# Designing a family health nursing online course: Weaving accessible pedagogy approaches

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### ABSTRACT

We are writing this paper to report on students' and faculty experiences in an online family nursing health course based on 'relational inquiry', that is, a way of thinking that situates individuals within their cultural and social context. Research shows a gap exists between what nursing students are taught and what they later find out nursing really is. In addition, with the increased use of online nursing core courses in the curriculum, facilitating accessability and engaging the diverse learner in the complex nursing realities can be even more challenging. During the last 5 years, we have been teaching a family health assessment course using Doane and Varcoe's (2015) relational inquiry concepts for Registered Practical Nurses (RPN) bridging to a Bachelor of science in Nursing (BScN). Teaching relational inquiry concepts fully online has been challenging in terms of helping the diverse learner access and navigate the complex nursing workplace realities and form a virtual relationship with self, peers, faculty, and the online environment. Through the use of families' who are situated in diverse culture and context, relational inquiry acknowledges nurses' workplace realities and then offers students ways to navigate this complexity. Thus, the purpose of this paper is to describe four accessible pedagogy approaches we included in our online course (e.g., creating a video or transcript; posting or replying to an article; joining a synchronized discussion; and participating in a non-synchronized discussion) and report students' and faculty experiences from a relational inquiry lens.

**Key words** – relational inquiry; family; online course; teaching learning strategies; relational; reflection, storytelling, accessible pedagogy approaches

We are writing this paper to report on students' and faculty experiences in an online family nursing health course based on 'relational inquiry', that is, a way of thinking that situates individuals within their cultural and social context. Research shows a gap exists between what nursing students are taught and what they later find out nursing really is. For example, several organizations recently highlighted the need to include awareness of First Nation People of Canada experiences with healthcare in nursing curricular (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, Canadian Nurses' Association, 2009; Truth and Reconciliation Commission of Canada, 2017). In addition, several nursing educators calls for the increase awareness of the health care challenges, barriers and opportunities nurses and family with disabilities are experiencing (Marks,2007; Moore, 2004). However, with the increased use of online nursing core courses in the curriculum, facilitating accessability and engaging the diverse learner in these complex

social nursing realities can be even more challenging. Through the use of storytelling of families' culture and context, relational inquiry acknowledges nurses' workplace realities and then offers students ways to navigate this complexity. Thus, relational inquiry associated with this course is not only an approach that mediates the content and substance around family nursing, but also mediates how the students and faculty relate to self, others in an inclusive online environment. The purpose of this paper is to describe four teaching-learning accessible pedagogy approaches that we included in our online course (e.g., creating a video or transcript; posting or replying to an article; joining a synchronized discussion; and participating in a non-synchronized discussion) and report students' and faculty experiences.

While many students belong to the millennial generation, presumed to have more proficiency with the technology aspect of online courses than faculty, nursing students often cannot access parts of the teaching and learning process. Pedagogy accesability is more than accessing the technology in the provision of patient care and teaching and learning (Fetter, 2009). For example, Nagle and Clarke, (2004) ascertained that nurses who recently completed their education, received little preparation on how to express their ideas using diverse technology. They argued that despite educators using PowerPoints, Blackboard and WebCT technology during lessons, students often perceived that they were passive learners and not always engaged with the material. Topkaya and Kaya (2014) urge nursing educators to provide students with more active and accessible learning experiences when using technology in their courses to improve nurses' experiences beyond the classroom boundaries. With an increased use of online nursing core courses in the curriculum, faculty are therefore encouraged to engage in ongoing reflection regarding online teaching learning strategies for diverse learners, ensuring there is transparency with minimal digital divide (Delgaty, Fisher, and Thomson, 2017; Wong, Greenhalgh, and Pawson, 2010). Digital divide is identified as the gap between students that have access to modern technology and those students that have restricted access to this technology. Several authors linked the digital divide to a silent increase in students' workload while enrolling in online courses (Louise, Sylvester, & Johnstone, 2017) .

During the past 5 years, we have been teaching a family health assessment course for Registered Practical Nurses (RPN) bridging to a Bachelor of science in Nursing (BScN). Nursing students in our bridge program have a Practical Nursing (PN) diploma, a minimum cumulative average of 75%, and with or without RPN work experience. Students (n=120) enroll in two semesters in our community college and if successful, they move to the university for another two more years to get their Bachelor of Science in Nursing (BSCN). Specifically, the family health assessment course integrates Doane and Varcoe's (2015) relational inquiry (RI) concepts and is taught in the 2nd semester of the Bridge program.

