

Abstracts, Oral Presentations

Listed alphabetically by last name of presenting author

Using Qualitative Data to Develop an Arts-Based Knowledge Translation Tool for Parents with a Child with Asthma

Mandy Archibald, University of Alberta

Shannon Scott, University of Alberta

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Samina Ali, University of Alberta

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Patient-driven, arts-based knowledge translation (KT) tools may be useful vehicles for applying qualitative research findings in health education; such approaches can enhance relatability, memory retention, and emotional validation for patients and families. There is an urgent need for patient-driven educational approaches to assist parents in childhood asthma management, due to the pervasive existence of unmet information needs, uncertainty about asthma management, and a lack of improvement in childhood asthma outcomes that have persisted for decades despite advances in medical therapies. In this presentation, we describe the four-stage process of developing an arts-based KT tool for parents of a child with asthma, including:

- 1) Literature Review: We conducted a state-of-the-science literature review regarding parents' asthma-related information needs. This informed the development of a semi-structured interview guide used to explore parents' information needs through a qualitative study.
 - 2) Qualitative Study: We explored the information needs of 21 parents with a child with asthma, guided by Interpretive Description. Findings directed the development of a KT tool for parents.
 - 3) KT Tool Development: Creative consultants collaborated to develop an arts-based, qualitatively-driven KT tool. Educational components identified through an evidence synthesis were embedded throughout the tool.
 - 4) Usability Testing and Revision: Usability testing is presently underway and involves expert consultation with parents and healthcare providers, questionnaire administration and follow-up focus group interviews.
- This research contributes to the emerging literature on developing and evaluating patient-driven, arts-based KT tools for parents, and provides a useful avenue for mobilizing qualitative research findings in health education.

Enacting Mixed Methods Research in Primary Care: experiences from the 5AsT trial in weight management

Denise Campbell-Scherer, University of Alberta

Jodie Asselin, University of Alberta

Adedayo Osunlana, University of Alberta

Andrew Cave, University of Alberta

Ayodele Ogunleye, University of Alberta

Arya Sharma, University of Alberta

This presentation explores the convergent design model of the 5As Team (5AsT) mixed method study of a complex intervention in the Edmonton South Side Primary Care Network (SSPCN). The 5AsT project is a pragmatic randomized control trial of an intervention aimed at increasing provider confidence in addressing patient weight issues. It consists of 12 biweekly learning collaborative meetings with health care providers

over six months supported by practice facilitation. Evaluation is conducted by a multidisciplinary team including family physicians, a cultural anthropologist, a public health specialist, an internist, and an epidemiologist. This collaboration has resulted in rich data with much self-reflection on the integration of qualitative and quantitative methods.

In pragmatic interventions, context and implementation process can both effect outcomes. In order to understand how and why, we adopted a mixed methods approach through integrating qualitative methods at each stage. Using an inductive approach prior to data mixing allows for assessment of emergent themes regarding intervention impact. In addition, post data-mixing analysis allows for explanation of variance in the primary quantitative outcome measure.

Qualitative tools included field notes, semi structured interviews, focus groups, and logs. Our research process has facilitated a refined and articulate qualitative approach that is both rigorous and fitted to publication and explanation in more quantitative circles. Using a mixed methods approach during the 5AsT study has facilitated the ability to explore the contextual reasons behind study results in a way, we argue, is imperative for applied research in primary care.

Facilitating Knowledge Translation using the Knowledge-to-Action Framework in the 5As Team Weight Management Intervention

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Denise Campbell-Scherer, University of Alberta

In this presentation barriers and successes in implementing an intervention emphasizing knowledge translation through the knowledge-to-action framework will be reviewed. Despite an increase in research concerning obesity's effects on patient health, the transfer of current obesity-related knowledge to primary care settings remains challenging. The 5As Team (5AsT) project is a pragmatic randomized control trial of an intervention aimed at increasing provider confidence in addressing patient weight issues. Intervention design was built around the knowledge-to-action framework, an approach which maximizes knowledge translation. The intervention consists of 12 biweekly learning collaborative meetings with health care providers over six months.

The intervention was collaboratively designed with end users and built with best available frameworks and evidence. Intervention monitoring included built-in feedback loops ensuring participant needs and intervention context was considered throughout. Assessment was ongoing, mixed-method, and approached intervention success, behavior change, and tool development, as separate but related components. Sustainability was promoted by leveraging existing clinical resources.

Intervention assessment evaluates the 5AsT adherence to the knowledge-to-action framework. Lessons learned will be summarized for each stage of the framework. Data will draw from structured field notes taken during all intervention sessions, interviews with all study participants (N=29), and journals from key actors. Results will focus on the ability of 5AsT to meet the knowledge-to-action framework suggestions, and will consider context-specific issues that arose throughout the intervention as well as those that may influence the success of 5AsT implementation at future sites.

