Blended Learning: Best Practices in a Health and Human Service Course

by

Lorna Denise Andersen

Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF EDUCATION IN EDUCATIONAL LEADERSHIP

VANCOUVER ISLAND UNIVERSITY

We accept the Process Paper as conforming to the
required standard.

Mary O’Neill, Major Project Faculty Supervisor
Faculty of Education,
Vancouver Island University

Date:

Dr. Harry Janzen, Dean, Faculty of Education
Vancouver Island University

Date:

Copyright 2015
Abstract

As the aging Canadian population increases so does the demand for Health Care professionals. Vancouver Island University Faculty of Health & Human Services (H&HS) has begun to use alternate delivery models including Blended Learning (BL) to manage community demand for their graduates. BL is a thoughtfully integrated design and instructional delivery model that contains both face to face and computer-mediated components. BL allows for flexibility, responsiveness, and provides added value to H&HS programs.

The intent of this project was to explore the process of development and design of an H&HS course via D2L using BL instructional design guidelines and best practice strategies. The course received positive and supportive feedback from the beta testing and a wealth of suggestions for improvement. Although the project was a solo adventure, the collegial nature of the feedback reflected team collaboration.

Revisions, as per the beta testing, are complete, and the course goes to pilot early 2016. Plans include the transition of other H&HS courses online with this course as a template.

Outcomes of the project include the H&HS course pilot and the development of a "best practices" web-based resource to support H&HS faculty in their development of BL courses. The H&HS course is available via D2L at: HCAS 103T: Health Care Assistant: Intro - S15N01. However, given the restricted access to D2L, a video tour of the course outline is here.

The best practice resource, Best Practices with Experience is available via Weebly at www.curiousden885.com

Keywords: Blended Learning, best practices, Health & Human Services
Acknowledgements

From the beginning of the Graduate Diploma OLTD to the completion of this MEDL degree I have been joyfully excited and appreciative of all the gifts of this process. Thankfully my life partner, Carolyn, and I recognized what the universe was offering the day I came home with a pamphlet on the OLTD program. Carolyn claims she had no doubts about my success, but neither of us was able to predict the depth of my personal fulfillment and inspired hope for the future. My "third act" to coin a phrase from Jane Fonda is full of promise, adventure as well as the unknown and Carolyn, with all of her loving presence continues her support. I am forever grateful and consider myself to be a very lucky woman!

I would like to thank Stephanie Boychuk for her constant support and friendship from the start of OLTD to the finish of MEDL and hopefully beyond. She was always available to listen and had the patience for my technological frustrations and usually the solutions too. Her expertise and excellence in digital learning continue to be the standard that I aspire to.

I would also like to thank Mary O'Neill for her nurturing guidance and for being a master ambassador for the OLTD and MEDL (OL) programs. Mary's smile and calm presence ensured every step of the process was positive and imbued with confidence. Her authenticity and optimism were beacons of light when I was feeling distracted and lost. Thank you, Mary, for taking a risk on me, this nurse appreciates your gamble.

Finally, I would like to recognize BCGEU for their generous financial contributions to both my OLTD and MEDL experiences. Having access to academic leave for MEDL 690 ensured this life-altering adventure was a rocking success ...thank you!
List of Figures and Tables

Figure 1. The Continuum of Technology-Based Teaching…………………………..15

Table 1. VIU Health & Human Services Programs and Online Offerings (2013) …..17
# TABLE OF CONTENTS

Abstract .............................................................................................................................. i

Acknowledgement ............................................................................................................ iii

List of Figures and Tables ................................................................................................. iv

Chapter 1- Introduction ..................................................................................................... 1

  Purpose of Major Project ................................................................................................. 1
  Justification of Major Project ........................................................................................... 4
  Critical Question to Be Addressed ................................................................................... 6
  Overview of the Project .................................................................................................... 6
    Project Deliverables ....................................................................................................... 6
    Project Timeline ............................................................................................................ 7
    Definition of Terms ....................................................................................................... 7

Chapter 2- Literature Review .............................................................................................. 12

  Introduction .................................................................................................................... 12
  Blended Learning Overview ............................................................................................ 13
  Health & Human Services Context ................................................................................. 16
  Instructional Design Guidelines ....................................................................................... 20
  Best Practices in Blended Learning ................................................................................. 22
  Conclusion ....................................................................................................................... 25

Chapter 3- Procedures and Methods .................................................................................. 27

  Major Project Design ...................................................................................................... 27
  Major Project Development ............................................................................................ 29
Chapter 4- Field/Beta Testing and Findings

Methods and Processes

Findings of Beta Testing

Chapter 5- Conclusions and Recommendations

Conclusions

Recommendations

References

Appendix A- Request for Feedback Email

Appendix B- Reviewers’ Enrollment Email

Appendix C- Google Forms Feedback Doc

Appendix D- D2L course content (video)
Chapter 1 – Introduction

Purpose of Major Project

Undertaking the Masters in Educational Leadership (MEDL) program was logical following the completion of Vancouver Island University’s (VIU’s) Online Learning and Teaching Graduate Diploma program (OLTD). The OLTD program was rich with online teaching, knowledge, and skills, and as an unintended bonus the accrual of some basic teacher training.

In the Health & Human Services Faculty, instructors are considered subject matter experts (SMEs) and hired for their work experience in the helping professions. They are often not fluent in the field of teaching or online learning (OL). Faculty have experienced and are confident with a traditional classroom lecture-based model but when it comes to digital education, they do not always know how best to teach what they know (Bates, 2015d). To apply their expertise to an enterprise in which they are novice is a challenging balancing act (Kuhlmann, 2011).

However, faculty are attempting to integrate online activities into their offerings but often do so in isolation without any input from peers, administrators or referencing student-centric practices. Too frequently these efforts result in online forays that are fraught with unrealistic expectations, frustrations, and limited success. Transitioning OL requires more than well-meaning intentions and technology integration. At the very least, it is an understanding that course content and outcomes remain fairly consistent with the transition online but the teaching and learning essentials (pedagogy) change. Learning activities, tools, and overall teaching techniques are distinctively different. OL course development includes purposeful screen design, taking into consideration how learner, instructor, and technology interface with each other to best
focus attention, maintain interest, and promote engagement (Napier, 2011). Teamwork or collaboration with others with DL knowledge and experience is a form of leveraging existing talents and is always encouraged (Bates, 2015d).

It is this theme of SMEs with their many assets, venturing into online course development that propels the major project. An anticipated outcome of the major project is the development of a course template to direct and support efforts of H&HS SMEs in developing OL courses.

Post-secondary campuses are increasingly augmenting regular programming with OL offerings and learning management systems (LMS) are ubiquitous but regardless of its progressive bent, OL is still warily perceived (Brown, Dehoney, and Millichap, 2015). Even though, a subtle pressure to adopt new technologies and re-imagine or adapt course offerings is being brought to bear on faculty the landscape of adoption remains uneven (University of Ottawa, 2013 & Gates Foundation, 2015).

In efforts to embrace blended learning (BL) campus-wide, the University of Ottawa (2013) enhanced professional development programs and available web-based resources. Although time and resources are critical elements for the adoption of online technologies; the development of a new mindset is also crucial (Napier et al., 2011). Recognizing this, the University of Ottawa (2013) launched a promotional campaign stressing the benefits of BL as well as championed a program that encouraged online innovation in teaching. While these actions emphasize the "why" of BL, it is necessary to continue efforts to promote interest in learning “how” to transition to BL.

The Gates Foundation (2015), suggests connecting like-minded faculty members as well as highlighting best practices and techniques in online education. Having an evidence base for
student outcomes and incorporating faculty innovations moves the BL process closer to reality (2015). However, faculty cannot be expected to become OL instructional design (ID) experts in the often limited amount of time provided for course development. Because OL requires a process that orchestrates learning outcomes into teachable and engaging content, collaboration with colleagues and others who have studied and implemented OL design is a more efficient use of time and resources (Puzziferro & Shelton, 2008).

