Excellence in Online Teaching Award

Return completed applications by March 16, 2015 to:
Gail Rathbun, CELT Director at rathbun@ipfw.edu

Cover Sheet

The Nominee

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Department: Nursing
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The Nominator (If applicable. It is the responsibility of the nominator to inform the nominee)
Name: ________________________________
Title: __________________________________
Department: ___________________________

Nomination Summary: (to be completed by the nominator or by the nominee if self-nominating). In no more than 100 words, summarize the nominee’s accomplishments and state why the nominee deserves the award.

I am self-nominating myself for the Excellence in Online Teaching Award. Since starting with IPFW I have transformed my class from in class to complete online instruction. I have used avatars and iMovie to create case studies to engage student online learning and to meet all course objectives. I received a DECCO grant to allow my students to use iPads during the semester in which they create their own case studies using iMovie and interact with myself and other students using Face Time. These various types of interactive learning has increased student satisfaction with the online environment.

Heather Krull  3/23/2015
Signature of nominator (nominee if self-nominated) Date
Application for 2015 DECCO Award for Innovative Online Teaching
Heather Krull, Assistant Clinical Professor of Nursing

PART I: GENERAL DESCRIPTION OF ONLINE COURSE TAUGHT (NUR 532-ACUTE ILLNESS: ADULT-GERONTOLOGY HEALTH PRACTICE)

Acute Illness: Adult-Gerontology Health Practice is a graduate course for the adult nurse practitioner program. This class is a 3 credit hour course. It is taken along with NUR 533 which is the clinical portion of the class. This course builds upon pre-requisite courses including advanced pathophysiology, physical assessment and pharmacology. The adult nurse practitioner student (ANP) must take that prior knowledge and learn to diagnosis and treat acute illnesses for 532. They then apply this knowledge during the 533 clinical preceptorship in which they treat patients in office settings.

I have been teaching this course since I started IPFW in 2010. When I first started teaching this class it was in class. As the demographics of the nurse practitioner program changed the class was switched from in class to hybrid to completely online. I had to transform all the material to meet course objectives and student expectations during this process.

I have attended the CELT online instruction workshop and received the certificate for online learning. From this workshop I used the information and redesigned my class and have incorporated various types of technology to engage students. This includes the use of iMovie and avatars to present case studies. The use of this technology for case studies allows for a more real patient scenario then the old paper case studies. I also use Face Time to have students interact with each other and myself. I also received a DECCO grant for students to borrow iPads to have access the required applications. Last year I had CELT complete a class evaluation. Worth Weller, a CELT approved online course reviewer, agreed to complete this for me. I reviewed his recommendations and made changes to continue to improve the online experience for my students.

I would like to be considered for the DECCO Award for Innovative Online Teaching for the changes and innovations I have added to the course to help motivate and engage students in the online environment.

PART II: DESCRIPTIONS OF THE ONLINE TEACHING APPROACHES UTILIZED

NUR 532 covers human body systems learning to identify acute illnesses affecting these body systems. They then formulate a diagnosis, treatment and education plan for the patient. Students learn that taking a good subjective history from the patient helps focus on the physical examination along with correctly formulating the diagnosis. This is one of the hardest concepts for the students to learn thus the need for case studies. A great deal of this class requires memorization of treatments but they have to be able to critically analyze patient signs and symptoms to apply the knowledge of the treatment.
Course Objectives and Topic Outline

1. Incorporate knowledge of epidemiological, family, community, and health promotion theories into the primary care of adolescents and adults with acute conditions.

2. Examine commonly occurring acute physical and mental health problems in adolescents and adults.

3. Identify disease prevention and health promotion for adolescents and adults with acute healthcare problems.

4. Analyze acute health problems in adolescents and adults to promote health, activities of daily living, quality of life and reduce morbidity.

5. Integrate evidence-based practice standards in the care of adolescents and adults with acute conditions.

6. Use legal, ethical, and professional nursing standards as they apply to promote health and well-being of adolescents and adults with acute conditions.