Lessons from the Trenches: Maximizing the Impact of Qualitative Research in Applied Settings

Susan Berkowitz, IMPAQ International

Looking back across the author's 25+ years conducting contract research for US government agencies, this presentation will offer 'lessons learned' about factors and practices that promote impactful qualitative research in applied, policy-oriented settings. The talk will identify key factors at different levels, including: the goals and interests of the funding agency; the role and integrity of the qualitative component in the larger study design; and the composition and level of methodological sophistication and open-mindedness of both the client/sponsor and study team members. Although external forces play a role in determining ultimate success, the talk will emphasize two sets of factors over which the qualitative researcher(s) can exert some control: 1) the ability to effectively convey and advocate for the distinctive value of the qualitative data without at the same time over-promising or misleading as to its uses; and 2) the ability to present the qualitative findings in systematic and succinct yet creative and non-reductive ways, that maximize their impact and utility for policy-making and program change while still preserving their intrinsic richness. The talk will draw on concrete examples from mixed method and qualitative studies carried out for US federal government agencies over the past 20 years and will offer tips and strategies for maximizing the impact of the qualitative findings for novices and seasoned qualitative researchers alike.

Ethical challenges in qualitative community based participatory research

Elena Wilson, La Trobe Rural Health School, La Trobe University

Virginia Dickson-Swift, La Trobe Rural Health School, La Trobe University

Amanda Kenny, La Trobe Rural Health School, La Trobe University

Community based participatory research (CBPR) projects that seek to involve community members in the decision making processes relevant to their own lives are becoming increasingly popular in the health and social sciences. There is wide acceptance in the literature that this type of research based on qualitative approaches poses some unique ethical challenges for researchers. With the exception of the work by Banks and colleagues in the UK in 2011 much of what we currently know about ethical challenges in CBPR is largely descriptive and based on secondary evidence from researchers. Whilst these reflections are valuable for researchers, it is important for empirical work to be undertaken with researchers working in CBPR projects so that ethical guidelines are responsive to the unique nature of this type of research. This paper provides an overview of a web-based study that is currently being undertaken with a range of CBPR researchers internationally that aims to explore the ethical issues in CBPR. The outcomes of this research will be used to develop a set of guidelines and principles that can be used by researchers, community groups, organisations and ethics committees to ensure that their CBPR projects are ethically sound.

Using blogs and social media to understand ethical challenges faced by researchers using CBPR approaches

Elena Wilson, La Trobe Rural Health School, La Trobe University

Virginia Dickson-Swift, La Trobe Rural Health School, La Trobe University

Mandy Kenny, La Trobe Rural Health School, La Trobe University

Online social media presents an opportunity for innovative recruitment and data collection methods. Researchers suggest that participants engage actively in online research and have found that global and instantaneous data collection is possible using social media and that richly detailed research data can be collected. However, despite the widespread use of online research, there have been relatively few attempts to collect research data using a blog with dedicated use for this purpose.

An open Wordpress.com blog has been created to collect data about researcher experiences related to ethical challenges of using community-based participatory action research processes. Participants are researchers involved in community based participatory research. Data is being collected using the blog as a research site. Participants have been recruited through notices in public and social media. A notice about the research project has been generated on Twitter, Facebook and ResearchGate with a link to the Wordpress.com blog research site. Posting to the comments box of the blog implies consent to participate. The use of a blog permits collection of data, with minimal risk, at an international level, within the time constraints of the study and allows for direct transfer from the Wordpress.com blog site to a data analysis program eliminating the need for recording and transcription. Blogging also offers opportunities for innovatively disseminating research results to a wider audience allowing researchers to be more transparent about research practices. The success of this method has implications for future online qualitative research across disciplines.

Symbolic Interactionism and Constructivist Grounded Theory

Mohamed El Hussein, Mount Royal University

The relationship between Symbolic Interactionism (SI) and Grounded Theory (GT) has created a position of intellectual tension and confusion among scholars. The literature is rich with theoretical positions attempting to explicate the origin of this relationship. Most of these attempts treated GT as a qualitative method that has its specific features and characteristics and linked it to SI in various ways ignoring the researcher's ontological and epistemological views. Of note, is that there are more than 5 different versions of GT and few articles have shed light on the significance of the selection of the GT version in determining whether SI is a good philosophical fit or not. In this presentation, I am juxtaposing several positions pertaining to the inherent link between GT and SI and presenting an argument for a strong and substantial relationship between constructivist GT and SI.

Applying Critical Realism: Methodology Meets Method

Amber Fletcher, University of Regina

Critical Realism (CR) is gaining popularity as a methodological framework for social science. Growing out of the positivist/interpretivist debate of recent decades, CR uses components of both approaches to provide a useful framework for critical social research. Due to its detailed account of ontology and epistemology, CR is seen as a comprehensive philosophy of science. Its emphasis on causation helps researchers explain social events and suggest policy recommendations to address social problems. Despite these benefits, there are very few existing descriptions and examples of how to conduct CR research and analysis. Qualitative researchers using a CR framework may find themselves adrift, without methodological guidelines to ensure reliability. In this paper, I present a recently completed qualitative doctoral research project as an example of applied CR.

The study, which examined agricultural policy and family farming in the Canadian prairies, offers an approach for coding and thematic analysis that is consistent with CR methodology. CR analysis relies on a strategy called 'retroduction,' but existing descriptions of this process are abstract at best. I describe the process of doing retroduction using practical examples. I illustrate how the process of CR analysis led to the identification of a major causal mechanism behind current trends in Canadian agriculture. The objective of the paper is to provide an example method for researchers wishing to use CR in empirical qualitative research.

