

Abstracts, Symposium

Listed alphabetically by Author's last name

Longitudinal evaluation of student and faculty perceptions within a Doctor of Physical Therapy program at a university in the rural United States

Symposium Chair: *Janette Olsen, Idaho State University;*

Symposium Description:

Due to the rapidly changing nature of the health fields and the wide variety of patient populations requiring treatment, it is important for educators to maintain the rigor needed to produce effective and efficient practitioners. Current educational strategies must be evaluated and adjusted to meet the evolving needs of the health fields and students entering professional training. To fulfill these educational needs, the American Physical Therapy Association developed and ranked education-related research questions to improve physical therapy professional education, and some of these questions were the basis for developing an evaluation process in a Doctor of Physical Therapy program located in the rural United States. This symposium will describe 1) an extensive evaluation of physical therapy students' perceptions of peer-assisted learning and examination, 2) students' perceptions of didactic educational techniques, and 3) faculty and students' perceptions of changing educational roles and responsibilities.

Abstract#1: Student experiences of peer-assisted learning and examination during physical therapy education

Janette Olsen

Idaho State University

Kathleen M. Alexander

Idaho State University

Cindy Seiger

Idaho State University

Doctor of physical therapy (DPT) education requires students to practice therapeutic techniques and develop entry-level skills. Simulated-patient learning is a case-based teaching technique that requires students to perform using higher level cognitive processes, but is time-intensive for faculty. To facilitate this type of examination, two courses in a three year DPT program initiated an examination process utilizing student peers from the same cohort to simulate case-based patients; concurrently, student peers from a higher level cohort were examiners. The purpose of this research was to determine student perceptions about this process. A random sample of 9-10 students from a cohort of 27 students (12 female, 15 male; 21-36 years old), participated in three focus groups during the end of second, middle of third, and end of fifth semesters. For triangulation, a separate focus group was conducted with a random sampling of students from the cohort one year ahead in the program. This separate focus group occurred near the end of the cohort's fifth semester, coinciding with the target group's first focus group. Demographic information was not obtained to maintain confidentiality and due to the small number of students in each cohort. To facilitate honest responses, the focus groups were conducted by a health education researcher. The focus groups were digitally recorded, transcribed, and checked for accuracy. A case-based qualitative analysis was performed for themes. The students felt compelled to "keep up" and study for the weekly, enhanced peer-assisted case-based examinations. The students found the process of peer analysis challenging but helpful.

Abstract#2: Doctor of physical therapy student perceptions during didactic education

Janette Olsen

Idaho State University

Cindy Seiger

Idaho State University

Kathleen M. Alexander

Idaho State University

Didactic and hands-on clinical experiences are necessary components of Doctor of Physical Therapy (DPT) education. The educational process requires students to integrate and synthesize didactic material quickly while simultaneously mastering performance-based skills. The purpose of this research was to obtain student feedback of teaching, learning, and examination methods periodically throughout the first two years of a three-year (8 semesters) DPT program. The cohort that was followed consisted of 27 students (12 female, 15 male; 21-36 years old). A random sample of 9-10 students from this cohort participated in three focus groups. The three focus groups occurred at the end of the second, middle of the third, and the end of the fifth semesters. To maintain confidentiality and facilitate honest participation, the focus groups were conducted by a health education researcher who was not DPT program faculty. The focus groups were digitally recorded, transcribed, and checked for accuracy. A case-based qualitative analysis was performed for themes. To facilitate triangulation, subsequent focus groups were utilized to discuss and verify themes. Between focus groups, the DPT faculty were presented with themes/findings and the faculty responses/input were provided to the students in subsequent focus groups to aid in a safe dialog between faculty and students. The results from the focus group assisted faculty in modifying current teaching methods, skill examination, on-site practical experiences, and didactic examination procedures. All changes occurred to assist and improve perceived student learning. Student learning was assessed but not included in this analysis.