The critical challenge for this project is to develop an active but effective BL course process for VIU Faculty of Health & Human Services (H&HS). Valid online learning guidelines and best practice strategies will anchor the process, culminating in a dependable course template for H&HS BL course delivery.

H&HS programs have unique attributes that are well served by a BL model. The programs are considered “helping professions” and have similar components of knowledge, skill development, and reflective and relational practice. H&HS programs offer entry-level to advanced credentials, and students often progress or "ladder" through, over a period of years, to an advanced credential.

A BL template establishes a degree of consistency in online courses and facilitates concept integration across courses and within programs. Consistency builds cohesion amongst students and faculty and increases student efficiency in navigating online. Integrating concepts throughout courses provides support and validation for students' learning. Also, a template minimizes risks of redundancy and repetition or independent extraneous elements that can increase student workload (Mohanna et al., 2008). BL is highly context-dependent; therefore, the template will not be course content specific but will provide design guidelines and best practice strategies that optimize many H&HS courses.
**Justification of Major Project**

BL is a favored, and practical approach to accommodate an increasingly diverse post-secondary population (Alammary, Sheard, Carbone, 2014). Many students today are considered “non-traditional,” however there is no single definition of what that term indicates (Gates Foundation, 2015). Post-secondary students range from the typical high school graduate to the working adult challenged by a lack of secondary education. Others seek a post-secondary education but have domestic or employment commitments that limit their options. Still there are those who want to explore a career change or upmarket existing skills. Regardless, a diverse and non-traditional student population demands a 21st-century approach to post-secondary delivery models.

BL has a dual approach that appeals to students in that they have some independence in meeting their educational needs but are not totally untethered from the comfort of conventional teaching approaches. As Moskal et al., 2013 suggest, BL is a naturally evolving entity that bridges the old and the new. However, defining BL is a tricky task as context directs the construction of a workable definition (2013). For the purpose of this project, BL was defined as thoughtfully integrated design and instructional methods that contain both f2f and computer-mediated components (Alammary et al., 2014).

The BL instructional model that is most applicable to H&HS programs would be the Online Driver Model (Horn & Staker, 2011) also known as the Replacement Model (MacEwan University, 2009). These models have the online resources fully integrated into the curriculum and instructional process. The online content acts as a replacement for the time that would have originally been f2f. Consequently, the nature of the in-class, f2f activities is changed as well.
Instead of traditional lectures, in-class time is freed for more interactive, collaborative learning experiences.

The post-secondary institution determines the threshold for online activity as per local needs, and Sener (2015) considers the average to be thirty percent of the course curriculum. However, Bates visualizes OL as a continuum and BL configurations lie somewhere between totally f2f and totally online (2015d, p. 123). He also notes that regardless of a BL format, students, unfortunately, have to be relatively local to attend the f2f component.

An additional asset of BL is its flexibility as an active template. BL design templates can save time and resources and are quite effective in developing high-quality learning (Pappas, 2015). OL templates are not uncommon, but neither are they ubiquitous or de rigueur at the post-secondary level. OL designed via a template provide research-based pedagogical approaches and consistent navigation for students. Templates align with design standards as well as best practices thus they are usually accessible for all learners. Although there is a familiarity in tone or look of a template, they are not subject specific and thereby allow for course customization.

Advantages of an OL template as suggested by Griffiths (2014) and Pappas (2015) include:

- Increases overall student comfort in the learning environment
- Offers a basic framework for course development for new OL instructors
- More opportunity to focus on content as course development time decreases
- Flexibility for course modification (from outcome evaluations)
- Increases student familiarity and efficiency in online navigation (decreases technical support)
- Supports integration of concepts across courses (scaffolding of learning)
• Reduces cognitive overload and redundancy

• Provides a baseline of expectations for quality control and consistency (accreditation)

Hinssen, (2014) claims OL is ever increasing in post-secondary education, and perhaps it will eventually be the new normal, however, positioning faculty, students and the institution in a favorable position requires a strategic approach. Ultimately, the structure and design of OL courses have an impact on student learning outcomes, instructor evaluations, course/program enrollment, and institutional decision-making and reputation (Lee, Dickerson, & Winslow, 2012).

Critical Question to Be Addressed

“What instructional design guidelines and best practice strategies might apply when developing a Health and Human Services course using blended learning?” The literature review in Chapter 2 explores this critical question in more depth.

Overview of the Project

Project Deliverables

• Construction of an informed knowledge base

• Development of a BL delivery model of:
  o HCAS 103T Health Care Assistant: Introduction to Practice Course

• Companion template of BL course

• Development of a web-based resource for best practice strategies in OL
Project Timeline

<table>
<thead>
<tr>
<th>Major Project/Process Paper Components</th>
<th>July-December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Paper (Introduction/Proposal) (Ch. 1)</td>
<td>July 15- August 12</td>
</tr>
<tr>
<td>Literature Review (Ch. 2)</td>
<td>Completed June 30- further additions to September 1</td>
</tr>
<tr>
<td>Development of Blended Learning course HCAS 103T (Ch.3)</td>
<td>September 1- November 1</td>
</tr>
<tr>
<td>Field/Beta testing of HCAS 103T course (Ch.4)</td>
<td>November 1- November 15</td>
</tr>
<tr>
<td>Development of BL course companion template</td>
<td>November 1-December 1</td>
</tr>
<tr>
<td>Conclusions and recommendations (Ch. 5)</td>
<td>November 16-December 15</td>
</tr>
<tr>
<td>Process Paper to supervisor for final review</td>
<td>December 15</td>
</tr>
<tr>
<td>Completion of Process Paper for sign-off and final submission to VIU</td>
<td>December 31</td>
</tr>
</tbody>
</table>

Definition of Terms (with references)