Action Research Using CMM Creates a Collaborative Partnership in Learning

Lydia Forsythe, Londes Strategic Healthcare Consulting/Walden University

Creating innovative ways to engage and support student learning is an ongoing evolution. In particular in strategic planning, professionals needs to be a part of what the learning experience will encompass from both a practical and experiential standpoint to gain a relevant perspective of leadership in practice. Involving students in the design and development of curriculums by using action research gives the student an opportunity to engage in research while also participating in social change in learning.

In using the Coordinated Management of Meaning (CMM) a facilitator of learning can open the students to integrating theory into practice as the student synthesizes learning into practical applications with the use of story telling and developing a greater understanding of the importance of appreciative communication skills. By asking questions, which are reflexive in nature the students reflect upon their own awareness of how they perceive and integrate new learning as they span their own use of new ideas and contribute to the development of new curriculums. These experiences can then be translated into leadership in practice to enhance dialogue within organizations and communities.

We need to have student input to create relevant curriculums, which will enhance their professional worlds. By promoting scholarly development and engagement in research through self-reflection and sharing of knowledge we develop a collaborative partnership in the learning environment.

Creating Collaborative Partnerships in Learning Using CMM

Lydia Forsythe, Londes Strategic Healthcare Consulting/Walden University

To create robust learning experiences students need to have collaborative mentoring relationships with faculty. In particular as adults return to the academic setting they require nurturing relationships, which enhance scholar-practitioner development. This takes additional time and intent to support students as they matriculate through a variety of educational levels and programs using online learning platforms.

With the use of the Coordinated Management of Meaning (CMM) using the Lived stories-Untold stories-Unheard stories-Unknown stories-Untellable stories- stories Told- stories Telling (LUUUUTT) and Daisy models and conversation triplet we can explore the dynamics of the mentor- mentee relationship to understand the complexities and bifurcations points, which propel students towards potential innovation, successful knowledge synthesis and the ability to take positive relationship development into their professional environments.

Civil society organizations: Part of the public discourse on environmental health

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There is increasing public awareness of and concern for existing, emerging and speculative environmental health (EH) risks. At the same time, increasing use of the internet across sectors has transformed traditional communication channels and facilitated public access to a wide range of voices and expertise. To gain understanding of EH issues and framing as available to and accessed by the public, we conducted a scan of government websites, interviewed key informants (KI) from Canadian environmental civil society organizations (http://www.unglobalcompact.org/HowToParticipate/civil_society/), and analyzed online representation of key EH issues. In this presentation we focus on KI telephone interviews (n=30), in which we explored notions of responsibility and trust, acceptability of risk, information sources and public communication needs. We found that KIs brought forward a wide range of potential risks to human health from environmental factors (e.g. air quality, pesticide use, household products) and highlighted important overarching issues such as policy development/enforcement, government versus individual responsibility, economic versus environmental priorities, and the impact of differing values on trust and communication. Findings demonstrate that civil society organizations focusing on environment and health frequently occupy 'between' spaces - collaborating across traditional boundaries; drawing on academic research, grey literature and interpersonal relationships; and functioning as information providers and advocates. This study demonstrates that interviews with KIs representing these organizations provide insight into public perspectives and improve understanding of the ways in which civil society organizations contribute to public discourse. Interviews also provide a strong foundation for further investigation.

Implications for minimum unit pricing advocacy: what can we learn from UK newsprint coverage of key claim-makers in the policy debate?

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On May 24th 2012, Scotland passed the Alcohol (Minimum Pricing) Bill. Minimum unit pricing is a legislative intervention intended to raise the price of the cheapest alcohol to reduce alcohol consumption and related harms. Communications and political sciences literatures offer a theoretical framework to investigate how competing frames about policy issues are presented in the news media from key claim-makers. Content analysis was conducted on seven UK and three Scottish national newspapers between 1st May 2011 and 31st May 2012. Relevant articles were identified using the electronic databases Nexis UK and Newsbank. A total of 262 articles were eligible for detailed coding and analysis. This paper attempts to map out the dynamic interplay between media framings from key claim-makers of what constitutes the alcohol problem and the arguments for and against minimum unit pricing in the months leading up to the passing of the legislation, with a view to informing policy advocacy.

Making the Move to a New Community: Becoming an Online Learner

Cheryl Killion, Case Western Reserve University

Janet Reilly, University of Wisconsin-Green Bay

Susan Gallagher-Lepak, University of Wisconsin-Green Bay

Online learning is a highly coveted pedagogical neighborhood where institutions, educators, and students are moving. Transitioning from the traditional face-to-face to the virtual classroom involves acquiring new skills in multiple domains. Adult learners, in particular, may be challenged by new approaches to learning. As experience is gained in online learning, skill mastery often occurs across the novice to expert spectrum. In this presentation, findings from a qualitative study, using focus groups convened via teleconferencing, will be presented. The experiences of registered nurses (R.N.) credentialed with a diploma or an associate degree in nursing, who were seeking a baccalaureate degree, are featured as they engage in the process of becoming online learners. The participating R.N. students were from five university campuses in the mid-western region of the United States. A modified version of the LaPelle technique was used to review and analyze the findings. The advantages and limitations of having group interviews at multiple sites will be discussed. Of the fifteen themes that emerged from the data, Becoming, was dominant and will be the focus of the presentation. Three discernible phases of becoming an online learner were identified: 1). Disengaging (from the conventional approach); 2). Getting into the Rhythm; and 3). Assuming a New Identity. Becoming an online learner required packing old strategies of learning, transporting them to the new learning community and transforming them into ?cybergogical? approaches to ensure a smooth move to virtual learning.