Abstract#3: The perceptions of roles and responsibilities between Doctor of Physical Therapy faculty and students: a clash of generations

Janette Olsen

Idaho State University

Cindy Seiger

Idaho State University

Kathleen M. Alexander

Idaho State University

Teaching methods have evolved as a response to new technologies and the evolving learning styles of the millennial-generation student. There is a difference between the millennial-generation learning style and the teaching styles used by some non-millennial-generation educators. Additionally, there is growing evidence of a difference between the perceptions of expected roles and responsibilities of educators/faculty and students in many different fields. The purpose of this study was to describe the perceptions of the roles and responsibilities of Doctor of Physical Therapy (DPT) faculty and students from both the lived experience of faculty and students. Two faculty from a DPT program at a rural, state-run university in the United States were interviewed regarding their perceptions of the roles and responsibilities of a cohort of students. The two faculty taught basic clinical procedures (second semester) and musculoskeletal systems management (fourth semester) to a cohort of 27 students (12 female, 15 male; 21-36 years old). An open ended, in-class questionnaire asked about student perception of individual and peer responsibilities in the education process. Additionally, comments made during three focus groups were utilized to discover student perceptions of faculty roles. The interviews and focus groups were conducted by a researcher not involved in the DPT

program. The focus groups were digitally recorded, transcribed, and checked for accuracy. A case-based qualitative analysis was performed for themes. The researcher discussed themes and individual implications with the entire cohort. Strategies for faculty to facilitate learning were determined, implemented, evaluated, and adjusted.

Re-thinking suicide prevention work with youth ‘

Symposium Chair: Patti Ranahan, Concordia University

Symposium Description:

Suicide prevention work with youth has traditionally involved standardized approaches to practice and research that can limit the possibilities for creative interventions and collaboration with young people. The research presented in this symposium draws on discursive, critical constructionist, qualitative methodologies that identify and describe the meanings of youth work practice with young people who are suicidal, and explore the possibilities of youth-driven approaches to practice, suicide education and healing. Re-thinking suicide prevention work includes extending conceptualizations of mental health literacy in youth work, challenging taken-for-granted assumptions of appropriate practices in suicide intervention, and empowering young people and youth-serving professionals to engage in living education and living practice.

Abstract #1: School-Based Youth Suicide Prevention: A Qualitative Case Study

Jennifer White

University of Victoria

Jennifer White will report on findings from an in-depth qualitative case study designed to closely examine the social practices of planning and implementing a four-part, school-based youth suicide prevention program within one secondary school in British Columbia. Representing a departure from traditional evaluation research studies in suicidology, this study investigated how school-based youth suicide prevention programs get brought into being in real world contexts. Based on a discursive, critical constructionist methodology, the findings suggest that many mainstream, standardized approaches to youth suicide impose unnecessary restrictions on what can be said, thought or done thereby limiting possibilities for creatively engaging young people in the project of living. More expansive possibilities for facilitating youth suicide prevention conversations with young people are explored, including those which are guided by the following values: youth-driven, collaborative, appreciative and expansive, non-pathologizing and oriented to social justice and wellbeing.

Abstract #2: A Discourse Analysis of Youth Workers’ Talk About Practice with Suicidal Adolescents

Patti Ranahan

Concordia University

Patti Ranahan will provide a summary of the findings from a discourse analysis of youth workers’ mental health literacies in a group conversation about practice with suicidal adolescents. The purpose of this study was to identify and describe how youth workers’ discursively constructed mental health literacies influence his/her subsequent actions in the provision of suicide care. Discourse analysis provides insight into taken-for-granted assumptions and situated meanings of mental health literacy in the context of suicide interventions in youth work practice. Findings suggest that the first

time experiences of suicide intervention as a novice youth worker are touchstone stories: stories that follow the youth worker over time and cannot be erased. Youth workers also adopted a discourse model (i.e., “appropriate” and standardized ways of acting and responding to the young person) of how to intervene that shaped and organized his/her experience. Implications for youth work education in mental health and suicide intervention will be offered.

Abstract #3: Listening to Voices of Resilience: An Exploration of a Suicide Prevention Program from the Perspectives of the Adolescents

Chelsea Ohlmann

CASA Child, Youth and Family Mental Health

Chelsea Ohlmann will explore the results of a qualitative analysis of a grassroots, school-based suicide prevention group in a secondary school in British Columbia. In the Alive group, at-risk high school students, 15 to 18 years of age, learned to support each other, became literate in mental health issues, and created presentations on suicide prevention to perform to their peers. The authors employed the qualitative method of the Listening Guide to explore how participation in this suicide prevention program impacted the participants’ resiliency. Through their experience of the Alive group, the participants developed and strengthened inner and interpersonal resources of resilience and knowledge of themselves and others. Motivated by their own healing, they articulated a desire to help and impact others with what they had learned. Findings suggest that this youth-driven group enabled the students to re-think how suicide prevention should be implemented and it empowered them to use their own experiences to impact the lives of those around them.