Relational inquiry (RI) is an approach which considers the relationship between and among participants. Thru the use of the skill of reflexivity a form of self and other awareness through diverse lenses, Relational inquiry allows the student to experience situations that are familiar as well as uncertain. When the student experiences the diverse patient and nurses in a clinical environment, certain discomforts may occur, prompting the student to actively ask questions and engage in the process of inquiry (Doane & Varcoe, 2015). Relational inquiry involves bringing a relational awareness to our work as nurses (Doane & Varcoe, 2015). It is grounded in the assumption that "people are relational beings who are situated and constituted through social, cultural, political and historical communities" (Doane and Varcoe 2015, p.4). The popularity of an RI perspective is that it does not adhere to a specific philosophical underpinning or nursing way of knowing (Spadoni & Sevean, 2016); rather is oriented toward

the question of how to nurse within the complexities and the realities of the current nursing practice workplace.

Teaching RI concepts fully online is challenging in terms of helping students access a safe virtual relationship with self, peers, faculty, and the online environment to share challenging stories. Thus, we used four accessible pedagogical approaches including: creating a video or transcript; posting or replying to an article; joining a synchronized discussion; and participating in a non-synchronized discussion. It is important to note that we are associating RI with this course as not only an approach that mediates the content and substance around family nursing, but also mediates how students and faculty who are situated in different culture and context relate to one another online. Using faculty personal experiences and reflecting on the end of year Students Feedback Questionnaires (SFQ) report, the purpose of this paper is to describe and critique these four teaching-learning strategies. A more detailed reflection will be provided for one of these activities, specifically, the snowball discussion.

## ONLINE TEACHING STRATEGIES TO ENGAGE STUDENTS WITH RELATIONAL INQUIRY

As our nursing students are registered practical nurses (RPNs) and have some experiences with nursing; one of the pedagogical challenges for us, is creating a safe dialogue in an online environment that facilitate accessability and invites students to actively engage and weave RI concepts such as social, cultural, political and historical contexts of nursing practice. Promoting active learning; considering diverse student learning styles; as well as including various forms of feedback for students, are essential components of online teaching and learning (Levey, 2018; Topkaya & Kaya, 2014).

Subsequently, we use four accessible online pedagogy approaches to engage students:
1. Create a video. For example, during select weeks, we invite students to apply relational inquiry strategies and respond to a complex nursing situation and create a video (or transcript), ensuring specific RI concepts are integrated into their role play or stories.
2. Post and reply – Students post an article that stood out to them (e.g., in the news this week) or reply to a peer on the article their peer posted.
3. Join a synchronized discussion (e.g. similar to skype or a video conferencing that we call "bb collaborate")
4. Participate in a non-synchronized discussion (e.g. snowball discussion) in a small group (See Appendix A for details on evaluation).

**Strategy 1: Creating videos (or transcripts) with relational inquiry concepts**
Relational Inquiry (RI) invites readers to reflect about how context is embodied by people and think about how nurses understand the body. The western world sees the separation between the body and the mind (also termed "Cartesian view") and recognizes that the body cannot be "a knower" (Doane & Varcoe, 2015 p.149) and thus leads one to approach people as separate from their world. However, RI describes embodiment as the inseparability between mind, body and spirit (also termed "pragmatic view"). Thus, a client's emotions and feelings are as important as their physical signs and symptoms and "each time a nurse interacts with a person, he or she is engaged with the whole person and their life experiences as they are embodied in that person" (p. 150). To practice this pragmatic view, RI invites readers to be "in synch" (also called in tuned or "consciously participate") (p.83) with self, others, and the environment. This perspective invites learners to practice skills reflexively by being made aware of one's body movement, sounds, emotions, and reactions to self and places. To practice this skill of reflexivity and being in synch in our online course, students are invited to create a video and watch themselves. First, they develop a scenario whereby they have to assess a client as a whole person, use their smartphone to video record their roleplay of the scenario (or create a

transcript) and then watch their video (or review their transcript) and write a 200 word reflection. Students are given the freedom to include a peer or a friend to be the client in their roleplay.