Multi-Phased Mixed Methods Study on Student Poverty and Homelessness at Post-Secondary Institutions

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How vulnerable are post-secondary students to poverty and homelessness? Are these issues of any concern to post-secondary institutions? What services, information and supports exist on campus to assist students? Whose responsibility is it to ensure students have what they need to be successful with their studies? These questions were posed at one post-secondary institution but may be relevant for others to explore as well. Getting answers to these questions required a multi-phased multiple methods approach exploring the (1) experiences of students through surveys and interviews, (2) perceptions and experiences of administrators, staff and service providers through interviews focusing on students' personal challenges, and especially with poverty and homelessness, and (3) existing or needed institutional information and supports for students as per document and website analysis. Findings from 526 of 2000 randomly selected students indicated that one-third of students were experiencing housing problems and twice this number had financial challenges. Perceptions varied regarding how known and accessible student information and services were and who was responsible to ensure that students' non-academic needs were met. However, perspectives were similar around the need to improve communications between students and institution staff or services to assist students at risk, to centralize information and services to improve accessibility, and to create a more supportive campus environment for students to be successful and service providers to be better prepared to

assist vulnerable students with financial, housing and other challenges. Campus services need to be funded, and institutional policies and procedures need to be more student-centred.

Care Delivery and Access for Parkinson's Disease: Triangulating Methods and Results for People with Parkinson's Disease, their Caregivers and Healthcare Providers

Katharina Kovacs Burns, University of Alberta

Phyllis Jensen, University of Alberta

In Alberta, about 9,000 people have Parkinson's Disease (PD). A study was proposed to survey and interview persons with PD, their caregivers and service providers for their perspectives regarding the availability, accessibility, costs and impact of changes to health and support services within Alberta Health Services (AHS). Mixed methods were used, with survey and interview/focus group instruments developed for each group. Participant recruitment was through several means, including AHS, PD support groups, newspapers and snow-balling. The quantitative survey data from each group were analyzed using descriptive statistics and were used to guide the qualitative interview/focus group discussions which were thematically analyzed. Based on preliminary results, 150 persons with PD completed the survey, and another 227 participated in interviews/focus groups. About 76 Caregivers completed the survey and another 50 participated in interviews/focus groups. As well, 21 Health Care Providers completed the survey and 41 took part in interviews/focus groups. The triangulation of results indicated clear changes in service availability and accessibility following establishment of AHS. Centralization in AHS has altered service availability and accessibility in rural and urban areas across the province, including longer travel and wait times to doctors or services. Out of pocket costs increased for the majority of persons with PD. Although home care services improved, inadequate human resources were unable to keep up with the demand. Participants generally agreed that better coordination of services is needed across rural and urban Alberta (one-stop shopping approach), including a team-based approach to service delivery. Triangulated results strengthen the messages.

'All Aboard for Patient Engagement': Using Multiple and Mixed Methods to Develop and Evaluate a Resource Kit

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Patient engagement has been identified as a priority for health care systems. It is a means to evaluate and improve the patient experience, the delivery and access of services, and the overall safety. This paper describes the integrated multi-phased with multiple and mixed method approach for a study within Alberta Health Services (AHS) to determine what resources, preparation, and supports are needed for patients/families, providers, leaders and other health system staff to engage patients in patient-centred care delivery decisions. The study involved four phases: (1) a needs assessment with the four targeted groups regarding their experience with patient engagement; (2) a scoping literature review on appropriate resources; (3) a patient engagement "resource kit" based on findings; and (4) a pilot and evaluation of the kit. Appropriate methods

were selected for each phase. Participants were recruited through invitations extended to intervention initiatives within AHS. Data were gathered and analyzed in an integrated fashion from the literature, surveys and interviews/focus groups with the four groups of participants within Alberta Health Services. Knowledge mobilization was applied across each phase to ensure uptake of findings would occur. Ethical and appropriate integrated or mixed qualitative and quantitative data analyses approaches were applied. Participants informed the contents of the Resource Kit, populated by the resources located through the scoping review. The resulting Resource Kit was found to be significant in terms of content but overwhelming in terms of volume of resources. AHS Patient Engagement Department will monitor and adapt the Resource Kit on an ongoing basis

The use of Participant Triads in Qualitative Research to Advance Homecare Safety

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Homecare continues to be the most rapidly growing segment of the Canadian healthcare system, driving the need to gain insight into the safety concerns of homecare clients, their caregivers and health providers. While qualitative studies focusing on this issue are multiple and varied, it is less common to find studies that illustrate the interconnected safety perspectives of the homecare triad (the client, their caregivers and paid providers). The Pan-Canadian Home Care Safety Study, the first of its kind in Canada and internationally, included a qualitative sub project that utilised linked interviews between homecare triads in British Columbia, Manitoba and New Brunswick. While the findings of this study have been published elsewhere the intention of this presentation is to discuss the benefits of triad qualitative research, particularly in home care safety research. Utilising linked interviews between sets of research participants allows for a richer understanding of their needs and perspectives. In addition, the triadic perspective collected in this study provided a broader picture of the homecare experience across three provinces, and raised awareness of safety issues and concerns in homecare. Eighteen sets of triads were interviewed. Interpretive Description was used and analysis was iterative and concurrent with data collection in order to compare each interview with subsequent interviews for converging as well as diverging patterns. The interviews were transcribed verbatim and coded in NVivo. Six key interconnecting patterns of safety concerns for homecare triads were identified which enabled the delivery of evidence-based recommendations to decision and policy makers.

