more staff need to learn how to use the English language correctly.'

Formal assessment

It was particularly pleasing to note that these observed outcomes, made by the Malaysian hospital workers themselves, were strongly supported by the results they achieved in their formal assessment. The paper-based Oxford Placement Tests (OPT) 1 and 2 were used as the respective pre- and post tests for this group. This was done because historically the New Zealand-based institution had gathered data from a range of Non-English Speaking

Background (NESB) students who had sat both the OPT and International English Language Testing System (IELTS) tests in reasonably quick succession which had provided a correlation of scores between the two tests. We had a range of figures against which we could also correlate the Malaysian students' results. In addition, the New Zealand team had historically used the OPT tests to place students into classes, which meant there was tacit knowledge of approximate gains which could be reasonably expected with 200 hours of face-to-face tuition. Weighing heavily on the administrators minds was, how would a more limited number of face-to-face hours, in this instance, 52 hours, impact the learners?

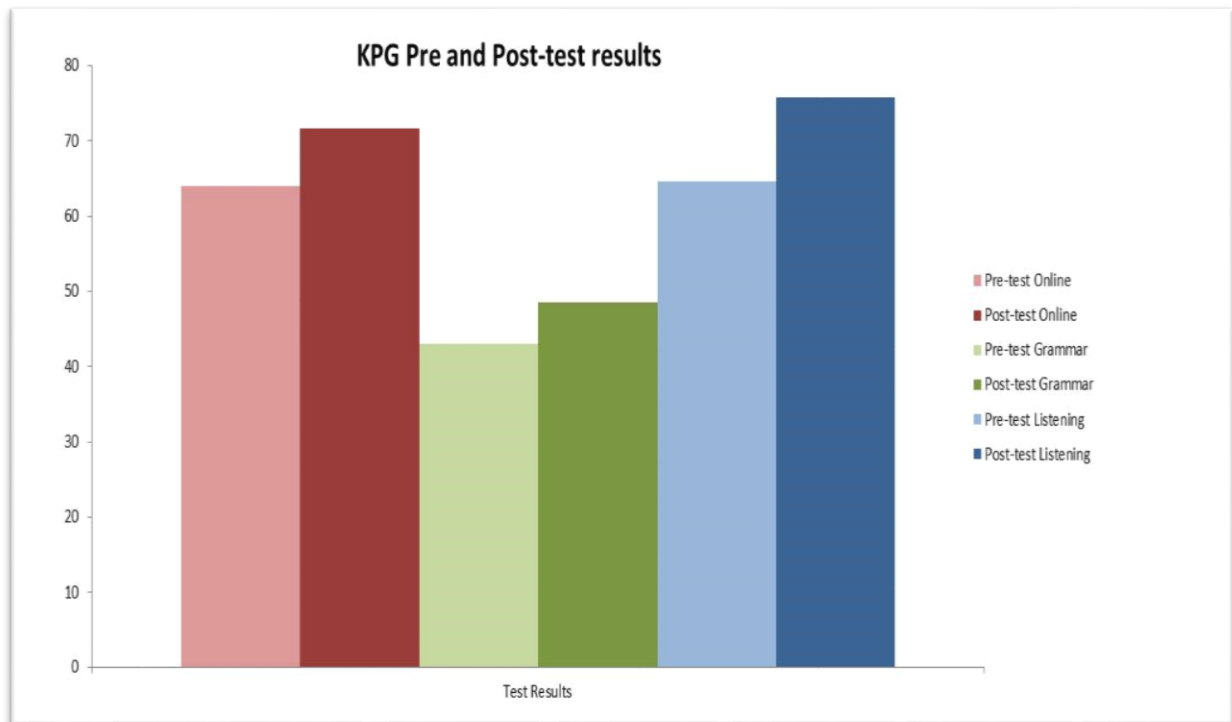
Delivery monitored

Throughout the delivery of the face-to-face and online course, the activity and progress of the students and the teachers was closely monitored by the Malaysian agent (previously an inspector of schools) and the New Zealand institution's academic advisor. When a teacher or student was identified as requiring further or remedial assistance, this was immediately available and provided for by the agent in Malaysia with New Zealand assistance. Although the tutors understood that the programme provided a significant opportunity for personal development, they reported feeling overwhelmed in the beginning and over committed at times during the initial few weeks of the programme. However, as it progressed and the tutors became more familiar with the face-to-face content, they reported being much more confident in their delivery.