Asking students to create a video (e.g. in the form of a role play or storytelling) and applying the RI " being in synch", helps both to engage students with the course content (Morisson, 2012), as well as relate to each other . There are two elements to this activity. Initially, students are shown a tutorial on how to make and upload a video. As online faculty teaching, we have found that it is important at the beginning of the course to provide information to students about the purpose of the videos and transcripts as well as the technical aspect of creating and uploading a video. Although for the majority of students the creativity level in students' videos was outstanding, as many chose to share their video with the class (e.g., all students chose to videotape their roleplay in our simulated lab and use costumes to make the scenarios look real; some also created a digital story with subtitles and background sound), a limited group of students discussed the increased amount of time it took them to coordinate making the video with their peers.  Furthermore, some informal feedback from students, during the first few weeks of the term, indicates that they are concerned about such aspects as not knowing how to make a video; the large amount of time anticipated to make the video; as well as the relevancy of videos and transcripts to this course. Considering diverse learning styles, in addition to role playing through a video, students have the option to choose to complete additional videos, transcripts or voice recordings. As these video links are posted in our discussion forum, they are only available for students in the course to review and use as feedback for their learning regarding specific course concepts. We have also found it beneficial that students receive some sort of mark or grading, for the completion of this activity.

## Strategy 2: Post and Reply to current in the news related to relational inquiry

Reflexivity is central to RI as it involves combinations of observation, critical scrutiny (asking why we do certain things) and conscious participation. In another word it involves paying attention to our environments and the use of language and labels. Engaging with the daily news can be a strategy to help students use the skill of reflexivity. In particular, inviting students to see how, why and what language is used in the daily newspapers to describe a particular family experiences with health and illness. Using newspaper and news reports have been demonstrated not only to enhance skills in reading, writing, listening, and speaking, but also raise students' social consciousness (Gardner & Sullivan, 2004; Semiu, 2010; Wilbur, 2013). Students are required to find two articles (e.g. newspaper, radio, etc.) during separate weeks, and in a one paragraph discussion, link it to the RI concepts taught the week that it is posted. They also post 2 replies to other students' postings during separate weeks. Although students also receive a participation mark from faculty upon completion of this activity, they are not given any formal evaluation from faculty related to the content or application of their post. However, other students' replies to students' posts may be considered a type of informal feedback from their peers. Additionally, it was observed that certain posts had more replies from students than others. For example, students posting interesting articles from the daily news, such as the struggles of the aboriginal/first nation community in Canada, often received several peers reply. Students receiving feedback in the form of a reply from their peers, help create better relationships between and among students in this online course, creating a community of learners (Morisson, 2012). Through informal discussion, students have shared with faculty that this participation activity is not as stressful and less time consuming to complete, in comparison to the video posts however, many students wanted to have faculty feedback on their effort. We have also observed during certain weeks (e.g. tests in our course or others) that fewer students post articles. It is recommended that students plan their weeks

ahead for posting replies, ensuring they are flexible if needed to post a reply on alternate weeks, due to lack of posts on some weeks.

## Strategy 3: Synchronized small group discussions

Helping students *consciously participate* in their everyday practice enable nursing students to more clearly see what's happening in their realities and make choices on how they will relate to self, others and the environments. For example, RI invite nursing students to listen to how the circumstances of individuals lives influence the choices they make and the choices available to them. Also, RI invites nurses to be mindful of how we tend to categorize people. While categorizing patient on the basic of acuity can be helpful in triaging care, categorizing can also strip the identity of a patient (Russell, 2012). Another example of the danger of categorizing is when people are labeled as *disable*. Definitions of *disability* vary: the medical model defines it as a *dis-ability*—the result of a physical condition intrinsic to the individual—whereas the social model identifies the person as being disabled by society. In this context, the impairment itself is not the problem; rather it is the environment that needs to be modified to support the person.[10-12]

We use an award-winning film, Sounds of Fury (Aronson, 2000), about a family with disabilities and secrets in families (Imber-Black, 2014) to engage students in a synchronized (live) discussion how through the skill of reflexivity they become aware of the categorizing and their consequences on the family when interacting with healthcare providers.