Family Medicine Education and Participatory Action Research: Research and Development of CBAS (Competency Based Achievement System)

Terra Manca, University of Alberta

Michel Donoff, University of Alberta

Shirley Schipper, University of Alberta

Paul Humphries, University of Alberta

Constance Lebrun, University of Alberta

Shelley Ross, University of Alberta

In anticipation of competency-based assessment becoming a mandatory requirement for Family Medicine program accreditation, we piloted the Competency-Based Achievement System (CBAS) in 2009. One year later, in 2010, we fully implemented CBAS in the Family Medicine Department at the University of Alberta. From this time, we have been conducting ongoing mixed-methods studies, including a participatory action research (PAR) component to continuously share our findings with end users and gather their feedback to ensure that CBAS is meeting users' stated needs.

The PAR approach proved integral to adapting CBAS to diverse clinical environments and to identifying universal obstacles to using the system. As such, we are continually formulating research questions, interviewing CBAS users (preceptors, program directors, and residents), and utilizing the wealth of qualitative and quantitative data CBAS generates. In addition, we must tackle teaching needs, which extend beyond the scope of our system. In this paper, we overview how we have used PAR to move CBAS from a pilot project to an effective part of our highly ranked Family Medicine residency program. First, we review what we aim to accomplish with CBAS. Second, we list some of the challenges that were identified in our qualitative data, which include the need to simplify the program's electronic interface, the effort to move preceptors from a checklist-style evaluation system to providing formative feedback, and our struggle with implementation fidelity. Finally, we discuss how we will continue to use qualitative analysis in our implementation and assessment of this educational tool.

A Qualitative Analysis of Nepal's New Medical School: Improving Hospital Culture through Attitudinal Development

Terra Manca, University of Alberta

Katrina Butterworth, Patan Academy of Health Sciences

Darren Nichols, University of Alberta

This presentation discusses a combined teaching and research project, which used medical students' reflective assignments as qualitative data for the analysis of the development of health care professionals' attitudes. These projects aimed to combat the medical elitism, and encourage empathy towards patients and the healthcare team.

The importance of health care professionals' attitudes in their medical practice appears in various medical guidelines. Even so, medical education programs often struggle to teach such subjective attitudes and habits. In Nepal, the Patan Academy of Health Science (PAHS) addressed this challenge with experiential learning and reflective assignments. These projects created a wealth of qualitative and quantitative data, which we analyzed to evaluate the program, students' attitudes, and the value of the reflective process itself in contributing to attitudinal change.

In this paper, we demonstrate the successes and challenges of those reflective projects. Specifically, we discuss medical students' reflective portfolio assignment, which students wrote while visiting a palliative patient or disabled child over six months. Upon analysis of these portfolios, we found that several students demonstrated admirable commitment to their patients and social change, most displayed reasonable levels of reflection, and only a few exhibited a lack of engagement or compassion. Although students' experiences varied, similar attributes emerged within their portfolios. As such, we believe qualitative analysis proved these methods of teaching subjective materials to be worthwhile.

Constructing The Nurse Match Instrument: Exploring Professional Nursing Identity & Professional Nursing Values Using Qualitative Methods.

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We describe the qualitative research processes of constructing and piloting a novel instrument, 'Nurse Match'; to explore the values of pre-qualifying nurses and the professional identities of post qualifying nurses in the United Kingdom (UK). Pre-qualifying nursing applicants now undergo qualitatively different forms of assessment of their values and attributes, in order to measure caring values, attitudes and behaviours attuned to the requirements of UK professional nursing. Matching values of new applicants with professional values is supported by Health Education England (HEE) & recommended in many recent high profile public enquiries into failings in UK health care provision. The professional identity of post qualifying nurses is nebulous and difficult to articulate clearly and with consensus but remains a desirable attribute of professional nursing. The 'Nurse Match' instrument is based on an established approach to identity measurement: Identity Structure Analysis (ISA), and its associated psychometric tool; Ipseus, both of which, have been employed in a number of applied areas, together with 'Match' system for comparing the profile of a nurse applicant with the desired profile of an experienced and successful nurse practitioner. Existing literature reviewed for the research found limited evidence or empirical research into the concept of professional nursing identity or nursing values. The 'Nurse Match' tool was developed using qualitative methods in response to the demand for assurance that only those candidates with the right value base are selected for nursing and that universities providing nurse education are achieving in developing these core values in students.

The critical bricolage: uniquely advancing organizational and nursing knowledge on the subject of rapid and continuous change in health care.