<table>
<thead>
<tr>
<th>Term/Word</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term/Word</td>
<td>Definition</td>
<td>Source</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Distributed Learning (DL)</td>
<td>Distributed Learning is an instructional model that allows instructor, students, and content to be located in different, non-centralized locations so that instruction and learning can occur independent of time and place. The distributed learning model can be used in combination with traditional classroom-based courses and traditional distance education courses (in which it is also deferred to as blended learning, or it can be used to create entirely virtual classrooms)</td>
<td><a href="https://en.wikipedia.org/wiki/Distributed_learning">https://en.wikipedia.org/wiki/Distributed_learning</a></td>
</tr>
<tr>
<td>Face-to-Face (f2f)</td>
<td>In person. In the same location.</td>
<td><a href="http://idioms.thefreedictionary.com/face-to-face">http://idioms.thefreedictionary.com/face-to-face</a></td>
</tr>
<tr>
<td>Health &amp; Human Services (H&amp;HS)</td>
<td>The faculty has 11 core programs at the degree, diploma and certificate level. Also home of community Professional Development and Training Programs.</td>
<td><a href="https://www2.viu.ca/hhs/">https://www2.viu.ca/hhs/</a></td>
</tr>
<tr>
<td>Term/Word</td>
<td>Definition</td>
<td>Source</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Helping Profession</td>
<td>A profession that nurtures the growth of or addresses the problems of a person's physical, psychological, intellectual, emotional or spiritual well-being, including (but not limited to) medicine, nursing, social work, life coaching and ministry.</td>
<td><a href="https://en.wiktionary.org/wiki/helping_profession">https://en.wiktionary.org/wiki/helping_profession</a></td>
</tr>
<tr>
<td>Instructional Design (ID)</td>
<td>Is the practice of creating instructional experiences which make the acquisition of knowledge and skill more efficient, effective, and appealing. The process consists broadly of determining the current state and needs of the learner, defining the end goal of instruction, and creating some &quot;intervention&quot; to assist in the transition.</td>
<td><a href="https://en.wikipedia.org/wiki/Instructional_design">https://en.wikipedia.org/wiki/Instructional_design</a></td>
</tr>
<tr>
<td>Ladder (in education)</td>
<td>The progression from very elementary to more complicated learning experience, embracing all fields and program groups that may occur at that particular stage of the progression.</td>
<td><a href="https://stats.oecd.org/glossary/detail.asp?ID=1522">https://stats.oecd.org/glossary/detail.asp?ID=1522</a></td>
</tr>
<tr>
<td>Learning Management Systems (LMS)</td>
<td>LMS is a software application for the administration, documentation, tracking, reporting and delivery of electronic educational courses or training programs.</td>
<td><a href="https://en.wikipedia.org/wiki/Learning_management_system">https://en.wikipedia.org/wiki/Learning_management_system</a></td>
</tr>
<tr>
<td>Online Driver Model (BL model)</td>
<td>Students work mainly online in a remote location and come into school for optional or required face-to-face classes.</td>
<td><a href="http://www.itslearning.net/individual-teaching-the-six-models-of-blended-learning?mkt_tok=3RkMMJW_WfF9wsRokvq3IZKXonjHpfsX57eosWrHr08Yy0EZ5VunJEUWy24MFT9QhcOuuEwcWGog8yRhLFuWUBo5J9Pl%3D">http://www.itslearning.net/individual-teaching-the-six-models-of-blended-learning?mkt_tok=3RkMMJW_WfF9wsRokvq3IZKXonjHpfsX57eosWrHr08Yy0EZ5VunJEUWy24MFT9QhcOuuEwcWGog8yRhLFuWUBo5J9Pl%3D</a></td>
</tr>
</tbody>
</table>
The critical challenge for this project was to develop an efficient and thorough BL course development process for the Faculty of H&HS. The primary pedagogical sources that informed the challenge were Chickering & Gamson’s (1987) Seven Principles for Good Practice in Undergraduate Education and the 1996 revisions from Chickering & Ehrmann. These evidence-based principles set a standard for f2f undergraduate education, and interestingly they continue to be relevant today in both f2f and online learning. BL best practice strategies flowed from Tony
Bates’ study; Nine Steps to Quality Online Learning (2012). Bates, a giant in the field of OL, continued his exploration of OL quality practices in his latest e-book Teaching in a Digital Age (2015d) which figured prominently in the development of the major project. The literature review that informs the critical question and major project follows as e-Chapter 2 of this Process Paper.
Chapter 2 – Literature Review

Introduction

Technology has had an ever-growing presence in higher education, but it is moving beyond the simple and morphing into a determined shift in conceptualizing education. Online learning (OL) is still considered to be on the horizon of post-secondary education but is, relatively speaking, quickly moving towards the core. Hinssen (2014) speculates that society will soon visualize technology as the "new normal" and just a part of ordinary life. A reasonable question would be “where does that leave post-secondary institutions that are struggling to remain relevant and responsive to the learning community”? Online teaching and learning are considered to be the vehicle that will transport learners and teachers of today into the 21st century (Norberg, Dziuban and Moskal, 2011). OL is the core of some institutions, i.e., Athabasca University, whereas Vancouver Island University (VIU) has included the concept of online learning in it’s most current, 2013, Academic Plan. The correct perception is that online teaching and learning are encouraged at VIU but each faculty member is independent in their forays into the world of online teaching and learning. There is no cohesive plan or template to guide faculty.

The literature on OL in higher education abounds and appears prolific, and according to Bates (2013) hybrid learning is the next big shift in OL. Fittingly, a global community of educational inquiry on hybrid learning has emerged in the literature. Hybrid or blended learning “refers to the mixing of teaching and learning media in order to optimize the learning experience and the efficiency of course provision, usually with a combination of f2f and web-based learning” (Mohanna, Waters, and Deighan, 2008).
This exploration of the literature is underpinned by the critical question that will drive my Masters of Educational Leadership project: “What instructional design guidelines and best practice strategies might apply when developing a Health and Human Service (H&HS) course using blended learning (BL)?” The literature review will explore definitions of BL, a framework for BL design guidelines and best practice strategies for a BL post-secondary course. Also, it will provide a snapshot of VIU's H&HS programs as context for the major project.

**Blended Learning Overview**

BL is an idea that is increasingly problematic to describe (Norberg et al., 2011). BL has undergone significant changes in its definition over the years and according to Garrison and Kanuka (2004) it is both simple and complex. Simple in its intuitiveness to integrate classroom experiences with the strengths of the Internet. However, the limitless design options and applications create the complexity. Sharma (2010) claims BL has three relevant definitions but by far the more classic definition is; a combination of face-to-face (f2f) and online teaching (Afip, 2014; Alammary, Sheard, and Carbone, 2014; Norberg et al., 2011; Sana, Fenesi, and Kim, 2011). Moskal, Dzuiban, and Hartman (2012) write that BL is not to be pinned down to a sole definition, as it is wholly dependent on the context in which it is being applied. BL develops according to an institutional or unique faculty characteristics, and no two are alike (Moskal et al., 2013; Garrison & Kanuka, 2004). Graham (2006) adds another dimension to BL in that it can be enabling (access), enhancing (pedagogy) and transforming (paradigm shift). For the purpose of this paper, BL will be defined as thoughtfully integrated design and instructional methods that contain both f2f and computer-mediated portions (Alammary et al., 2014).

BL is a naturally evolving entity that bridges the old and the new by combining the best of f2f and OL instruction (Moskal et al., 2013). It is thought that BL can overcome identified
limitations related to teaching f2f or fully online (Alammary et al., 2014). When totally OL delivery models are the only option Lim and Morris (2009) indicate quantity and quality of education suffer. Lack of human connection, technology learning curves, delayed feedback, procrastination and decreased motivation are all given as reasons for the decline in learning (2009). However, Li, Tsai, Tao, and Lorentz (2013) study of nursing students revealed that BL student performance was equal to or better than traditional f2f learning. The compelling argument for BL in higher education is its ability to, among others, increase flexibility and accessibility, maintain classroom connections, promote active learning, foster reflection, and engagement (Afip, 2014; Alammary, 2014; Garrison & Kanuka, 2004; Moskal et al., 2013; Sana et al., 2011).

Bates, (2013) suggests certain learning concepts work best online and others better in f2f classes, but students must be "relatively local" so they can attend the f2f course component. Many things that seem at first sight more appropriate in a face-to-face context can often be done just as well if not better online. The following are Bates's findings:

Online:

- Foundational knowledge and content (facts, principles, concepts, ideas etc.)
- Skills in knowledge management & navigation, independent learning & creative writing
- Elements of clinical practice (video skill demos, procedures, medical information)

Face to Face:

- Public speaking & facilitation skills
- Decision-making, problem-solving, consensus-building
- Practical lab skills/operating equipment
• Building relationship with instructor (immediate). (Bates, 2013, p. 2)

Bates (2013) maintains that determining the mix of a BL course requires a subject matter expert (SME), preferably working with an instructional designer, having a deep understanding of the subject matter and making relatively intuitive decisions based on experience about what is best done OL or f2f. Without an instructional designer or knowledge of what is available online the tendency is to underestimate online capabilities and default to f2f. Bates (2013) insists that academic learning outcomes are achievable with OL or f2f therefore other factors unrelated to learning outcomes are more influential in choices for a BL mix. He mentions cost, convenience, and type of students, instructor OL skills, and knowledge or the context of the campus. Bates (2015d) suggests individual practitioners must decide where on the continuum of technology-based learning their course will thrive (p.1026).

*Figure 1- The continuum of technology-based teaching*

There are studies that suggest the particular delivery mode does not affect learning but are simply vehicles for the instruction. Bell and Federman (2013) and Dzuiban and Moskal (2011) attribute design characteristics, alignment of institutional and faculty goals and

organizational culture and climate as being more critical to success than the OL delivery model. Likewise, Dziuban and Moskal's "end of term" evaluation research found that the correlation between the mode of delivery and student success was weak, and students considered their overall educational experience more of a determining factor of success. But they do acknowledge “students who have done well in courses do well in any mode; a course is a course” (2011, p. 240).