7. Analyze acute conditions commonly found in adolescent and adult populations.

8. Distinguish between resources available in various community settings within a culturally sensitive context.

Topical Outline:

I. Neurologic Problems
II. Skin Problems
III. EENT Problems
IV. Respiratory Problems
V. Cardiovascular Problems
VI. Abdominal Problems
VII. Renal Problems
VIII. Men’s Health Problems
IX. Musculoskeletal Problems
X. Hematologic and Immune Problems
XI. Psychosocial Problems
XII. Emergency Problems

The graduate course objectives were met by utilizing various instructional methods. The use of case studies met all the above objectives. Each week a different type of patient was used to incorporate cultural diversity. The learning modules were designed the same to lessen student frustrations and provide ease of use. The course design was learned during the CELT workshop. Each module contains a video introduction of myself, the lecture, supplemental material (if applicable), a case study with discussion, and a weekly quiz.
1. **Introduction video**

One of the suggestions from Worth Weller was to make my class more personable by videotaping myself reviewing the upcoming week. I used iMovie to tape myself explaining what objectives they should meet during the week and any additional information needed to have a successful week.

2. **Lecture**

PowerPoint was used to present course material in NUR 532. The lectures cover the information needed to diagnose and treat acute illnesses. I had used iMovie, voice over lecture, and PowerPoint within a single class to present lecture material. I surveyed the students to which method of instruction they preferred. It was unanimous they preferred the PowerPoint presentations. With the amount of material they found this method easier as they could print and carry the information with them to apply to their clinical experiences. I have embedded avatars within the PowerPoint lectures to define or expand on material. The below avatar is explaining verbiage used for a skin condition.
3. **Case studies**

Case studies play a vital role in educating nurse practitioner students. Case studies require the students to use critical thinking skills applying the knowledge they gained from their lectures. Students view the case studies then go to their groups to discuss their diagnosis, treatment and patient education. I assign students into groups of 4-5 students. I applied knowledge gained from CELT that groups any larger than this will overwhelm the students and they are less likely to view other responses. I do not require students to respond to other students in the Discussion Boards. I have found this is frustrating for students that want to work ahead and have to wait for other students that might post at the last minute. I have found that students typically reply to other posts commenting on areas they might have missed or questioning students thought processes. Below is a picture of an avatar and an iMovie case study that I created for NUR 532.
The first half of the semester I present the case studies and lead the discussions. The second half of the semester the students use iMovie to create a case study based on an actual patient encounter from NUR 533. They are also responsible for leading the discussion for their assigned week. They are able to complete this assignment due to the DECCO grant which supplies iPads to my class. The iMovie application had been downloaded to all iPads used by the students.

4. Quizzes
Quizzes are based on questions they would encounter during their board certification exam they take upon graduation. Each week the quiz focuses on the body system covered for the week. When I first taught the class I only had a quiz every third week. Students expressed an interest in having weekly quizzes to have additional practice with these types of questions. Student reflections have shown positive feedback with the changes. Students also complete a mid-term and final exam.

PART III: EXAMPLES OF WELL-DESIGNED COURSE MATERIALS WHICH EMBODY EFFECTIVE TEACHING STRATEGIES

I believe the case studies I created for 532 play an important role in the application of knowledge for the nurse practitioner students. When I started teaching this course the previous instructor used paper case studies. The students were given the written material needed to diagnose and treat the patient. The students did not need to listen to the patient complaints and discern what information was pertinent to obtain their answer.

1. Acute Skin Case Study
This is one of the first case study completed by the student. The student is able to view the subjective history (the patient complaints) and questions posed to the patient. I provide the questions for the students the first week to demonstrate appropriate questions. They are also given a picture of the rash. From this given information they complete the assignment and post to Blackboard. Learning to use critical thinking skills and applying knowledge gained in lecture meets the course objectives for this course. Below is a student submission for the case study. At the bottom of the discussion you will see additional questions the student
asked me to clarify information about the case study. The student response is included to demonstrate the critical thinking skills needed to complete the assignment.