Kim McMillan, University of Ottawa

Change in health care has become rapid and continuous. Much decision making processes guiding change management are derived from organizational literature which is often heavily reflective of managerial perspectives. These perspectives represent and aim to serve only a small sub group of organizational members, however change is complex, fragile and has higher rates of success and sustainability when change management strategies reflect a multitude of organizational voices. There is a dearth of literature exploring the intersect between organizational and nursing discourses on the subject of rapid and continuous change in health care. Multimethodological, multitheoretical and multidisciplinary informed approaches to methodological decision making are needed to link organizational and nursing discourses in ways that will offer alternative perspectives on the subject of change. Furthermore, critically guided multimethodological, multitheoretical and multidisciplinary methodologies are timely and important in organizational research as they seek to analyze taken for granted assumptions and institutionalized practices seeking alternative perspectives and alternative sources of organizational knowledge. Exploring alternative perspectives from a critical perspective recognizes the impact predominant discursive influences have on change management and the subsequent impact organizational members working lives. This presentation will explore how Joe L. Kincheloe's (2001, 2005) discussions of the critical bricolage serve to support combining critical organizational

methodologies (guided by Alvesson & Deetz, 2000) with a voice centred relation method of data analysis (guided by Brown & Gilligan, 1992) to create a critical interpretive methodology that explores the voices of nurses as they experience rapid and continuous change in health care.

In the Name of Voice?: Methodological Complexities of Community Based Participatory Research

Gladys McPherson, University of British Columbia

Vera Newman, 'Namgis First Nation

Helen Brown, University of British Columbia

Barb Cranmer, 'Namgis First Nation

A central tenet of community-based participatory research (CBPR) is the equitable involvement of community members and researchers in knowledge generation geared action addressing community defined problems or needs. CBPR principles and processes emphasize the critical importance of negotiating power relations, building on community strengths and capacities, and upholding commitments to meaningful action addressing local priorities. In this paper we tackle an assumption underlying these principles -- the notion of community as a single, coherent unit of identity. We argue that rather than a singular entity, community is better understood as a complex set of relationships and values. Adhering to an assumption of community as a single, coherent unit sustain particular discourses of identity and voice that are troublesome for research aimed at solving community-defined problems in local contexts. Our analysis drew on reflexive fieldnotes and transcribed team discussions within a program of research with the 'Namgis First Nation in British Columbia, Canada. Our goal in this paper to deconstruct the possibility of a singular community identity and voice, one kept in place by valuing 'common' or 'shared' experiences and disregarding differences, diversity and multiples ways of knowing. Drawing upon the writing of Linda Tuhiwai Smith on decolonizing methodologies, we examine the risks and potential harm of engaging in CBPR research processes that engage a futile search for the 'right' voice; one that speaks for and represents 'the community' or a 'culture'. We outline research practices within our current projects that represent our efforts to generate alternative assumptions about community and that advance community-based research.

Re-writing the principles of Community-Based Research for global research partnerships

Sthembile Ndlovu, Izimbali Zesizwe

Jody Boffa, University of Calgary & University of KwaZulu-Natal

Maria Mayan, University of Alberta

The principles of Community Based Research were intended to define best practices for relationship-building between scholars, bureaucrats, or non-profit groups and vulnerable communities; however, these principles were originally developed for partnerships in the US. Conversely, ethnography, which focuses on cross-cultural observation, historically lacks the involvement from the community. In this presentation, we discuss the best of both methods in order to re-write the principles of Community Based Research from a global perspective. The new principles are interspersed with examples of positive working relationships as presented by a representative from a Zulu community in Edendale, South Africa.

Health Advocacy By Proxy: An Institutional Ethnography of Healthcare Work in Special Education

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Lorelei Lingard, The University of Western Ontario

Shanon Phelan, University of Alberta

Kathryn Hibbert, The University of Western Ontario

Sandra Regan, The University of Western Ontario

Rosamund Stooke, The University of Western Ontario

Christine Meston, The University of Western Ontario

Silke Dennhardt, The University of Western Ontario

Catherine Schryer, Ryerson University

Farah Friesen, St. Michael's Hospital

Lindsay Baker, St. Michael's Hospital

Children with disabilities often require health-related support at school, which draws health professionals into the context of special education. This study set out to explicate healthcare work in special education settings in order to facilitate school-based health support for children with disabilities and/or chronic illness. The intent of this explication was to uncover invisible work and hidden coordinators of work, thus informing health professional education and practice.

We approached this inquiry through institutional ethnography, a strategy that maps and makes visible hidden social coordinators of work processes, with a view to exacting change. Families and professionals from Southwestern Ontario served as informants. Of 36 consented informants, 26 were interviewed and 15 observed. Documents were collected from the micro-level (e.g. clinician reports) and macro-level (e.g. policies). Ruling texts, like competency frameworks, formally define 'health advocacy' as a role clinicians should perform competently. Indeed, we identified health advocacy as a primary work process, specifically: spotlighting invisible disabilities and orienteering the special education terrain, albeit without a map. Clinicians advocated indirectly, by proxy, with proxies being documents and parents. Advocacy by proxy often resulted in conflict and inefficiency, although these negative consequences often remained unknown to the clinician. This study offers the potential to inform health professions' competency frameworks, as well as pediatric professional development initiatives, by exposing everyday actualities of practice. For example, refining the health advocate role to be amenable to the actualities we identified could help practitioners be strategic about by proxy practices and consider potential consequences, like caregiver burden.

