



Abstracts, Pecha Kucha Presentations

Listed alphabetically by last name of presenting author

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.

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

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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.

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?

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.