My first thought in reading this case study was to immediately make a diagnosis of pruritus and rash due to bed bug bites. Then I started thinking about whether or not bed bugs even exist in the desert and then about sand fleas, etc. So … I looked up bed bugs a little more extensively. According to the Armed Forces Pest Management Board Technical Guide No. 44 “Bed Bugs: Importance, Biology, and Control Strategies,” it would seem that heat is a problem for bed bugs. In fact it has been used to control them since the early 1900s “by heating infested rooms or whole buildings to temperatures >45°C (113°F), the thermal death point for the common bed bug.” Unfortunately, there is a tropical bedbug that can withstand higher temperatures (like the desert), so bed bugs may still be the culprit. Sand fleas are unlikely, however, because their bites, although they may be painful and cause pruritus, are typically painless and not pruritic. Symptoms of serious complication from sand fleas bites can take months to years. A problem that has plagued troops in Afghanistan in recent years and which can be very serious is Leishmaniasis, a parasitic disease, which is spread by the bite of infected sand flies. There are several different forms of leishmaniasis. The most common forms are cutaneous leishmaniasis, which causes skin sores, and visceral leishmaniasis, which affects several internal organs (usually spleen, liver, and bone marrow).

Primary Diagnosis:

My primary diagnosis for this case remains bed bug bites. Bed bugs typically feed at night and are spread easily in close personal quarters such as within the tents these soldiers are living. They can survive a year or more without feeding, and tropical bed bugs can withstand high temperatures. The bites themselves are essentially painless (which would be why the soldier did not suspect insects). However the subsequent allergic reaction is what causes intense pruritus. Bites often are noted in linear groups of three, “breakfast, lunch, and dinner”, groups. The soldier’s bites do not exactly fit this pattern, but the bites may be from several subsequent nights.

Differential Diagnoses:

A close second choice for my primary diagnosis was scabies. The other possible differentials for this case include other types of insect bites/spider bites, impetigo, and contact dermatitis (although unlikely as he has been keeping this area of the rash well covered except while sleeping).

Scabies is also a strong possibility in this particular situation because it also occurs in situations in which humans live in close conditions (i.e. institutions, children in day care, young adults in dormitories, etc.). Army barracks obviously fit this category.
Epidemics have been associated with war, overcrowding, etc. As with this soldier, patients complain of intense itching that is usually more severe at night. The earliest signs of classic scabies are small, 1 to 2 mm, papules that are frequently located in the interdigital web spaces, wrists, anterior axillary folds, periumbilical skin, pelvic girdle, penis, and ankles. These may not occur for several weeks after primary infection. Intraepidermal burrows may also be seen. This patient’s rash is located on the lower legs and ankles which possibly is congruent with scabies but the papules seen are red and do not have whitish nodules with black specks consistent with the intradermal burrows of scabies (Dunphy et al., 2011).

Treatment:

Bed bug bites
Medical care depends on the patient’s clinical picture. Bed bug bites do not necessarily require treatment unless a secondary bacterial infection such as impetigo occurs along with them due to scratching and excoriation of the skin. Symptomatic treatment would potentially include corticosteroid creams such as topical triamcinolone 0.1% cream and oral antihistamines (as non-sedating as possible considering the patient’s occupation). Topical antibiotic creams or ointments such as Bactroban (mupirocin) may be needed for secondary infections and Hibiclens (chlorhexadine) may be helpful to use as an antiseptic. Oral antibiotics useful for a secondary infection such as impetigo would be dicloxacillin or erythromycin.

The situation of this patient, living in the desert in an army barrack, will make it difficult to eliminate the bed bugs. If available, permethrin or diethydtoluamide are sometimes effective insecticides for bedbugs, although resistance is increasing. Thoroughly cleaning the barracks, checking mattresses and furniture for bedbugs and washing bedclothes and all clothing in hot soapy water and drying in a hot dryer would be advised. Although it is hot, the soldiers should wear nightclothes that cover as much of their skin as possible. It will be important for all of the soldiers to comply because if one does not the bed bugs will return.

Education:

The soldiers should all be educated as to what bed bugs look like, where they hide, and the usual appearance of the bites. They will need to know that they may notice blood spots or fecal spots from the bugs on the sheets in the morning and that their may be a characteristic pungent and musty odor noted if the infestation is large enough as well.

They should also be aware to try not to scratch the bites as much as possible to prevent secondary infection, but if signs of a bacterial infection (such as erythema,
wheals, vesicles, urticaria, and bullae) do ensue, to seek further treatment to prevent further complications such as cellulitis.