From Institutional Ethnography to Unanticipated Analytical Possibilities: Emergent Approaches in a Study About Undergraduate Nurse Employees

Symposium Chair: Janet M Rankin, University of Calgary

Symposium Description:

This symposium presents the efforts of an interdisciplinary team (education, nursing, sociology) to consider divergent approaches to explore the work and experiences of undergraduate nurse employees (UNEs). UNEs are student nurses, who, having completed a required number practice hours as students, are employed as unregulated health care workers to provide nursing care.

Emerging within an institutional ethnography (IE), the data raised new questions and triggered alternative responses. Further to Kincheloe’s (2001, 2005) notion of bricolage – the purposeful, interdisciplinary combination of methodologies to investigate complex social phenomena – our process illustrates the potential to (re)view data collected with one methodological and analytical intention through alternative lenses, to enable varied interpretations. Approaches and premises applied retrospectively can yield novel and multidimensional findings.

The symposium appeals to conference-goers interested in possibilities for methodological and analytical approaches and fusions, including institutional ethnography, narrative and cultural-historical activity theory (CHAT). As well, it disseminates important knowledge for people who encounter UNEs (nurses, managers, educators and patients). Moreover, in providing insights into the apprentice model of learning, the discussion has relevance for practice education more broadly.

Abstract #1: An institutional ethnographic view into undergraduate nurse employment: “Hi, I’m your nurse for the day”

Karen Melon

Alberta Health Services

Janet Rankin

University of Calgary

Maintaining the standpoint of UNEs, our examination adhered to IE’s distinct ontological approach (Smith, 1987, 2005). Our ethnographic attention focused on the work processes of UNEs to determine how UNEs work links into the complex of institutional interests and relations affiliated with the role. Observations, focus groups and interviews with UNEs, interviews with managers, schedulers, union representatives, human resources personnel, nurse educators, and the College of Registered Nurses in Alberta are analyzed alongside employment and regulatory documents (ie policies, standards, competencies and the Health Professions Act). The research demonstrates that for many UNEs the opportunity to gain employment experience is important and beneficial, however, we uncover troubling junctures in their work. The analysis tracks the practices and complex relations that un-regulate multifaceted, complicated nursing activities. These employment practices produce hidden consequences for the UNEs, the registered nurses “supervising” them and the patients who are assigned into the UNEs care. From the student’s/employee’s first encounter with a patient -- “Hi, I’m your nurse for the day” -- the UNE and the registered nurses on duty work within socially organized risks.

Abstract #2: Rhythms and Reflections: Stories of Tensions and Lessons Learned among Undergraduate Nurse Employees

Joanna Szabo-Hart

Mount Royal University

Kaela Jubas

University of Calgary

Drawing on arts-informed research (Cole & Knowles, 2008) and narrative inquiry (Chase, 2005; Leggo, 2005), we use this as an opportunity to extract and discuss found poetry within our data. In so doing, we look into the narratives of UNEs, and consider how their stories manifest iterations of a complex learning process embedded in social networks. We begin by outlining a series of storied themes and tensions inherent in them. In stories of “getting in the door” we centre on the tension between being well prepared and being lucky. Stories about “training on the floor” feature the tension between the ideas that education serves to prepare people for work and that work serves as an educational arena. Stories about “knowing the score” raise the tension between systematic and ad hoc decision-making. Finally, the tension between being at the top of the class and being at the bottom rung of the workplace ladder surfaces in stories of “who gets more.” From these stories and tensions, we have identified several lessons. These relate to the presence of competition and hierarchy; confusion around workplace boundaries; acceptance of what one can and cannot know or do; the importance of relationships in building skills and confidence; the continual nature of learning in the workplace; time management as the default response to over-work; and the notion that surveillance is constant, but different, across contexts.