Several authors ascertain the value of combining synchronized and non-synchronized discussion in online courses to support inclusion and students' engagements (Huang, Lin, & Huang, 2012). In synchronized discussions, all participants are speaking together at the same timeline while in the non-synchronized format students can post, or reply at different times. The latter allows time to reflect and form a thoughtful response while reviewing the readings (Harris, Mishra, & Koehler, 2009). In our course, faculty randomly assign students in small group synchronized discussions that are held twice during the semester inviting students to be aware of the effects of healthcare providers labelling/categorizing family. Students receive a participation mark by attending the session on time and actively participating in the discussion. Informal feedback from students has been positive, with students citing that they find the synchronized opportunity to interact with peers and faculty valuable. Students also like the flexibility of this strategy as they may participate from any location, providing they have a strong internet connection. In fact, some students have indicated that an additional online synchronized discussion with faculty and peers would be beneficial to their learning as some felt there was not sufficient time to include all students in the discussion.

## Strategy 4: Non-synchronized Snowball Discussion

Relational inquiry invites us to *consciously participate* by recognizing the meaning (they call it the **hermeneutic lens**) and the power differences (**critical lens**) that plays out in people life circumstances during health and illness experiences (Doane & Varcoe, 2015, p. 81). In order to facilitate students' engagement in RI lenses, students were randomly assigned to small group. The classes (n-30 x 4 sections= n-120) are randomly assigned by the computer for our snowball discussion in small groups of 5-7 students. Not only do we use these groupings for the snowball discussion, but we also use them for the synchronized discussions, thus, further providing opportunities for students to get familiar with each other and connect with their group in a safe environment. We feel that creating small groups to answer the snowball discussion support a safe environment for students to collaborate as opposed to posing the question to the entire class (it is easier to reply to 5 than 60 students). Some authors advocate using more group collaboration activities to improve critical thinking and problem solving

(McKeachie et al. ,2000). In their small group students are asked to respond to a scenario and explore it thru the hermeneutic and critical lenses, just like they might play with a new camera. For example, week 1 we ask students about a client visiting the emergency room who was identified by healthcare providers as homeless. We asked students to reflect on the scenario and describe what comes into mind if they frame the picture of the client from a critical lens? In this snowball discussion, the first student answers the question and sets the stage in his/her response for the rest of the group. Each student thereafter, responds to the previous post(s) and adds a new answer idea to the question, thereby at the end we get a rich response that integrates various aspects of how RI lenses help nursing students consciously participate and see the whole person. This snowball discussion is a dominating weekly online strategy we use to engage students in an ongoing small group discussion and thus faculty give written feedback (25% of total course grade) to each student's snowball discussion posting (See Appendix A for a detailed evaluation for week 1). Each new snowball discussion story starts on the Monday morning and ends Friday (See appendix B).

This online snowball discussion strategy is grounded in the Think-Pair-Share (TPS) classroom discussion strategy (Lyman,1981). Think-Pair-Share is a collaborative learning strategy in which students work together to solve a problem or answer a question about an assigned reading. This technique requires students to (1) **think** individually about a topic or answer to a question; and (2) **share** ideas with classmates (Bounds, 2013). McCall, Holly, and Rambaldi (2006) argued that the Think-Pair-Share is an equity pedagogical best practice because it provides students with (a) think time, a period to reflect and compose their answer, (b) behavioral rehearsal time, a period to practice stating their thoughts with a classmate, and (c) safe options including sharing the thoughts of a learning partner. The research on Think-Pair-Share is compelling in that it encourages increased student participation, and higher levels of student critical thinking and questioning skills (McCall, Holly, & Rambaldi 2006).

### STUDENTS' RESPONSES TO SNOWBALL ASSIGNMENT: FACULTY'S PERSPECTIVES

All students engaged within the appropriate timeframe for the snowball discussion posting promptly. However, we have received some anecdotal feedback from students who explained that some group members always posted first or some posted later in the week and created an uneven distribution of time to reply during that week.

We are providing a more detailed reflection about a sample of a small group of 5 students' responses in relation to the evaluation grid (see Appendix A) including, how students reply to each other and add new information; answer the question; include literature; and connect ideas to their readings and additional literature, in the context of relational inquiry. Faculty have obtained permission by students to share their ideas. By using the evaluation grid headings, we grade the assignment.