Additional Questions:

Have you had a fever, body aches, chills, night sweats?
Has anyone brought any new items into the barracks recently (i.e. a trunk of clothes, new linens, new uniforms)?
Did the rash start with several “spots” or just one? Has it increased daily? Has it changed in character? How much have you been scratching it?

2. Student led case study on an acute immune disorder
During the first week of the semester students sign up for a week to present their case study. Each week has a certain body system that is covered and the case study must relate to the body system. This assignment requires students to interact with classmates and be responsible for leading the discussion and answering any questions from the student or myself about the study. The case study assignment description, directions and examples are supplied to the student. The students download their videos to Vimeo. Vimeo was chosen because it has privacy setting that only allow my students to view the videos. I then download the video into Kaltura then embed the videos into the Blackboard Discussion Board for the student.

Assignment Description
You will create a case study based on a patient you have seen during your clinical hours that is relevant to acute care. There will be two parts of this case study. The first part includes the chief complaint, subjective and objective history. The objective history should also include findings from the assessment including any labs or diagnostic tests that were performed. (If they had a rash or any other type of abnormality that you can provide a picture of do so.) The second part includes the diagnosis, differential diagnosis, treatment and education. You will use your IMovie app to make this movie. The second part can just be PowerPoint slides with the answers. I have instructions on IMovie posted. I will provide a Video account to submit your videos.

3. You will be divided into two groups. You will present to your group. The presenter will be responsible for leading the discussion and answering questions for their week. The presenter will have the first part posted on Monday of the week it is due. The presenter will then post the second part on Saturday of that week. The non-presenters need to have their answers posted by Friday. The non-presenter needs to present their information in SOAP note form. The presenter will answer any questions you might have. If you have any questions email me.

4. The points will be scored for completeness of each section
5. Chief complaint/subjective information-10 points
6. Objective information including diagnostics-10 points
7. Differential and diagnosis-10 points
8. Treatment and education-10 points

8
9. Presentation-10 points

For this week this student was responsible to present on an acute disease related to either the hematology or immune body system. I have downloaded a copy of this to view.

Below is a student response to the case study. The student that leads the discussion reviews each student response and makes comments in the Discussion Board about their posting. All the information obtained to complete the case study is obtained from the iMovie presentation. Students respond to the case study using SOAP note formatting. This stands for subjective, objective, action and plan. This formatting allows the student to organize the information and formulate their diagnosis and treatment plan. Again this example represents the amount of critical thinking that is applied to each case study response.

Heme/Immune Case Study Discussion

Sydney, a 15 y/o Caucasian female presents to the clinic with c/o fatigue, intermittent fevers, sore throat, swollen lymph nodes, headache, myalgia, arthralgia, and a rash on her abdomen that began a few days ago. Additionally, she was seen at a walk-in clinic 10 days ago with c/o sore throat, where she was prescribed amoxicillin for possible strep throat despite completing a rapid strep test.

Medical Hx: Vocal cord dysfunction associated with participation in sports (soccer)
Surgical Hx: Maxillary labial phrenectomy, age 3
Social Hx: Denies alcohol, tobacco or illicit drug use
NKDA
Family Hx: Father: alive and well w/ seasonal allergies; Mother: alive and well w/ GERD and seasonal allergies; Brother: age 21, asthma
Medications: Amoxicillin (prescribed 10 days ago), MTV PO daily, Clindamycin Phosphate/Benzoyl peroxide gel 1.2%/5% applied topically @ HS for mild acne

Review of Systems
VS: 110/62 R 18 P 84 T 99.1F (orally) HT: 5’2” WT: 129lbs BMI: 23.6
Patient presents with a c/o fatigue, intermittent fevers, sore throat, swollen lymph nodes, headache, myalgia and arthralgia lasting several weeks. She has also noticed a rash on her
abdomen that began three days ago. She went to a walk in clinic ten days ago for c/o sore throat, where she was prescribed amoxicillin for strep throat, although no rapid strep test was performed. She denies shortness of breath, rhinorrhea, post nasal drip, sinus tenderness, or ear pain.