A mix of OL and f2f creates tangible benefits and opportunities for both the university and students in the form of flexibility and responsiveness. Programs in H&HS have a more complex or layered academic structure and flexibility and responsiveness on the parts of students and faculty are a necessity. The commitment of classroom, lab, and clinical practice could be a less onerous experience with a BL delivery model. Albeit not all students and instructors are ready for a BL delivery model but modeling and leadership in this area could help turn the tide.

Health & Human Services Context

The Faculty of Health & Human Services (H&HS) at VIU has eleven core programs conferring certificates, diplomas, and degrees upon graduates (see Table 1 below). H&HS is also the home of VIU’s community Professional Development and Training programs that can change yearly depending upon the communities’ needs and demands. H&HS programs at VIU are found at the main campus in Nanaimo as well as the satellite campuses in Duncan, Powell River, and Parksville. H&HS is made up of programs and professions that have a common basic foundation of theory, applied skills, relational practice, as well as reflective practice. These program qualities are what make-up the "helping professions" (Wiktionary, 2012). This large faculty is responsive to industry’s demands (Work BC, 2015) and is an integral component of the VIU community.
It is the commonalities of H&HS programs that will inform the BL course and accompanying course template of the author's MEdL project. The author is optimistic a framework of BL design, and best practices may advance a more consistent adoption of OL offerings in this faculty. However, Harris et al. (2009) as cited in Rowe, Franz, and Bozalek (2012) contends that BL is context-dependent, and generalization of concepts across disciplines can be problematic.

Table 1.1 illuminates the few OL offerings in this faculty, which indicates there are some faculty members that have moved to adopt OL education, but there is no evidence of diffusion. Adoption is an individual process one undertakes whereas diffusion signifies a group assimilation or adoption (Wikipedia, 2015). It is the expectation that the resulting BL course delivery template from the author’s major MEdL project will serve as a model and incentive for other H&HS instructors.

Table 1- VIU Health & Human Services Faculty Programs and Online Offerings (2013)

<table>
<thead>
<tr>
<th>Nursing Bachelor of Science in Nursing Degree: 4 years (2 courses totally OL)</th>
<th>Dental Dental Hygienist Diploma: 2 years</th>
<th>Social Work Bachelor of Social Work Degree: 2 years post-diploma (Totally OL)</th>
<th>Child &amp; Youth Care Bachelor of Arts in Child &amp; Youth Care Degree: 4 years</th>
<th>Disability Studies Disabilities Studies Diploma: 2 years (Blended learning)</th>
<th>Early Childhood Education Early Childhood Education Diploma: 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Nurse Diploma: 2 years</td>
<td>Dental Assistant Certificate: 10 months</td>
<td>Social Services Diploma: 2 years</td>
<td>Child &amp; Youth Care Diploma: 2 years</td>
<td>School &amp; Community Support Worker Certificate: 6 months (Satellite campus (PR))</td>
<td></td>
</tr>
</tbody>
</table>
Critical to any course development is an understanding of the learning theories that inform the pedagogical design. Given the common foundations and characteristics of the professions in H&HS the author is confident student learning activities reflect learning theories of behaviorism, cognitivism, and constructivism.

Behaviorism is considered to be in the "doing" domain of knowledge. What the learner is thinking is irrelevant but it is their behavioral response to specific stimuli that characterizes behaviorism (Alzaghoul, 2012; Bates, 2015d). Skill development, rote memorization, and learning standard procedures meet this criterion: processes that are static and do not require individual judgment rely on this form of learning. The f2f component of BL lends itself well to these activities (Bates, 2015d). In H&HS, behaviorism would be primarily realized in skill labs acquiring knowledge and skill for clinical practice.

Cognitivism focuses on the "thinking" domain of education. Bloom's taxonomy of learning objectives is a common demonstration of cognitivism (Bates, 2015d). Alzaghoul (2012) contends that the individual processes of memory, motivation, thinking, and reflection are important and central in cognitivism. Bates (2015d), suggests cognitivism generates advanced
thinking skills such as analysis, problem-solving, critical thinking, decision-making, and
generalization, and they are desired learning outcomes in higher education. Cognitivism can be
nurtured either OL or f2f and in H&HS it is often demonstrated in applied experiences; group
work, clinical practice and reflection.

Constructivist theory centers on the active but individual process of thinking and
reflecting on new information and then assimilating new understanding as knowledge
(Alzaghoul, 2012; Bates, 2015d). Social interactions, discussions, collaboration and relational
practice are processes reliant on constructivism. Learning activities using this theory are suitable
for either f2f or OL (Bates, 2015d).

Due to the applied nature of the programs in H&HS, clinical practice and reflections on
that practice are key learning activities. Rowe et al., (2012) claims that there is a paucity of
research on BL in clinical education, and more research is needed to recommend BL in clinical
education. However, the seven studies they explored gives support to blogging as an activity to
bridge the gap between theories and practice and facilitate clinical reasoning (2012). Vonderwell,
Liang, and Alderman, 2007 (as cited in Hsu and Hsieh, 2011) claim "threaded discussion has
been identified as useful in facilitating student metacognitive awareness and development of self-
notes that she has successfully used OL threaded discussion for clinical reflections with three
separate Health Care Assistant (HCA) clinical cohorts. With HCA cohorts (n= 20) prior to these
three, reflections and feedback were via individual, private emails and the expectations for
instructor’s feedback was laborious. Given the expected and inherent similarities in experiences
in an instructor-led clinical practice, Andersen felt dissatisfaction with the repetitive nature of her
feedback and experienced some procrastination with providing prompt feedback.
With the three HCA cohorts that utilized OL threaded discussions for reflections, only group members (n=9) and instructor were privy to all reflections and associated feedback. End of term student evaluations of the experience were positive, and students reported they enjoyed the group connectedness, had an increase in confidence and that they were able to take what they garnered from the discussions into their practice. Andersen (2015) reported that the students' clinical performances indicated that they were learning from the reflection process as their skills were mastered sooner than previous cohorts. It appeared students were practicing or conversely sidestepping what they had gleaned from the discussion threads. Andersen reports that the OL reflective process was personally rewarding as her feedback schedule was better managed and the repetition in instructor feedback eliminated.

A design model is what guides OL course structure and using OL tools for reflection is only one aspect of a BL design. Choosing instructional design guidelines for H&HS courses requires an understanding of the complexity of the “layers” inherent in the programs as well as knowledge of OL design models.

**Instructional Design Guidelines**

Instructional design guidelines are critical and necessary for effective BL course construction as it is the framework that guides course structure (Alammary, 2014; Bates, 2015d; Bell & Federman, 2013; Hathaway 2014; Morrison, 2013b). Design guidelines helps instructors teach, guide and support” learners and promote meaningful and active learning; it puts the focus on learning not teaching (Morrison, 2013b). Bates claims that there is a dearth of appropriate models for BL and more testing and evaluation is needed. He also implies that this is what is delaying the adoption of f2f to BL course re-designs in educational institutions. Alammary
(2014) claims the lack of a single definition of BL has stymied effectiveness in design models as teachers’ design courses as they understand and interpret the BL concept.

Chickering and Gamson's (1987) document: “Seven principles for good practice in undergraduate education” initially set a standard for f2f undergraduate education but in recent years, research has confirmed that they are also effective and adaptable for OL education (Batts, et al., 2006; Crews, et al. 2015; Dreon, 2013; Hathaway, 2014; Koeckeritz, Malkiewicz, and Henderson, 2002). The seven principles are considered to be a rich and relevant guide for BL course design, instructional effectiveness and interactivity (Batts, Colaric, and McFadden, 2013; Crews, Wilkinson, and Neill, 2015; Hathaway, 2014).