Abstract #3: An Impromptu CHAT: One Analytical Intervention

Kaela Jubas

University of Calgary

In this presentation, I apply CHAT to complement an institutional ethnography (IE) exploring Alberta's UNE program. Like IE, CHAT emerges from the historical materialist tradition. People are seen as "continually shaping and being shaped by their social contexts [in a way] that immediately problematize[s] knowledge as something discrete or acquired by individual" (Roth & Lee, 2007, p. 189). Aligned with socioculturalism, CHAT also makes space for agency by acknowledging the mutuality of sociomaterial history, cultural influences, and personal biography/choice. A CHAT analysis recognizes the mediation on relations, activities and practices by artefacts (i.e., tools, language, discourse, ideology, organizational and social expectations, cognitive and affective schema). It focuses on the working through of cooperation and tension in any activity, viewed as unpredictable learning which is "both symbolic and material" (Fenwick, Edwards, & Sawchuk, 2011, p. 75). I attend to one part of the study's data: discussions with participants who (have) held UNE positions. That employment becomes an intersection of two overlapping "activity systems" (Fenwick et al., 2011, p. 83): the nursing classroom and the hospital workplace. In negotiating dual roles – as students and workers – UNEs are exposed to, replicate, repudiate and illuminate particular artefacts, and potentially generate new understandings as they participate in activities with registered nurses, fellow UNEs, instructors and peer students. Ideologically inflected discourses of the work-ready student, knowledge and quality, and alternations between regulatory enforcement and violation are among the artefacts and activities that surface among UNEs and are explored here.

Using organisational ethnography to expose and challenge structures and processes perpetuating healthcare inequity

Symposium Chair: Lynn McIntyre, University of Calgary

Description of Symposium:

This symposium explores the opportunities and challenges presented by organisational ethnography for understanding and prompting action on healthcare inequity. A concern to understand and address the causes of health inequity is sustained across a wide range of countries. While acknowledging the importance of wider social determinants to inequity, the contribution of healthcare delivery also deserves scrutiny. Healthcare systems reproduce the processes of inclusion and exclusion operating in wider society. Healthcare provision therefore often fails to mitigate, and can even exacerbate, inequities. 'Deep structures' operating within healthcare organisations are, however, difficult to unearth and address. Ethnography has been used extensively to explore healthcare organisations often with a focus on quality, safety or efficiency. This symposium invites greater use for the health equity agenda. We will engage the audience by presenting rich empirical findings from ethnographic studies in contrasting settings coupled with in-depth discussion of methodological strengths and challenges of this approach.

Abstract #1: Understanding and addressing healthcare inequity: A role for ethnographic research?

Sarah Salway

SCHARR, University of Sheffield

Zubia Mumtaz

University of Alberta

Lynn McIntyre

University of Calgary

A concern to understand and address healthcare inequity is growing. It can, however, be challenging to gain detailed knowledge of the processes of inclusion, exclusion and disadvantage that operate within healthcare organisations. This paper draws on a narrative synthesis of selected studies, combined with the authors' experiential learning, to consider the opportunities and challenges presented to this agenda by organisational ethnography. Ethnography has been operationalised in a variety of ways within healthcare organisational studies, though the combination of formal interviews with naturalistic observation is common. The ability to uncover cultures, structures and processes that characterise healthcare organisations is a strength of the method; studies reveal taken-for-granted behaviours, implicit 'world views' and passive processes of marginalisation. The close focus on language often gives insight into local meanings (such as the problematisation of particular groups of patients). Studies guided by 'critical' theoretical perspectives, combining 'grounded', emic accounts with exploration of 'deep structures' seem particularly helpful in providing new insight. However, there is often resistance among decision-makers to findings that locate the causes of inequity within their own healthcare organisations and programme design. Ethnographic findings can also be challenging to translate into research products that are familiar and credible to healthcare audiences. Some ethnographic studies have engaged healthcare managers and practitioners as co-researchers with some success. However, we need to explore how the strengths of ethnography might be combined with co-production approaches in order to engage the end-users of evidence so that improved understanding might be better translated into effective action on inequity.