**Objective**

General appearance: 15 female, Sydney, who is awake and alert to person, place, time and situation.
Cardiovascular: RRR S1 S2, no murmurs or gallops
Respiratory: Lungs clear to auscultation
Abdomen: bowel sounds active, non-tender. No palpable masses or hepatosplenomegaly.

**Diagnostics**

CBC:
- WBC 18590
- Neutrophils 39%
- Lymphocytes 27%
- Atypical lymphocytes 22%
- Monocytes 11%
- H/H 13.5/45
- Plt 397
- AST 80
- ALT 112
- Alk Phos 347
- Bilirubin 2.8
- Albumin 3.6
- CMP: Normal
- Heterophile Antibodies: Negative
- Throat culture: Pending
- EBV: Pending

**Assessment**

Differentials:
1. Strept infection—this is not Sydney’s dx, as her strept culture was negative
2. Diphtheria—an infectious upper respiratory infection caused from a bacterium. Spread by direct physical contact or breathing aerosolized secretions of infected individuals. It’s likely Sydney does not have this d/t vaccines available, and no report of being around any infected individuals.
3. Roseolla—temporary, viral illness most common in children 6-24 months in age. Symptoms include eye redness, fever, sore throat, and a rash immediately following fever. Sydney’s fever and rash do not seem to correlate.

Diagnoses:
1. Infectious mononucleosis—an acute illness from EBV, and occurs mostly in adolescents and young adults. Symptoms include long lasting complaints of fever, sore throat, tender cervical lymph nodes, arthralgia and myalgia. Infectious mono occurs from an
acute infection with Epstein-Barr virus. Occasionally, a rash located on the trunk or upper extremities is noted. Additionally, a rash may occur following antibiotic therapies, which are often prescribed thinking the illness is bacterial in nature. Sydney was prescribed amoxicillin for a strept infection. Sydney’s atypical lymphocytes were 22% (0-1%). This is a finding probable of EBV infection.

**Plan**
1. NSAIDS
2. Tylenol
3. Salt water gargle for throat irritation
4. Throat lozenges
5. Hydration

Educate importance to avoid contact sports for at least 4 weeks, or longer. Avoidance of alcoholic beverages for 3 months. No blood donation for at least 6 months, and no sharing of saliva (kissing).

After the students submit their responses the student leading the discussion posts a PowerPoint reviewing the answers and rationales for the answers.
PAR T IV: EVIDENCE OF EFFECTIVENESS IN ACHIEVING DESIRED LEARNING OUTCOMES IN THE ONLINE COURSE

Each semester assign a reflection paper to be completed by the student. I ask questions about any new ideas applied during the semester and also about the case study assignment. Completing the case study using the iMovie was begun this year with the support of the DECCO grant. For this semester the below questions were asked of the student. I take this information and make changes for the next semester.

For this paper you will answer the following questions about 532/533

1. What did you learn by creating your case study?

2. Any suggestions on what changes could be made to improve the class?

3. What parts of the class did you enjoy?

4. Did the Blackboard Preceptor Site help streamline your process for paperwork and finding a preceptor? If not what could be improved.

5. Did you find the weekly quizzes beneficial? This was a suggestion from last semester.

Below is an example of a student response. This response reflects the responses of the majority of students. I deleted the response for question #4 since it does not pertain to this specific course.

532/533 Reflection Paper Fall 2014

Case Study

The case study assignment was beneficial in many ways. On the most obvious level, it allowed me to learn in depth the specific characteristics of a certain disease process/condition (in my case, infectious mononucleosis). Every aspect was covered - from the presentation to the diagnostic tests to order and the expected results of such as well as the differential diagnoses, possible treatments and ways to educate the patient. I also was able to benefit from the research of my classmates as well and learn about other acute disease states or conditions through their case studies. The case study assignment allowed me to learn about how to effectively teach using a multimedia method, the iMovie, and refreshed my proficiency with the use of PowerPoint as well. This general knowledge will be helpful in future practice when preparing education for colleagues and/or students as well as for patients and families.