The seven principles were the outcome of a task force of university professionals and students with a mandate to examine characteristics of effective or best practices for f2f undergraduate education (Chickering & Gamson, 1987). When applied to undergraduate education, regardless whether teaching and learning takes place f2f, in a BL, or purely online environment these principles maximize student learning. Good practices in undergraduate education include:

Principle 1. encourage contact between students and faculty (fundamental to building community in an OL environment)

Principle 2. develop reciprocity and cooperation among students (valuable in understanding other perspectives)

Principle 3. encourage active learning (supports critical thinking and self-direction)

Principle 4. give prompt feedback (increases interaction and personalized support)

Principle 5. emphasize time on task (increases self-discipline & time management)

Principle 6. communicate high expectations (course goals & learning objectives)
Principle 7. respect diverse talents and ways of learning ('open atmosphere' for learning) (1987, p.3)

Studies have examined the principles as they apply to assessment of instructional design, student learning, and teaching methods and they have proven to be "tried and true" (Crews, et al., 2015; Grant & Thornton, 2007). Other studies focused on applying the principles to inform OL tool choices and activities with equal success (Dreon, 2013; Hathaway, 2014; Koeckeritz, et al., 2002). What is abundantly clear in the research is that Chickering's principles applied as course guidelines and in the implementation process, promise a successful student OL learning experience (Batts, et al., 2006; Crews, et al., 2015; Dreon, 2013; Hathaway, 2014).

The Seven Principles of Good Practice for Undergraduate Education provide design guidelines for ensuring the success of OL instruction. However, ‘best’ practices that ensure success in an f2f classroom are also essential for success online. Best practices are synonymous with quality practices and therefore are critical in OL instruction.

**Best Practices in Blended Learning**

There are vast amounts of literature expounding on best practices in OL in higher education (Smyth, 2014). Quality practices and best practices in OL education align closely and are fodder for much discussion and controversy (Bates, 2015d). Much like BL itself, an equivocal definition for best practices is elusive. Bates (2015d) insists best practices are teaching methods that successfully help learners develop 21st-century skills and knowledge (2015d). Whereas Online Learning Consortium (OLC) suggest that OL students should receive an experience equivalent to that of traditional classrooms. Smyth (2014) recognizes that OL requires different development approaches and if institutions use familiar traditional mechanisms, quality or best practices in OL will suffer. In this review, the focus will be on best
practices albeit with a view to quality instruction. The definition of best practices for this review is as follows: "teaching methods that successfully help learners develop the knowledge and skills they will require in a digital age" (Bates, 2015d).

Bates (2015d) posits that there are nine practical steps to implementing quality OL teaching that embody accepted industry standards (Smyth, 2014; Online Learning Consortium, n.d.). The context of programs and institutions is what drives most choices in teaching methods (Online Learning Consortium, n.d.). Bates indicates his proposed measures are applicable regardless of the context and that they are the essence of quality in teaching and learning. He insists the steps integrate human aspects of instruction that are especially important in a technology-based environment and contribute wholly to building a complete learning environment.

Interestingly, the Internet is alive with blogs, papers, etc. extolling the virtues, value and applicability of Bates (2012) nine principles, but there does not seem to be any research studies of this current work. The University of Ottawa (2013) embraced Bates' principles as evidence to support their plan to have twenty percent of their course offerings delivered by BL by 2020. His principles also informed recommendations made to the University of British Columbia (UBC) executive council by the UBC Faculty Association (2013) task force on flexible learning. The lack of research into Bates’ principles may indicate a consensus amongst academics that they are sound tools of guidance in transitioning education offerings to OL. The other possibility is that the release of his 2015 book; Teaching in a digital age may trigger a closer look at his work.

I am proposing using Bates, (2015d) nine principles to quality online learning as the foundation for my exploration of best practice strategies in BL specifically for H&HS. Bates recommends the nine principles as being useful for those new to OL teaching or those
redesigning an existing course (p.1227). He contends there is logic to the steps’ particular order (p.1229) and that they are more likely to develop in a parallel process versus their sequential order. Bates (2015d) principles for implementing quality OL education are as follows:

Step 1- Decide how you want to teach online (instructors pedagogy of teaching)
Step 2- Decide on what kind of online course (where on continuum the course fits)
Step 3- Work in a team (team of instructional designer, experienced peers & instructor)
Step 4- Build on existing resources (use pre-existing Internet offerings, if applicable)
Step 5- Master the technology (professional Development, training and release time is critical to success)
Step 6- Set appropriate learning goals (assessment is key to determining if goals are met)
Step 7- Design course structure and learning activities (content, skill development and assessment))
Step 8- Communicate, communicate, communicate (instructor presence critical but manageable)
Step 9- Evaluate and innovate (assessment of process & outcomes then strive to improve)

These principles are in and of themselves not new, as other researchers have similar findings, but Bates’ analysis of the research leads to a succinct and focused implementation process. Smyth, (2014) in A guide to quality in online learning highlights eight similar standards but presents them with a quality assurance and accreditation perspective. Bonk and Graham (2012) editors of The handbook of blended learning have a macro vision of concepts, and the reader is left to draw the lines between the concepts. Garrison et al., (2004), Hoskins, (2014), Moskal, et al., (2013) and Porter and Graham (2015, in press) studies addressed many of the same concepts as Bates but their focus is on the policymakers not at the instructor level. Other
studies focus on individual elements of the principles but a practitioner is left to piece implementation concepts together. For example, Hixon, (2008), Morrison, (2013c) insist that a collaborative team approach, although uncomfortable for some is still the best way to address the unique challenges related to teaching online. Alammary et al., (2014), Napier, Dekhane, and Smith (2011) caution that a successful transition to BL requires faculty to have adequate release time, technical assistance, and professional opportunities. Given the research, Bates implementation process appears to be thorough, comprehensive and knowledgeable of best practices for beginning BL practitioners. His OL experience informs the suggested principles, and the author believes they are a good fit for H&HS course development.

**Conclusion**

Available literature was reviewed, evaluated and discussed in consideration of the author's critical question; what instructional design guidelines and best practice strategies might apply when developing a H&HS course using BL? The literature revealed that BL was a natural fit for online H&HS courses given the inescapable f2f components of many H&HS programs.

The learning theories of behaviorism, cognitivism and constructivism were reviewed and found to be valid and appropriate for the academic and skill-based learning that is inherent in H&HS (helping profession) programs.

Also supported in the literature for BL programming is Chickering and Gamson's (1987) good practice design principals. The seven principles translate well to the OL classroom and have stood the test of time and technology (Crews, Wilkinson, & Neill, 2015).

The literature unwaveringly supports Bates (2012) best practice principles when implementing OL courses. This unequivocal support is a testament to the extensive experience and knowledge Bates brings to OL education and this beginning BL practitioner. In conclusion, the integration
of Chickering and Gamson good practice principals as design guidelines and Bates's best practice principals to develop an H&HS course using BL seems like a compelling adventure.
Chapter 3

Major Project Design

I completed an online post-degree Graduate diploma program in Online Teaching and Learning (OLTD) in July of 2015 and segued right into the Masters in Educational Leadership (MEDL). The Major MEDL Project is the development of an online HCA course using a blended delivery model. The following chapter explains and describe the methods and procedures used to build the course.

The creation of an online course in the Vancouver Island University (VIU) Health Care Assistant (HCA) program primarily stemmed from years of observing adult students struggling to adhere to a grueling school schedule while juggling employment and domestic responsibilities. Albeit the academic commitment was only twenty-four weeks, students had to be present on campus for theory and skill lab classes from Monday to Friday 0800-1600. Students were relieved from the on-campus scheduling demands when they transitioned to community clinical experiences, but they were still expected to work from 0630-1430 Monday to Thursday.