It Takes Two: Duoethnography as a Dialogic Research Methodology

Joe Norris, Brock University

Janet Miller claims that qualitative research "must grapple with (im)possibilities of transparently representing 'experience' as well as 'self' and 'other.' Further, qualitative methodologies too must attend to multiple complexities spawned by interpretive processes and representations infused with entwined effects of intersubjectivity and inter-textuality. Duoethnography as a new methodology presents fresh potentials for attempting to deal with these important issues".

Since its conception in 2003, duoethnography has become an accepted, utilized and published qualitative methodology with numerous 'citations' [sic] and a number of publications, many beyond the influence of its originators, Rick Sawyer and Joe Norris. This presentation will outline the relatively short history of

duoethnography, providing an overview of its emergent tenets and demonstrating how the methodology addresses issues of representation, point of view, dialogic inquiry and narrative style. It will conclude by referencing to a number of studies in a variety of disciplines including health, counseling, education, teacher education, women's studies, professional studies and higher education, demonstrating how the tenets of duoethnography adjust due to the parties involved and the nature of the studies undertaken.

Awaiting Diagnosis: A Pecha Kucha Employing Poetic Inquiry and Visual Representation

Joe Norris, Brock University

Employing both poetic inquiry and visual representation a series of 20 slides will represent one person's experience of awaiting a diagnosis. The left column will provide the text/poem and the right, photographs taken in the actual location long after the experience. Acting as an exemplar, the presentation will demonstrate the concepts of representation, intertextuality, autobiographical phenomenology, readers' response theory and contexture.

The last slide concludes with the methodological questions:

How do words and images interface? How do the images inform the words and the words, the images?

How do images foster/impede readers' interpretations?

Could the photos or words stand alone? What would change?

How does one mediate self through autobiographical poetic inquiry?

How does one publish such a piece?

Oral Presentation Representing visual data: More than meets the eye

Shanon Phelan, University of Alberta

Visual methodologies have become increasingly popular in qualitative research. Publishing 'raw' visual data is tempting, given the novel appeal and the desire to show and see the data. Yet, representations of visual data in publications, presentations and dissertations raises ethical concerns, often beyond what one might anticipate. Ethical decision-making related to representation of visual data requires reflexivity, considered judgment, and sensitivity on the part of researchers. The purpose of this presentation is to: 1) raise awareness of potential ethical issues associated with the representation of visual data, 2) illuminate such issues through exemplars from the author's research experience using visual methods in research with children, 3) discuss various ways one might choose to represent visual data, and 4) provoke dialogue about the tensions between voice and silence in representing visual research. The author will also highlight some of the ethical issues that arise when using photographs and text together through case examples. Reflexivity and suggested reflexive questions are proposed as a tool to begin to think about ethical issues and how to negotiate them.

Task at hand habitus: The search for teamwork in the discourse of nurse to nurse shift handoff communication

Charlene Pope, Ralph H. Johnson VA Medical Center and the Medical University of South Carolina College of Nursing

Boyd H. Davis, University of North Carolina - Charlotte

Mary M. Hays, University of Alabama in Huntsville

Bertha North-Lee, Ralph H. Johnson VA Medical Center

The Joint Commission and World Health Organization identify communication during patient handoffs as the leading cause of medical errors and patient safety sentinel events. Systematic reviews of nurse to nurse shift handoff studies find little evidence of best communication practices associated with patient safety outcomes. The majority of studies of handoff interventions focus on clinical tasks, organizational issues, and content of messages, rather than emphasizing communication as teamwork and social interaction. Building on the research team's experience recording and analyzing communication in health systems, this United States Veterans Affairs (VA) funded qualitative arm of a mixed methods study examined communication practices within 30 handoff routines in relation to nurse sensitive outcome indicators (medication errors, pressure ulcers, falls). This presentation will demonstrate how discourse analysis was applied to analyze both nurse to nurse and bedside shift handoffs meant to include patients, beyond the transfer of patient information. Positioning theory was used to code and depict how participation was constructed beyond the context of message transmission and tasks. Examples will demonstrate how patterns of task orientation, patient attribution, and institutional or professional habitus supersede mutual information exchange, validation of information or intentions, collaborative planning, and priority setting. Examples of discursive gaps and best practices establish the foundation for a potential intervention. This project provides an example of how multidisciplinary collaboration between nursing, health services research and sociolinguistics can be used for intervention development that links bedside nurse communication practices to outcome accountability with implications for quality of care and patient safety.