Changes/Improvements to 53200

The only major change I would like to see made with 53200 (and probably with 54200 as well) is in use of the text. I have found that I need to spend a lot of time re-familiarizing myself with anatomy and physiology concepts (pathophysiology was the first class I took in the masters program) while doing the reading for each module, because there are no diagrams or pictures in the text. The text is very large (and, to be honest, heavy), so I wouldn’t necessarily want all of that incorporated into it; it might be nice if
there was a supplemental paperback text that follows the chapters being studied with pictures and anatomical diagrams of the pertinent conditions/disease states. If students could have something like that to refer to while doing the reading, it would be much more efficient than trying to look it all up (or not doing that because of time constraints even though it is really necessary to understand the concepts).

Parts of Class I Enjoyed

53200

In looking back through everything we have done this semester, I believe the parts of class I have enjoyed most are the supplemental videos that are included with the readings for each week, because they explain complex topics a bit more clearly. I have also enjoyed the parts of the readings in which I have “aha” moments and finally understand the “why” behind something I may have known for a long time but only as fact without insight. It seems I have a lot of those.

Another favorite area for me was interpreting classmates’ case studies. I like trying to piece clues together like a puzzle to figure out the diagnosis. I guess I am a person who likes to sift through the details and understand things in more depth.

play as well with most patients. I particularly enjoyed explaining health conditions to patients and making sure they were receiving as much in the way of preventative care as possible. It was also very nice to personally go over my thoughts about each patient with the physician. This enabled me to find out in what ways I was analyzing the appropriate information and what I was missing in my analysis when working toward a diagnosis and plan of care.

Quizzes

The quizzes may be helpful in preparing us for the types of questions we will receive on boards, but I found them a little frustrating at times. I would study everything assigned in the module and still miss several questions because they were based on things not directly covered in the course material. Mostly, some of my scores just scared me about how I will do when I take the boards. Even looking up the answers in research articles, etc., I still managed to get quite a few wrong. Frequently, I still thought I had them right even after seeing the correct answers (from the information I had been able to find). It will be interesting to see what I am able to find when I begin to research these questions in more detail for my make-up quiz points.

I understand the purpose of such preparation, I am just glad we have a chance to earn back a few of the points. The quizzes have also convinced me to take advantage of any board preparation opportunities I receive as well as to seek these out on my own.

Course evaluation:

For our department we complete an annual faculty review. We chose questions that best reflect the course objectives.

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<th>Q2</th>
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Student Evaluations of Credit Courses and Noncredit Courses

You are to choose 5 questions from the evaluation instrument used in your discipline that strongly evaluates your teaching effectiveness.

Q1 Course content and activities supported the learning objectives for the course
Q2 The instructor was available for help and additional explanation of course materials within a reasonable time
Q3 Clinical experiences illustrate guidelines for ethical/professional behavior
Q4 The timeliness of instructor feedback on exams and assignments
Q5 The course overall

(My students filled out different evaluations for classes. I tried to match questions as able)

532 comments:

1. Heather is so intelligent, helpful, calm, appropriate, and humble in combo with being assertive.
2. A very organized teacher-the best

PART V: EVIDENCE OF LEARNER ENGAGEMENT

After the class was transitioned to online instruction it was difficult to bridge the gap between in class interaction and online interaction. I decided to start using SKYPE to interact with my students throughout the semester. I first tried to do this on a bi-weekly basis which proved to be stressful to both the student and myself trying to schedule times. Once I received the DECCO grant we switched from SKYPE to Face Time. I met once or twice with the student during the semester to answer questions and review assignments. If the student needed additional meetings I was more than happy to accommodate.
Students also used Face Time to interact with each other twice a semester. They would complete a case study in which one student would pick an acute illness and act as a patient. The other student played the role of the nurse practitioner. Both had to be equally prepared and understand the disease process. I had students reflect on this assignment in the past and they enjoyed completing the assignment. They also noted the conversations usually went beyond the assignment and engaged in conversations about clinical experiences and formed bonds with other students in the class. I tried to switch pairings every semester to have the students interact with other students. Below is the description of the assignment that is in Blackboard.

You will complete a case study with your partner. The person who is the patient will pick an EENT disorder that is covered in your reading assignment and answer subjective and objective questions for the nurse practitioner while using Face Time. If you have abnormal objective findings and can show pictures that would be great. The nurse practitioner will have to determine differentials and a diagnosis for the disorder you (the patient) are presenting. Together you will determine the treatment and education for the patient. The nurse practitioner is responsible for posting a SOAP note (don't forget differentials and why you excluded them) about this case to the discussion board. We will switch roles for the next case study.