HCA is a relatively short-term health education program but offers only full-time on-campus participation. The short time investment is what attracts some students but unfortunately for some six months can be a long time when juggling relationships, children, studying and working to cover life's costs. It was these circumstances that piqued interest in re-visioning HCA courses using an online or blended delivery model. An online course, where content, contributions and learning are possible without being physically on campus would probably appeal to many adult learners and offer relief on the path to success. Learning off campus at their own pace and schedule may allow for a less chaotic six-month engagement.
The VIU HCA program curriculum is designed and mandated by the BC Ministry of Advanced Education (AVED), and its 2015 iteration introduced more skills and knowledge to the curriculum, especially regarding acute care but alas no increase in program delivery hours. This unfortunate "do more with less" attitude has a ripple effect of instructors offloading content exploration as "homework" to students who are already scrambling for study time. This funding model is the impetus to look beyond traditional delivery methods.

The 2015 HCA curriculum remains a document designed to guide face-to-face delivery, but its simplicity in design allows for other delivery models. There are a few educational institutions within BC that have out of necessity, i.e., geographical distances, space needs, or funding, implemented HCA programming online. VIU is not immune to these same issues, and online delivery seemed like a viable solution to some issues for both the institution and HCA students.

The HCA course chosen for the revision into a blended delivery was the Introduction to Practice (103T) course as it was familiar and had been taught by the writer for a number of years. This course provides an introduction to the role of the HCA within the BC health care system. It introduces the concept of health care teams and the specific roles and functions of HCA's within the team. There are opportunities to develop self-reflective skills that are necessary for competent practice, as well as discover effective job-finding approaches. There is a minimum of thirty instructional hours applied to the course.

103T is a core HCA course and is also the mandatory theory course in the Prior Learning Assessment (PLA) for individuals coming to BC with foreign credentials and challenging the HCA certification process. Accessing this course online is less onerous for applicants and will
expedite the PLA process. Having to be physically on campus for two classes versus ten seems more accommodating and student-centered.

VIU's Learning Management System (LMS)- Desire2Learn (D2L), was the most logical site to use for the course build. It is Canadian owned, stores its data in Canada and VIU has a very comprehensive D2L support center for students and faculty. D2L's capabilities are "workhorse" in nature, but it has an uninteresting facade and presence. Therefore, any content and its formats needed to be engaging.

The only textbook required in the HCA program is Mosby's Canadian Textbook for the Support Worker (2013). The curriculum content derives from this text; therefore, most of the readings, activities and quizzes found in the online course come from this book.

In keeping with my critical question of "what instructional design guidelines and best practice strategies might be applied to developing a health and human services course using blended learning", I decided to review The University of Florida’s (2015) document on Chickering and Gamson's rules for undergraduate education as well as reread Tony Bates (2015d) e-book Teaching in a Digital Age. Reviewing this research provided the refreshment and grounding necessary to start the course build.

**Major Project Development**

Tony Bates (2012 & 2015d) Nine Steps to Quality Online Learning was foundational for the course framework and much as he forecasted, it unfolded in a parallel not sequential fashion (p. 1250). The 2015 HCA curriculum became available in September and then the planning began.

The curriculum provided 103T learning outcomes, course concepts, and content suggestions. Other BC instructors were attempting to put their HCA courses online, but
unfortunately there were few similarities in the product designs. Some were using an older curriculum with an entirely OL delivery model, and others were attempting to blend their content but had stalled for lack of time and each of them was operating with a different LMS. The BC scene was reminiscent of a "lawless" wild west with "hope" perhaps arriving on the next train, it was indeed a dismal picture.

Collegial support for this project consisted of the MEdL supervisor and the D2L technical support faculty. HCA colleagues were unavailable but supplied feedback of the final course design.

Bates (2012, & 2015d) suggests using and building on existing resources, so I looked to my first student experience with D2L, OLTD 501 Introduction to Online Learning. It had a clear and easy to navigate course format, and the instructor used concise labeling for each module. It became the model for the 103T course layout and modules. 103T content was straightforward with six distinct learning modules or concepts. In HCA-speak concept modules are referred to as Learning Activities (LA), and as it was necessary to keep consistency between all the HCA courses 103T uses LA# 1-6 to identify core concepts.

The Learning Outcomes (LO) told the story of 103T and what HCAs needed to know to be successful in the course. They were, much like pieces of a puzzle, shuffled around until they fit into one of the six core concepts. From there began the process of determining which LO could be achieved online or which needed the structure of an f2f class. Bates, (2015b) discusses this same process in a blog article, and interestingly he was unable to identify areas outside of labs and practical work where there is a distinct advantage for face-to-face teaching.

Months before the course build I had thought 103T would translate reasonably well as an entirely online course however during the "OL or f2f" process it became apparent that students
would have to be highly effective in areas of critical thinking for 103T to be a success as an entirely OL course. There are two 103T concepts that students consistently find challenging as they involve changing attitudes and behaviors. Experience dictates a sophistication in critical thinking, empathy, and self-control are necessary for changes in attitudes and behaviors. Most learning or activity that incites a change in attitudes and behaviors is best delivered in a controlled setting with a facilitator. Two f2f classes emerged from the process that would satisfy the definition of a blended delivery model as well as ensure student success with the concepts in question. Where the current HCA delivery model demands thirty campus hours, for 103, a blended course requires six hours. Introduction and discussion of the concepts occurred online, and group activities were f2f. As adults, prospective students could choose their level of engagement in the f2f class but OL was where the learning was meant to happen. Together, f2f interactions with OL knowledge and discussion ensure a deeper more satisfying learning experience (Bonk & Graham, 2012).

Bates (2015d) recommends exploring the technical skills and comprehension levels of the expected student population when designing OL (p. 907). This suggestion figured largely in the process as the only academic prerequisite for HCA admission is grade 12 English. Having a solid understanding of what constitutes a skill based non-academic health program guaranteed most content was at a high school comprehension level. The technical skills of what previous HCA students had comfortably demonstrated eliminated the idea of using a synchronous online classroom as it would be too technical but most would be comfortable with D2L following a hands-on tutorial.

Building the infrastructure in D2L required technology that I first encountered in OLTD. Mastery of that technology and e-tools, however, was elusive. Working within D2L for
approximately two years in OLTD had strengthened my technological capabilities but there was still a hesitancy to embrace "complex" technology. Although e-tools such as screen sharing were familiar, I had not taken the time during OLTD to explore more tools than what was necessary. Added to the looming learning curve was the fact that I could not remember all the details of the e-tools I had explored in OLTD and had neglected to jot down any instructional notes. Learning to use e-tools consumed days and energy but thanks to Mayer (2009) I understand how the technology works and where it works best. His principles focus on minimizing cognitive overload in multi-media teaching and are found interwoven through 103T.

Taking time to understand and embrace Mayer's (2009) multi-media design principles ensured navigation and content were clear, concise and more accessible to all students. Universal Design for Learning (UDL) principles were always percolating behind the scenes while the course took shape. I had experimented with a free downloadable font designed to assist with certain dyslexic conditions, but it was not transferable to D2L, but there is a similar font that students can access to "personalize" their experience within the LMS.

In keeping with UDL principles I incorporated a free learning Internet site as an elective for student self-assessment of the weeks learning concepts and terminology. HCA students are known to employ flashcard systems for studying medical terminology however Quizlet can expedite that process and add alternative study options. Quizlet has six formats for student learning including two games, and three forms of flash cards as well as a quiz format. This option presents content in different ways and stimulates interest in learning (Meyer, Rose, & Gordon, 2014).

Narrated slideshows with graphics but minimal or no text are another UDL and Mayer (2009) suggestions for design. However, saving these slideshows in video format so as to
eliminate any need for students to have access to a PowerPoint program was eventful but worthwhile training. Discovering Apple and Microsoft are not compatible when creating videos was exasperating but once overcome, students could access the slideshows without PowerPoint and on any mobile device. The downside of slideshows with narration and no text is that there is no Portable Document Folder (PDF) text to download. A design element of OLTD 501 that I admired and utilized was that for every slideshow created there was an opportunity to download it as a PDF. For students who prefer to "read" information, the narrated slideshow format could be problematic.