The first criteria in the evaluation grid asks students to reply to their peer by adding new ideas/information. We find that the skill of adding and replying is confusing to some students. Almost all students used words such as "I agree"; "that's so interesting" in their reply. Many students interpreted the reply to repeat what was said by the previous student. For example, within the framework of a 300-word response, many of the students echoed the students' previous ideas using between 80-100 words. For example, student 2 replied by repeating the previous post as followed:

> *"I agree that the relational inquiry "Strategy 1: Relate to What is" applies to this scenario as this "hard spot" had the emergency room nurse really neglecting the patient when she labeled him (critical lens). I also agree with your idea of the important of being conscious and trying to put ourselves in patient situation*

*(hermeneutic lens because understanding patients; meaning) and asking if I was the patient would I want me as my nurse. You really raised and interesting point."*

However, despite several students repeating previous responses, there is a group of students that replied by challenging and critiquing the previous post. For example, student 4 started her response by saying

*"Thanks for your reply you raised good points and I liked the example of the chipped cup but to be honest I felt you were citing the entire page and you really did not add to the previous two students' ideas within relational inquiry strategies. Maybe it is not entirely your fault because many of Doane and Varcoe strategies overlap. For example, the first post spoke about being conscious feeling empathetic to patient, the 2nd highlighted eliciting colleagues support and you are focusing on responding with compassion (it is part of the 5C discussed by previous student) but you did not clarify how? What should we say that is compassionate and address the bias; can nurses always be compassionate when we are tiered and overworked (my critical lens)"*

Similarly, student 5 critiqued and challenged the previous student in her reply. For example,

*"You have made great and interesting points. I liked how you reviewed all the students posts so far and moved away from focusing on how the nurse was blaming and judging the patient (critical lens). You also stated that it does not show a professional level of client centered care. Yet we must recognize the wrong doing of a nurse (maybe this is more a critique to Doane and Varcoe)."*

Thus, both Student 4 and 5, not only critiqued the previous student, but also replied to Doane and Varcoe (2015), arguing that many of their relational inquiry strategies were Overlapping and nurses sometimes are in powerless positions to do anything.

Although asking students to recognize RI lenses (e.g., hermeneutic/meaning and power differences) in an online course with 120 students is challenging, this snowball discussion post and reply teaching strategy creates opportunities for students to apply RI lenses and consciously participate. Yet, the majority of students experienced difficulty engaging in recognizing the lenses, particularly the critical lens, and tended to only describe. Many students used direct quotes from the text in such short discussion response. For example, student 3 used several direct quotes and student 4 critiqued them saying

*"Thanks for your reply you raised good points and I liked the example of the chipped cup but to be honest I felt you were citing the entire page"*

## DISCUSSION

By using stories of diverse families' culture and context, relational inquiry acknowledges nurses' workplace realities, then offers students ways to navigate this complexity as well as offers faculty ways to share teaching and learning experiences with others. Thus, Relational Inquiry associated with this course is not only an approach that mediates family nursing content, but also mediates how the students and faculty related to self, others in the online environments. Thus, the purpose of this paper is not only to describe four accessible pedagogy approaches we included in our online course but also report students' and faculty experiences from a RI perspective.

In this paper, we share four accessible pedagogy approaches (e.g., Create a video, Post and reply; Join a synchronized discussion; Participate in a non-synchronized discussion) that we integrate in our online family health course to engage the diverse learner. These four strategies highlight key themes around strengths and challenges related to teaching and learning online

such: giving diverse forms of feedback and workload. These four strategies allow students to engage in small group circles. We feel that creating small groups facilitate accesability and support a safe environment for students to collaborate, rather than having to pose questions to the entire class (it is easier to reply to 5 than 60 students). Some authors advocate using more small group activities in online courses to improve critical thinking, and problem solving (McKeachie et al. ,2000). The integration of these four online inclusive pedagogy approaches allows students to experience how to relate to others when giving and receiving feedback (Levey, 2018; Simon et al. (2007). For example, the synchronized discussions are conducted in smaller groups and the engagement with students and faculty is a form of immediate feedback. However, with other pedagogy approaches, including creating a video, post and reply, immediate feedback from faculty is not formally given. Rather, for the posts and reply, students are asked to give their peer feedback in the reply section of this assignment. Despite this, not all students receive a reply from their peers to their post because students are given choices to which they want to reply. Furthermore, faculty do not monitor each student's appropriate post and reply but do provide a detailed formal evaluation on the snowball discussion (Appendix A).