Programme success

The overall outcomes of the programme were a 100% completion rate and a measurable rise in English language competency for every participating hospital worker. The specific pre- and post test results are as seen in Figure 1.

Figure 1: Malaysian Hospital Workers' Pre and Post-test Results



Programme outcomes

Improvements in literacy skills almost invariably result in greater self-confidence, but improvements in self-confidence may occur with little or no change in literacy skills. Improved levels of self-confidence can still give the learner greater self-awareness and a wider range of skills to manage their literacy difficulties in their daily lives. Learners reported gains in confidence, for example:

‘After this class I noticed I enjoyed using computer on my own.’

‘Before this, I cannot use a computer very well, but after this programme I can use it very well.’

Reasons for a successful programme

Interconnectivity of partners

The success of this programme owes much to the high standards of service delivery of each of the business partners involved, and the interconnectivity between the partners. There have been intercultural and knowledge gaps to bridge and political unrest to negotiate, yet with guidance, patience and support this has been achieved. Each team within the group – the Malaysian agent, hospital management and staff, the training university in Malaysia and its tutors, and finally the New Zealand-based institution have provided leadership and support at various stages throughout the programme. The technical assistance provided by the ICT team at the hospital was also critical to the success of the programme.

On-going feedback

All students completed a pre-course and mid-course questionnaire. This enabled the tutors and support team to get feedback and provide assistance where it was needed. At the end of the course, all students completed a post-course questionnaire evaluation. Each student also received a report which was generated collaboratively by the hospital training staff, the Malaysian agent and the New Zealand-based institution and each participant was also provided with a certificate of completion.

In their evaluations, the students themselves recognised and valued the interconnectivity of the partners delivering their programme:

‘I would like to thank all teachers, Ms (X) and also Ms (X) and Sister (X) too (they) drive me in this course’.

‘Thanks for everybody including to my management to give me this opportunity.’

‘The English course is interesting but I have to spend a lot of time to do class activities and online activities. But I have improved my speaking and writing.’

It should be noted that, despite this course being compulsory, the hospital staff acknowledged how much they enjoyed the course:

‘I hope hospital can continue this programme because many things I love to learn, it not enough time to me.’

‘I am very enjoy during the class and I am very appreciate to (the hospital administrators) for sending me in this lovely English class because a lot of improvement I had from day to day. Thank you.’ And the comments continue...

‘I’m really enjoy this class.

‘This course is not just helpful but enjoy. Thank you.’

‘I hope this programme will be help every year’.

‘It’s good and I like it very much’.

Discussion

Effecting change

Education is about change, and the most obvious changes occur in a learner’s knowledge, skills and attitudes – all of which assessment measures. But there are often wider, less obvious impacts that occur as a result of education. These ripple effects occur in the learner’s home life, their workplace and the various communities in which they participate.

Flexible Delivery

Learners appreciated the flexibility of the place-based, service training course which allowed them to continue learning at their own pace and in their own place. They appreciated the fact that they were treated with respect and dignity by skilled tutors and many valued the opportunities provided for access to computers and other facilities.

‘I can study at the times I choose’.

‘I can learn at my own speed’.

‘I can do the exercises again and again’.

‘When I did not understand something I was able to ask my teacher’.

Why was this programme successful?

Why was this contract so successful? Was it because the students were highly motivated? Was it because many of them had learnt English back in their high school years, so there was a foundation to build on? Was it because the course was compulsory? Was it because the team surrounding the learners was totally dedicated to their specific roles?