Abstract #2: Understanding the marginalisation of ethnic diversity and inequity within UK healthcare commissioning: contributions and challenges of organisational ethnography

Ghazala Mir

University of Leeds

Sarah Salway

SCHARR, University of Sheffield

Lynne Carter

West and South Yorkshire & Bassetlaw NHS Commissioning Support Unit

Daniel Tuner

Independent Consultant

George Ellison

University of Leeds

Kate Gerrish

University of Sheffield

In contrast to elsewhere, including the US, the UK health inequalities agenda has been predominantly concerned with socio-economic differentials in health determinants and outcomes with other axes of disadvantage, notably race/ethnicity, largely being overlooked. This omission is striking given the UK's apparently strong legal and policy frameworks promoting race equality. It is also problematic, resulting in a partial understanding of the processes producing poor health for minority ethnic people and interventional strategies that may amplify disadvantage. This study aimed to understand this situation through an in-depth exploration of the healthcare commissioning arena.

Organisational ethnographic methods were employed across three commissioning organisations, involving interviews with strategic and operational actors (70+), extensive observational work over nine months and detailed documentary analysis (100+). Aspects of organisational culture and structures, coupled with the worldviews and skills of key actors, were found to marginalise the race/ethnic equality agenda within these organisations. Paying attention to ethnic diversity and inequality within commissioning activity was frequently constructed as illegitimate, complex and risky. While official processes could appear to incorporate attention to ethnic diversity, naturalistic observation allowed us to

'follow documents around' and tap into both official and private discourses in order to uncover taken-for-granted 'rules' and the active and passive ways in which progress on ethnic inequality was commonly blocked. Some pockets of good practice were identified, but since organisational cultures did not routinely performance manage against this agenda, innovation remained siloed and any increased competence remained confined to the individual level.

Abstract #3: Using organisational ethnography to reveal how gender and caste inequities impact on programme functioning in Pakistan: the case of the Community Midwife Programme

Zubia Mumtaz

School of Public Health, University of Alberta

Adrienne Levay

School of Public Health, University of Alberta

Afshan Bhatti

Real Medicine Foundation

Sarah Salway

SCHARR, University of Sheffield

In 2006, Pakistan introduced Community Midwives (CMW) to address skilled birth attendant shortages in rural areas. Women are trained and deployed back to their home villages, where they are expected to provide domiciliary care in the private sector. Research suggests the program is functioning sub-optimally. This investigation aimed to explore the obstacles to program success. Using an institutional ethnographic approach, data were generated using observations, focus group discussions, and in-depth interviews with 36 CMWs, 20 policymakers, 45 health care providers and 136 community members. The institutional ethnographic approach draws on local actors' descriptions of their daily activities, together with observation, to develop a rich picture of the larger network of relations and processes that organize and govern organizational environments. The enrolment criterion – 10+ years of education- was found to bias recruitment towards relatively wealthy women. In a gendered context that idealizes women as economic dependants, the CMWs did not need to work, particularly in this traditionally low-status occupation, and most did not function as CMWs post-training. The program aims to provide domiciliary care to overcome women's gendered mobility restrictions. However, CMWs are subject to these same mobility restrictions and found this job requirement difficult to perform, since violating a key gendered norm could have serious consequences. The few functional CMWs provided inadequate care to poor women, tending to reinforce discrimination of wider society. The ethnography revealed class and gender inequities overlooked in program design and suggested leverage points for improved functioning

Exploring Narrative Analyses and Dissemination: Re-stor(y)ing Life within Life-threatening Illness

Symposium Chair: Anita Molzahn, University of Alberta

Description of Symposium:

Increasing numbers of people with serious illness live in-between the promise of treatment and the threat of recurrence or progression of disease and yet this experience is not well understood. A better understanding of these liminal experiences is important for developing meaningful supports and resources to improve quality of life for people living with cancer, end-stage renal disease and HIV. This symposium will focus on mixed analytic and dissemination approaches within narrative inquiry. Drawing on findings from a narrative study exploring how people living with life-threatening illness story and re-stor(y) their lives, the symposium will present: 1) narratives of keeping secrets using métissage; 2) describe how metaphor may illuminate stories of aging with HIV; and 3) explore the space between data analysis and

dissemination using an array of knowledge translation strategies. Creative and innovative analytic and dissemination strategies to share stories of living with life-threatening illness will be discussed.