Using the skill of reflexivity and paying attention to "what you are doing/feeling/thinking" from a critical lens (Doane & Varcoe, 2015, p. 83) we use RI to also consider whether it is pedagogically ethical to ask students to do an assignment without faculty reviewing and monitoring the content. Should feedback be re conceptualized in online courses? Nursing educators teaching clinical skills are aware that giving students feedback (also called debriefing) is paramount to learning. Yet asking students to do an assignment and invest time and effort with no response from faculty, other than providing a participation mark, may be somehow unfair. At the same time, with the increased number of students in our online nursing core courses, how can faculty feedback be provided online? Spadoni and Sevean (2015) remind us as nurse educators to re-direct our attention from "content" to the "ontology of the student (his or her own way of being in the world)" (p.22). They emphasize Doane and Varcoe's value within relational inquiry of attending to the spirit and invite the learner to tell their stories. For Spadoni and Sevean (2015) faculty feedback on everything the student say or do not say is not important but rather creating a safe space for students to tell their stories and speak about their experiences, and hunches to their daily life.

In this paper we describe how through four pedagogy approaches we facilitated students' accesability and engagement when weaving RI lenses (critical and hermeneutic). A challenge we faced is navigating the thin line between offering diverse assignments and workload. For example, although several authors highlight the advantages of students' making videos for their learning (Morisson, 2012), many students had challenges. Majority of students expressed satisfaction when using the video, yet small number of students found the video to be time consuming not only because of the technical challenges or having to coordinate with other students, but also because some students do not feel comfortable being in front of a camera. In the course evaluation, several students alluded to the increase workload in relation to these 4 approaches. In particularly, students felt they "worked hard" but did not get feedback.

Kember (2006) conceptualized the workload in his qualitative study as a silent and sometime very complex, influenced by emotion, ethics course content, difficulty, type of assessment, and the nature of the teacher–student and student–student relationship.

Students' workload in online courses has been recently at the fore front. In the United States and Canada, free access to the Massive Open Online Courses (MOOC) system has increased dramatically, with the intention of providing elite college instruction to anyone with an internet connection (Liyanagunawardena, 2015). However, while MOOC enrolls millions of

students around the world, a recent independent review reported that most students never start a single assignment, and very few complete these courses (Zhenghau, 2015). As early as 2014, a piece in The New Yorker (Konnikova, 2014) illustrated that there has been an increase in online private tutorials (for example, EdX, Udacity), clearly exposing students' struggles in online courses and the need for additional support. Although limited, there is some discussion in the existing literature regarding student workload in the context of interaction time as well as time on task (Phillips, Schumacher & Arif, 2016). Indeed, no two students will take the same amount of time on any given task, and therefore time on task guidelines were intended for the average student (McLain, 2005). Kember (2006) emphasizes that time is only one factor in understanding student workload.

Student workload can also be conceptualized using the cognitive load theory. Literature on the cognitive load theory and online course design regarding students' cognitive loads is replete (Chen, Dore, Grierson, Hatala, & Norman, 2014). We argue that cognitive load constitutes an integral part of students' silent workload. This includes intrinsic cognitive load—that is, the idea that all instruction has an inherent difficulty associated with it.

For example, a nursing practicum course necessitates medication calculations, a family health course requires connections to ethics and abstract concepts. While intrinsic cognitive load may not be altered, or eased by the instructor, extrinsic cognitive load can be altered. Extrinsic cognitive load relates to instructional features and assessments that are not beneficial for learning. This form of cognitive load is generated by the manner that information is physically presented to learners (i.e., the design, visuals, sounds, make a video, transcripts). Several authors studied how clarity of faculty instructions affect students' cognitive load (e.g., worked example effect) (Chen et al. 2014). Thus, when students experienced excessive cognitive load, they did not perform well. Finally, Germane cognitive load refers to the cognitive load that the instructor needs to promote; for example, variability effect or comparison and key principles (Atkinson, Renkl & Merrill, 2003). While Extrinsic cognitive load interferes with learning by unproductively overtaxing working memory, Germane cognitive load promotes acquisition into long-term memory (Debue, & Van de Leemput, 2014).

Perhaps the next step is to explore students' perspectives on how these four assignments (1) Create a video, (2) Post and reply; (3)Join a synchronized discussion; and (4) Participate in a non-synchronized discussion engage them in learning or overloading them with information.

Using various teaching and learning strategies to support students' accesability and engagement, including the diverse learner, has been our goal in this online family health course. We acknowledge that this paper is anecdotal in nature, however online accesability pedagogy approaches rigor commences with transparency through ongoing faculty sharing and critical reflection (Delgaty, Fisher & Thomson, 2017). We shared the four diverse approaches that we use in our online course. We also reflected on the extent of faculty feedback on students' posting and the thin line between engaging students and increasing workload.

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