Importance of connectedness

The author of this paper believes a raised level of connectedness of a learner’s support systems determines more measureable gains. This claim is substantiated because the institution with which she is affiliated has been associated with other programmes, in which the team or network surrounding the learner has been less connected and where the measureable gains were not so positive. However, how should success be measured? And success in whose eyes? From a business perspective, the Malaysian contract was successful in that the hospital is now extending the programme to other hospitals in their chain. The company has also engaged the New Zealand-based institution to deliver other programmes, including English for Nursing to their first year in-service nursing students. From an educational perspective the language learning which took place was positive and measurable. Also, the students were observed demonstrating a raised level of self-confidence while attending to their daily work tasks.

Considerations

Meeting learner and client needs

Lack of time is an issue for everyone whether studying or in paid employment. Learning hours are continuously being consumed by the demands of life. Learners have to optimise their learning time. In the corporate world, there are further demands. Employer-led workplace training requires long lead-in times for planning and development. Scheduling learning at work around service demands is difficult. There is a tension between employers meeting their immediate business needs and developing transferrable communication skills. Teachers and educators must provide learning opportunities, such as place-based and service-training, specifically designed to meet their clients’ and learners’ needs.

Recommendations

Factors influencing motivation

Online learning can employ high levels of teaching expertise but it must be combined with identifying the students’ learning needs. Whether that learner is attending an institution or in paid employment, the learner must recognise the value of the learning and it must be

enjoyable. According to Keller (1987) the factors most influencing motivation are attention, relevance of information, a sense of competence and satisfaction. (ARCS)

Individual learning plans

Learner motivation can be greatly enhanced through the use of individual learning plans, for example Learning Skills and Improvement Services (2009), which clearly identify the goal and provide learning guidance. The Malaysian-based programme would benefit from the introduction of individual learner plans. A personalised learning plan would have enriched the learning experience for these learners even more. However, it is important as native English-speakers, with many years' of combined ESOL teaching experience, that institutions such as this New Zealand-based one, work collaboratively within the team and not impose or make directives from what may be perceived as a stronger or an outsider's position.

Conclusions

Learner retention

Improving retention and identifying 'at risk' learners are high profile issues in higher education and the most likely solution according to Hughes (2007) is to provide good learner support. The learners in this programme were not enrolled in a higher educational institution, but they were all adults in fulltime employment with family responsibilities over-and-above their commitment to study. It was acknowledged by the New Zealand and Malaysian-based administrators that there could be learners within the cohort who may be deemed 'at risk' of incompleteness, yet this was not the case. There was a 100% completion rate for all students.

Content, communication and construction in course design

Content, communication and construction are the most essential elements to consider when developing a blended programme (Kerres & De Witt, 2003). It was through the meticulous planning of this programme that the course delivery evolved. Traditional education can be enriched with the use of technology and learning with technology can profit from face-to-face encounters. Often emphasis is placed on the cost that is associated with different delivery modes and communication scenarios for the learner, and cost invariably influences design. For this programme, cost was a factor in the design, but the New Zealand and Malaysian-based academic administrators followed best-practice throughout the development stages and the learner remained central to the design (Shivetts, 2011). By encompassing the learner with highly professional, experienced individuals in their respective roles, whether that was in the role of classroom tutor, content writer, online technical support, online delivery tutor, staff trainer or hospital administrator, each learner was valued and supported. By closely networking the expertise surrounding the learner, the individuals in these roles were also supported.

A network creation process

The connectivist view (Siemens, 2005) that learning is a network creation process significantly impacts how we design and develop learning within educational institutions and corporations. With the act of learning being seen as a function under the control of the

learner, designers and teachers need to provide the ideal environment to allow learning to occur.

Final thought

As there is a move from formal, rigid learning to more informal, place- and connection-based, network-creating learning it is critically important for learners that the networks encompassing them maintain the highest possible levels of interconnectedness. As educators we must continue to share knowledge, to enable every individual to be the best they can possibly be.

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