103T has a very simple structure of eleven modules, and six of them are the core learning activities or concept modules. Course support information is in five modules that precede the learning activity modules. Support information in the first module includes basic information on course objectives and instructor information and a short Wideo on the overall learning objectives of 103T. The Wideo was designed to spark interest in the core concepts as this is an element that students often miss either of their own volition or instructors. For relief, a YouTube video offers a heartening perspective that learning does not always happen on the first attempt.

The second module holds the schedule, and though it was the last course item to be completed it was one of the first items I tried to complete. It was a struggle initially to secure a guiding foundation for the build, but reviewing the critical question led straight back to Bates (2015d).

The third module includes information and skills that are helpful to navigate the course. Not included in this module was a tutorial on D2L itself. A campus computer lab is a far better forum for discovering the basics of D2L. Instructions for evaluation items are in module four, and the evaluation items are an OL quiz, a written assignment with an accompanying word art
image, and overall student participation. Student participation is forty percent of the final mark, and it includes attendance and activity in weekly discussions and group work in f2f classes. Rubrics for participation and the assignment are in module five.

This iteration of 103t is complete but only in draft form. Invitations for review and comments went out to colleagues at VIU and other institutions and by mid-November revisions based on this feedback begin. Discussion of the collected feedback and comments are in chapter four: Field/Beta Testing. February 2016 is the current date for the pilot of 103T in a blended delivery.
Chapter 4 – Field/Beta Testing and Findings

**Beta Testing- Methods and Process**

The critical challenge of the Major Project was to develop an efficient and effective blended learning online course for a VIU Faculty of Health & Human Services (H&HS) program. Both online learning (OL) guidelines and best practice strategies anchored the course design. The course, Health Care Assistant (HCA) 103T: Introduction to Practice is a thirty-hour instructional course and is expected to pilot February 2016.

The course was available on D2L for Beta/Field testing from November 1-13, 2015. An email soliciting feedback on the course generated fourteen enthusiastic responses. The reviewers included VIU colleagues and professionals from other organizations. A second email (Appendix A) explained the educational context of the course and clarified what the review would and wouldn't include. The email also included a screen share video on accessing the course on D2L and a link to a simple Google anonymous feedback form (Appendix B). All of the volunteer reviewers accessed D2L using student status. Although both the LMS and content (HCA curriculum) are critical to course design, they are predetermined and therefore outside the parameters of the review.

The feedback form reviewed five design elements with space for additional comments:

- **Effectiveness** (suitability for a BL environment)
- **Navigation** (functional hyperlinks, smooth/active transitions, logical sequencing)
- **Visual Design** (consistency in layout, clear & consistent headings, logical flow, font & size)
- **Content Formats** (variety of formats, consistency in formats, length of videos & audio clips)
- **Accessibility** (learner support, course-specific resources, a range of resources, content accessible on any device).
By the end of the two-week feedback period, thirteen of the fourteen volunteers responded. An email reminder sent after the first week proved successful with five responses arriving in the last week. Feedback was candid and rich with ideas, suggestions and support for the project. As expected a few comments were specific to D2L, although of no use to the review they affirmed commonly-held observations of this platform.

One reviewer commented on the feedback form itself. This individual suggested that a Likert-scale form would have required less thinking on the reviewers’ part. While a Likert-scale had been a consideration, it was quickly disregarded and the comment form chosen. The comment form, although simple had intentionality of design as did solicitation of feedback from targeted individuals instead of using an open call process. Choosing only individuals with OL experience, be it as student or teacher, was an opportunity to garner "team-like" feedback.

**Findings of Beta Testing**

The main objective of the beta testing of the BL course was to gain an objective perspective from professionals familiar with post-secondary learning in general and OL specifically. Their thoughtful feedback added value, expertise and was very advantageous to the Major Project. The reviewers’ overall response was that the BL course was effective, substantial, fun and contextually relevant. The nine full pages of collated feedback indicate an engagement with the course and a generous gesture of assistance and support.

The first element considered by reviewers was course effectiveness or suitability for a BL environment. Reviewers considered the quantity of material and multiple "ways" of learning as manageable for students given the amount of time suggested for the OL portion of the course. Regrettably the reviewers, as "students", did not have access to the face-face classroom lesson plans as this would have illuminated the OL aspect in a truly blended context. As expected for
student status, the narrated introductions to the two blended concepts included only a general overview of the f2f classes. Reviewers did not consider reiterating of the curriculum throughout the course boring or repetitive, but saw it as an effective support tool for f2f learning.

Navigation in D2L is not intuitive, so ease and consistency in flow and sequencing of material are critical to the OL experience. Feedback indicated that the course was easy to navigate, course topics were arranged logically, and students could predict what a module would contain and the order or sequence of the content. The hyperlinks were easy to access, and most were live, but there was some inconsistency in some links opening in external windows versus all opening internally. This anomaly occurred with the integration of the Quizlet study site in the modules. Further exploration is needed to establish access to Quizlet within the platform as reviewers thought it was a valuable and fun study tool. They thought the module "Navigating the Course" module was effectual, easy to follow but especially relevant to student success was the video: Stuff you need to know. Comments indicated this video was not to be missed therefore should also be on the home page. Further to this was a recommendation for a list outlining steps "first do this, and then this" as an additional option in learning how to navigate the site.

Visual design feedback was interesting because as more than one reviewer commented, D2L does not support a visual interface. However, support was positive, and elicited comments of this nature; "it looks pretty damn professional to me." Although the majority of reviewers thought the course appeared clear and uncluttered with consistent labeling and layout in all modules attention was drawn to the distracting variety of formatting styles.

Comments on the content format were abundant and very comprehensive. In general, content assets were overall considered easy to follow, a varied mix and directly applicable to course content. Reviewers agreed the formats used were reflective, substantive, task specific and
stimulated interest and learning. The conversational but professional tone of the audio recordings succeeded in establishing a personal connection with students, but some thought that seeing the instructor would also be beneficial. Reviewers proposed categorizing content in each module into "required" and "learner choice" folders. This change would allow adult students to determine the depth of their engagement, and they would not feel forced to take it all in. Learning concepts were considered well articulated as a result of the chunking of content and single-concept media choices.

Accessibility is critical in OL education, and this element informed much of the design. There were indications that the course translated well to mobile devices. Verbal instructions sprinkled through the course, and printable versions of documents were lauded and encouraged. Further to this was an encouragement to include transcripts of the audio clips that would allow the media to be "scanned" when looking back for information. There was agreement that the proffered D2L support resources were inadequate and in need of replacements.

The highly anticipated beta testing of this project produced a critical review that is candid, constructive and co-operative in its purview. The suggestions or recommendations are simple yet doable and imminently applicable. Having respected colleagues provide input to the design of this project was a demonstration of how essential a team approach is to OL design.

Recommendations from the review were examined, applied and merged into a final course rendition. The recommendations are further defined in chapter five, the last chapter of this process paper.
Chapter 5 – Conclusions and Recommendations

Conclusions

Post-secondary campuses are increasingly augmenting traditional delivery models with online programming to be flexible and accommodating for 21st-Century learners. The Faculty of Health and Human Services’ (H&HS) response to changing student demographics, space issues, and decreased funding models has led to the adoption of OL delivery models especially with new or cost-recovery programs. Interestingly, core H&HS programming, for the most part, has continued with a traditional delivery trajectory. This noticeable difference in delivery models underpinned the critical challenge question of; what instructional guidelines and best practice strategies could apply when transitioning traditional or developing new H&HS courses using a blended learning (BL) delivery model?

Efforts to meet the challenge question included an examination of the research conducted by Tony Bates (2012, 2013 & 2015), Chickering and Gamson (1987) and Chickering and Ehrmann (1996). These studies exemplify a value-based approach to technology that resonates with the nature of H&HS programming that was a cornerstone of the BL course design. The course itself and a companion template for transitioning H&HS courses to BL provide evidence for meeting the critical challenge.