Each week I respond to the student’s case study responses. I always send a group message each week to the class to provide the correct answer. I also remind them of any important information needed to be successful or answer questions posed to me. I try to answer all student emails within 24 hours. If a student is having difficulty finding the diagnosis I will send that student a personal message to help understand their thought process and why they had an incorrect answer. Unfortunately I do not have documentation since the majority of my interaction is done via email or Face Time. I do not like to respond to the discussion board unless it is a positive comment or a group message. I do not want the student to be embarrassed if their answer is incorrect and have other students able to view my response to them. Students do respond to each other and make comments to the discussion board even though this is not required.

Engagement for this class achieved by the use of Face Time, Discussion Boards, cast study assignments and email communication. Course evaluations reflect evidence of this being met.
MEMO

TO: Gail Rathbun, PhD, Director of the Center for the Enhancement of Learning and Teaching
CC: Heather Krull, DNP
FROM: Carol Sternberger, PhD, Associate Vice Chancellor for Faculty Development
DATE: March 23, 2015
RE: Excellence in Online Teaching Award

Heather Krull is passionate about teaching. This passion involves engaging students in their learning and creating an environment that facilitates that engagement. Many faculty attend teaching workshops then go back to their “classroom” environment and change nothing or they think about changing one thing.

It is fascinating to talk with Heather after she has attended any teaching workshop because she discusses ways that certain techniques might work in one of her graduate nursing courses. Then, she takes action and integrates the technique(s). Her excitement about using different teaching methods to reach the students is contagious. The best part about Heather’s excitement about her teaching, she looks at the student learning outcomes and reflects on the change to evaluate its success or failure. Heather continually reflecting on her teaching methodologies, the appropriateness of the strategies to meet the course objectives, and the effectiveness of the techniques. She does not implement a technique because it is the new thing on the block; rather, she evaluates the appropriateness and determines what strategies she needs to change.

Heather integrated Avatars who served as patients or as nurse practitioners in a variety of case studies. While a very novel approach, these avatars were used very effectively to meet the learning objectives creatively and engaging. Looking for ways to invigorate students and to demonstrate the power of their role in advanced practice nursing, Heather challenged the students to produce educational videos as part of a course assignment. Resources to assist in filming and editing the videos were provided to the students, including iPads that Heather obtained through the iPad initiative. The videos were submitted to the CDC and are being used as health education videos in a variety of community settings around the state. Additionally, Heather makes virtual visits with students and preceptors in the clinical settings using the iPads. Because the nursing graduate program is only offered via distance, Heather teaches clinical courses that require her supervision and clinical visits. In an effort to make the clinical site preceptors and the students feel linked to IPFW and to their curriculum, Heather’s virtual visits keeps them in touch on a more personal basis. Again, Heather draws on her clinical expertise and her scholarly teaching strategies to assure that the students are achieving at the level needed for their certification as advanced practice nurses.

Heather’s passion for teaching energizes her to excel as a teaching scholar; she will continue to innovate and foster scholarly teaching. I strongly support Heather Krull for the Excellence in Online Teaching Award.
Recommendation Letter for Heather Krull

Connie Cole, DNP, RN-BC, NP-C
Clinical Assistant Professor
Department of Nursing
Indiana University – Purdue University Fort Wayne
2101 E. Coliseum Blvd
Fort Wayne, IN 46805

March 23, 2015

Dr. Gail Rathbun:

This letter is written in regards to the excellence in online teaching award. I am writing to recommend Heather Krull for this award.

She is known to me as a co-faculty in College of Health and Human Services, Department of Nursing. Heather is the program director for the Adult-Gerontological Primary Care Nurse Practitioner Program. She teaches several courses in this area of study, all of which, are online. During her time here at IPFW she has integrated this course with online case studies, iMovies, avatars, and iPad video visits with students.

Heather is resourceful and reliable. She is also passionate about teaching students, especially in the online environment and I am happy to recommend her with the highest regard for this award.

Please feel free to contact me with any further inquiries.

Sincerely,

[Signature]

Connie Cole