Abstract #1: Keeping Secrets: A Métissage of Living with Life-Threatening Illness

Anne Bruce

School of Nursing, University of Victoria

Laurene Sheilds

School of Nursing, University of Victoria

Rosanne Beuthin

School of Nursing University of Victoria, and Practice Consultant, Island Health

In Canadian society, living with a life-threatening health condition can be troublesome. For some patients, communicating openly and directly about their illness comes easily, while for others fear of disclosure keeps them silent. In this paper we discuss findings from a narrative study examining the nature of keeping secrets in the context of health and illness. These findings are part of a larger project studying how people living with life-threatening illnesses story and re-story their lives. A narrative approach drawing on Frank's (2010) socio-narratology and Reissman's (2008) inductive approaches were used. Semi-structured in-depth interviews were conducted with 32 participants representing three disease populations of interest: (a) 10 people living with cancer, (b) 14 with end-stage renal disease, and (c) 8 people living with HIV/AIDS. Using the metaphor of a double-edged sword we explore the importance of orientating to secrecy as a social practice that cuts both ways through three metonymic narratives of: connecting-and-isolating, protecting-and-harming, and empowering-and-imprisoning. To bring the richness of narrative forward, we weave a 'métissage' approach for disseminating findings. Métissage uses performativity that lets stories breath (Frank, 2010), having others bear witness to the challenges people with life-threatening illnesses face when withholding and revealing about their illness. Using métissage as a performative methodology of narrative research, we create stories of similarity and difference, where narrators and listeners enter stories that play with particular themes and yet as metonymies refuse to be allied with any one.

Abstract #2: Metaphors of Aging with HIV

Rosanne Beuthin

School of Nursing University of Victoria, and Practice Consultant, Island Health

Anne Bruce

School of Nursing, University of Victoria

Laurene Sheilds

School of Nursing, University of Victoria

The second presentation in the symposium focuses on metaphors embedded in the stories of older adults living with HIV, and how metaphors help illuminate often hidden meaning. The success of antiretroviral treatment has enabled persons with HIV to survive to age 50 and beyond. By 2015 approximately half of adults with HIV in the USA will be 50 and older. While HIV may be more manageable with medications, to age with HIV is not without challenges and the implications of this extended life expectancy are only beginning to be fully understood. For this reason, the graying of HIV is considered a new crisis. Metaphors have a powerful influence on how an individual tells of and lives their illness. They have the ability to shape, constrain, expose, liberate, or illuminate how one actually experiences the disease itself and their own person. Narrative inquiry was used to examine metaphors within the stories of five older adults living with HIV for at least 10 years. This presentation will offer a balance between description and interpretation, and highlight a

shift in metaphors of aging within this population over the past three decades. Often it is the case that health care providers do not listen for, hear, or understand metaphors as a means to support wellness, yet an increased understanding of the role of metaphors used by adults aging with HIV can generate insights inspire and improve care.

Abstract #3: Knowledge Translation in Action: The Space Between Analysis and Dissemination

Laurene Sheilds

School of Nursing, University of Victoria

Anne Bruce

School of Nursing, University of Victoria

Rosanne Beuthin

School of Nursing University of Victoria Practice Consultant, Island Health

The final presentation in the symposium will explore the tensions between qualitative analysis and knowledge dissemination through examining a range of knowledge translation (KT) resources. Data analysis and dissemination of findings are often described as distinct or sequential processes, however, our narrative research team has used the knowledge translation process to further our analytic skills and to explore how knowledge translation also illuminates the stories we tell. Based on narrative interviews with 32 participants conducted over a three-year period, including representational symbols of illness, findings from the project will presented through sharing a range of KT strategies. These innovative resources include web-based approaches (vignettes with participant voice overs), community brochures using aesthetically pleasing images and narrative quotations, and symbolic images with poetic renderings. The contribution of creative and innovative arts and web-based strategies will be discussed in relation to the analytic process of narrative research. While evaluation research on the impact of these arts-based strategies is needed, these strategies have benefits in guiding and focusing the process of analysis itself as well as in offering accessible and evocative platforms for nursing research.