Beta testing of the BL course was successful as feedback was positive, abundant, candid, and delivered with collegial tone and spirit. The reviewers, all peers’ familiar with OL, critically examined the course but also shared their OL design knowledge in their suggestions for improvement. This collaborative "team-like" feedback informed course revisions and reinforced Bates (2015d) view that a team approach to OL development maximizes efficiencies and builds quality into the process and eventual outcomes (p.1269).
Feedback touched on all review elements, but content formats generated the most suggestions. Course weaknesses identified were inconsistent formatting, confusion regarding learning outcomes and objectives, and the lack of a student-focused course evaluation. Given student feedback is integral to any course review and informs future development decisions; this was a significant error. Another misstep was neglecting to ensure reviewers had access to the f2f content. This oversight deprived reviewers of seeing the "blended" elements and visioning the course as it was meant to be.

Separating module content into "required" and "learner choice" folders, adding the length of viewing time to media pieces, and including text transcripts of both videos and narratives were additional suggestions. Supplementing text-based information with contextual or "real-life" scenarios was also encouraged as an avenue for concept development. Finally, D2L support resources and IT contact information were deemed inadequate and in need of an earlier and more prominent display. Beta testing recommendations were applied and completed. Although "tweaking" of the course continues, the final design is ready for piloting in February 2016.

**Recommendations**

The Major Project, although a fabulous adventure, exposed the many complexities and facets inherent in OL course development. Current research recognizes that OL teaching and learning is different from f2f in that a range of technical, communication and design skills are necessary to manage the OL elements effectively. Achieving the OLTD graduate diploma that had a focus on research, pedagogical issues and an immersion in online environments set the stage for the major project. However, not all faculty interested in pursuing OL course development possess the requisite knowledge and skills, nor the time to gain the necessary skill sets. Therefore, collection and preservation of best practices derived from the course build and
made available would be "giving back" to H&HS faculty interested in OL course development. Although the best practice resource template is an unintended outcome of the major project, it appeared to be logical and a good fit.

Best Practices with Experience is the name of the Weebly site that houses the valued OL development strategies gleaned from the course build. The site incorporated a friendly, supportive and collegial format using a house construction theme. Site content came from research, trial and error and peer feedback. Best Practices with Experience was an active document intended to evolve with research and "lived" experience, so it remained a work in progress. Although the H&HS faculty was the intended benefactor, all of the collected information has general application.

It was an exciting time to be a purveyor of experience and knowledge in the ever evolving OL environment, but it was also imperative to acknowledge the disruption that change can bring. OL delivery continues with new H&HS programming yet discussions regarding core programs, and OL delivery remains sensitive. Employing compassion and empathy when discussing OL issues has made the transition from "project to pilot" possible and smoother than anticipated.

I have been pleased to be able to contribute valid resources for other H&HS practitioners wishing to engage in BL delivery. It is a hope that the HCA course template and best practice resource will strengthen the range of teaching excellence and bolster student success already found within the H&HS Faculty.
References


learning-and-the-impact-on-the-campus/


Morrison, D. (June 5, 2013c). How to apply a team based approach to online course design. Retrieved from:  
https://onlinelearninginsights.wordpress.com/?s=how+to+apply+a+team+based+approach&submit=Search


*Center for Instructional Technology & Training*. Retrieved from: http://citt.ufl.edu/tools/chickering-and-gamson-7-rules-for-undergraduate-education/

Vancouver Island University (2013). Academic plan. Retrieved from:

http://www2.viu.ca/integratedplanning/academic.asp

Vancouver Island University (2013). Newsletter: Building connections. *Faculty of Health and Human Services*. Retrieved from:

https://www2.viu.ca/hhs/documents/HHSNewsletter2013web20130418.pdf


Appendix A- Request for Beta Test Feedback (Email)

October 30, 2015

Hi there, friends and colleagues, as you know I am in the final stage of finishing a Masters in Educational Leadership (MEdL). The educational leadership aspect of the program is in online teaching and learning and to this end I have just completed an online blended learning course for the HCA program. However the journey doesn’t end there as I require feedback on elements of the course and that is where you come in.

What I am asking is for you to assess the HCA course with a critical eye to online-specific elements. The course was designed in D2L (VIU’s LMS) and D2L is a “workhorse” but not too pretty to look at, so thankfully it is not being assessed. The curriculum or knowledge aspect of the course is mandated by the province so it isn’t up for feedback either.

I have created a short Google form (5 components) that will guide your assessment and feedback. The beauty of this assessment is that you do not need to “know the course content” as it is the online elements that are being assessed. The feedback tool is anonymous and I am grateful for any and all feedback.

I realize that many of you won’t have access to VIU D2L but I have guest credentials for your access. For those of you who are affiliated with VIU I can just add you to the course and then you can access the course via D2L as per usual.

As this is a time-limited exercise, I will need to have your feedback forms in by November 13.

If you are interested in assisting me with my Masters project, please get back to me asap and I can get you logged into D2L and on your way. I do not think the assessment will take very much of your precious time and I am truly thankful for your insights and energies.

Cheers,
Denise Andersen BN; MEdL©
Appendix B - Beta Test Reviewer Enrollment (Email)

Hi --------, I have added you as a student in my course:  
[HCAS 103T: HEALTH CARE ASSISTANT: INTRO - S15N01]

Welcome and thank you for your agreeing to review my OL blended delivery course. The course is primarily OL except for two 3 hour on-campus classes. Your “student” D2L status excludes you from viewing the classroom/f2f lesson plans and activities but they are a significant extension to the OL learning.

This particular course, Introduction to Practice is a core HCA course but is also considered the mandatory course for individuals coming to BC with foreign credentials and challenging the HCA certification process.

I thought would set the context of the course with a short primer on the HCA program and the students who enroll in the program.

The HCA program is a 24-week entry-level nursing program. Currently at VIU, students attend 14 weeks of Monday-Friday theory & skill lab courses. The classes are followed by 10 weeks of supervised clinical practice in residential care facilities and home support. Graduates find employment in residential facilities, home support, and most recently acute care.

The students who enroll in this program can be loosely characterized by three streams:
  • Those wanting to change careers or returning to the paid work force after years away
  • Those that are considering health care as a career and are using the course as a stepping stone
  • Those that are shuttled to the program via a myriad of social services agencies

The ages of the students are from 17 years (dual-credit high school students) to 60 years +.

Currently, the VIU HCA program has no online presence and all non-clinical programming is done on campus. 
This OL course is a prerequisite of my MEdL program but more than that it was an effort to see if HCA programming can be delivered effectively in a blended format.

I have included [a link](link) to a short narrated screen share for those unfamiliar with accessing D2L.

The link to the Google survey form is [here](link).

I look forward to collating all the feedback by November 13/15
(If there are any difficulties associated with accessing D2L or the feedback form pls email me asap)

Cheers, Denise
Appendix C - Google Forms (Feedback Doc)

Health Care Assistant 103- Introduction to Practice Online Course Feedback

Feedback submitted on this form is provided anonymously and comments will be used to inform Chapter IV of my MEDL690 process paper. Constructive comments may be used to improve further edits of the course website.
Thank you for your time and consideration in supplying your much valued feedback.
Denise Andersen BN, MEdL (c)

* Required

Effectiveness *

(suited for a blended learning environment)

Navigation *

(functional hyperlinks, active/smooth transitions, logical sequencing)

Visual Design *

(consistency in layout, clear & consistent headings, logical flow, font & size)

Content Formats *

(variety of formats for content, consistency in formats, length of videos & audio clips,)

Accessibility (learner support) *

(course specific resources, range of resources, content accessible on any device)

Additional Comments

Submit

Never submit passwords through Google Forms.

100%: You made it.
Appendix D - D2L Course Content (video)

You Tube Link