The Mmogo-method® as self-constructed visual research method to explore older people's relational experiences with young adults

Vera Roos, North-West University

The aim of this presentation is to demonstrate how data could be obtained through a joint participatory exploration. Mmogo-method®, as a self-constructed visual research method is proposed to access meanings on different levels (personal, interpersonal and group). Participants are requested to place themselves in a circle comprising of six to eight people. By using malleable clay, colourful beads and straws, they are then asked to make a visual representation based on an open-ended prompt, which in this instance was: Please make something with the materials to show us how you experience your relationship with young adults. The visual representations are regarded as external narratives and data are obtained by exploring the visual representations of each of the participants individually as well as the informal group discussions that emerged spontaneously from the group. The research was conducted in Khuma, a former township of Stilfontein, in the North West Province of South Africa. Eight Setswana-speaking participants (three men and five women), over the age of 60, volunteered to participate. Textual data were analysed thematically, while visual data were analysed in terms of their literal and symbolic meanings. On a personal level, older people expressed emotions such as frustration and anger because the young adults in this community who do not comply with their

expectations in terms of how they should relate and interact with them (interpersonal level). On a group level, older African people regard themselves as the in-group who judge the young adults as non-compliant and disrespectful.

Practicing Participatory Health Research and Assessing its Quality: Exploring conceptions among health researchers and practitioners in Alberta, Canada.

Jane Springett, University of Alberta

Kayla Atkey, University of Alberta

Shahriar Rozen, University of Alberta

Emma Wilkins, University of Alberta

The use of Participatory Action Research (PAR) in a health and wellness context-defined as PHR-is growing quickly as a means to emphasize the influence of community voices in health improvement studies and initiatives. However, despite this widespread application, culturally and contextually specific frameworks for measuring quality within PHR have not yet been established. Considering this, the aim of this study is to gather the expertise of research-practitioners in Alberta to better articulate the practice of PHR and to create a set of guidelines to help assess its quality. Informed by the story dialogue method, thirteen qualitative, semi-structured interviews were performed with PHR research-practitioners in Alberta. A modified-Delphi method was then used to contrast and compare responses among participants. Finally, a phenomenographic analysis is being conducted to identify points of consensus on quality PHR among participants by exploring similarities and differences in interview responses. This presentation will provide an overview of the data collection and analysis strategies outlined above, explore the results of the phenomenographic analysis and discuss the preliminary guidelines developed. Next steps include exploring the applicability of the guidelines within the wider context of the Alberta PAR Network. Ultimately, it is our hope that such guidelines will provide a beneficial and flexible set of strategies for research-practitioners engaging in PHR in Alberta. The guidelines also have the potential to increase funding for PHR by providing funders and peer review committees with appropriate criteria to evaluate PHR.

Using Outcome Mapping as an Evaluation Tool in First Nation Communities

Melissa Tremblay, University of Alberta

Natasha Rabbit, Nehiyaw Kakeskewina Learning Society

Lola Baydala, University of Alberta

Jennilee Louis, Nehiyaw Kakeskewina Learning Society

Roxane Peigan, Nehiyaw Kakeskewina Learning Society

Molly Potts, Nehiyaw Kakeskewina Learning Society

Kisikaw K'say-yin, Nehiyaw Kakeskewina Learning Society

Using a community-based participatory approach (CBPR; Minkler & Wallerstein, 2003), members of the Maskwacis First Nation communities partnered with University of Alberta researchers in the current project. The aim of the project was to culturally adapt, deliver, and evaluate an evidence-based substance abuse and violence prevention program, the Botvin LifeSkills Training Program (Botvin & Kantor, 2000). Evaluation of the adapted Maskwacis Life Skills Training (MLST) program involved use of the Outcome Mapping evaluation tool (OM; Earl, Carden, & Smutylo, 2001). Rather than focusing exclusively on large-scale impact, OM uniquely

defines outcomes as changes in the behavior, relationships, actions, and activities of project partners, and was developed for use with international development initiatives. This presentation will explore the applicability of OM to a Canadian context, and in particular with Indigenous communities.

Data for OM were generated through team workshops, focus groups with community members, as well as minutes from team meetings. Through OM, community and academic team members contributed to generating rich qualitative data, and were able to systematically organize existing data in a way that was informative for the project's multiple goals. OM also prompted a number of unanticipated results; namely, the process allowed the team to document program-related anecdotes as legitimate data, and the evolving outcome map prompted the team to recognize the vast complexity of the project. The current presentation will share the learning that occurred for academic and community partners in using both retrospective and newly generated qualitative data to drive the OM process.

Interviews as Validation

Mary Alice Varga, University of West Georgia

Barbara Kawulich, University of West Georgia

The process of interviewing, particularly of interviewing participants about topics that are emotion-laden, can serve as a cathartic experience for interviewees. The authors suggest that interviewing in qualitative research may help participants validate their feelings as they retell their stories. Just being able to tell someone else about their experiences sometimes acts as the means through which they begin to feel that they are not alone, that someone understands their feelings, or that their actions are appreciated.

In this presentation, we present two such studies in which participants shared their stories. In the first study, participants shared their experience with grief and dying. At the end of their heart-rending narratives, they expressed deep-felt emotion about having someone listen to their stories of grief and stated that they could not believe that someone actually wanted to hear about the deep loss they felt in response to losing a loved one. In the second study, Native American women veterans retold their lived experiences of serving our country in the Armed Forces. At the end of each interview, these women stated that this was the first time anyone had ever asked them about their service or had acknowledged that time of their lives. They conveyed deep emotion over the gratitude expressed to them for that service. Being able to tell their stories gave them a sense of relief that they were not alone in their feelings, thereby deriving therapeutic benefit from having someone else relate to their experience.
