# Applied Doctoral Research at BCIT: Lessons Learned and Next Steps

November 2024

# Today

- The EdD program
- Key steps
- My project concept
- Findings and outcomes
- What I learned along the way
- Your input/help – how to disseminate

# The EdD

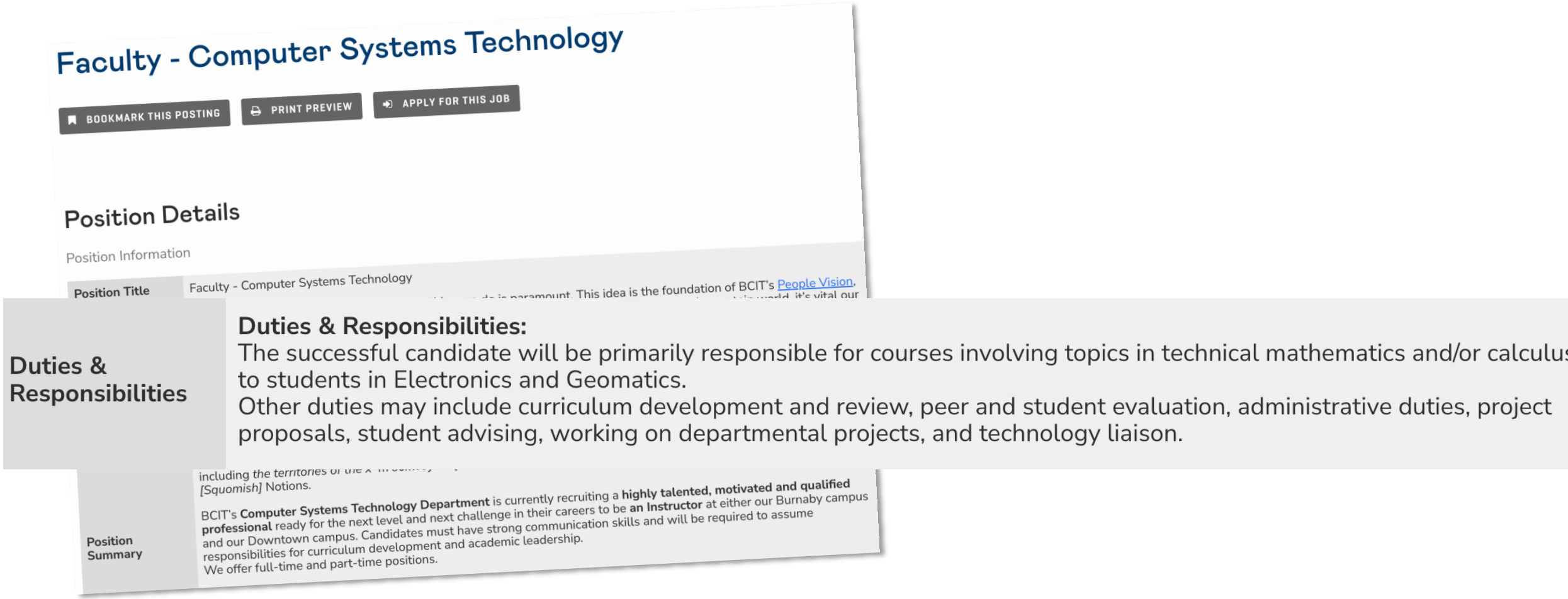
- UBC’s Doctorate of Education in Educational Leadership and Policy
- Cohort based education
- Applied in 2019 (faculty), accepted in 2020 (as AD)

# Key Steps

- EdD Coursework
  - Seminar; Ethics; Policy; Research 1; Leadership; Self that Teaches; Research 2; Comps Prep
- In Comps
  - Literature review
  - Prepare theoretical framework
  - Play with research questions
  - Mini defense of ideas
- Research Proposal + Candidacy
- BREB
- Research Study
- Dissertation drafting
- **Nomination of external**
- Defense
- Graduation and publication on CIrcle

# Polytechnic Instructors as First Responders to Student Crises: Centring Faculty Voices

Adapted from Comps




Prepare course outlines, prepare teaching materials, create and share assignments, deliver course content, mark assignments, monitor student academic progress, and report out on student performance including submitting official grades to administration.

I ♥ NY

RESOURCE
MEET THE TEAM!
june
2017

MARKETING
BRITISH COLUMBIA
INSTITUTE OF TECHNOLOGY

# Research Questions

The overall question for my study is: what are the experiences of some Polytechnic Institute instructors when they are the first to respond to students in crisis and how might they be better supported in these interactions?

# Sub questions

1) What types of contact do these instructors have with students in distress? Where, when, and how are these encounters taking place?

2) How do these instructors experience their (in)ability to respond with care in those encounters? What are the commonalities and differences in these experiences?

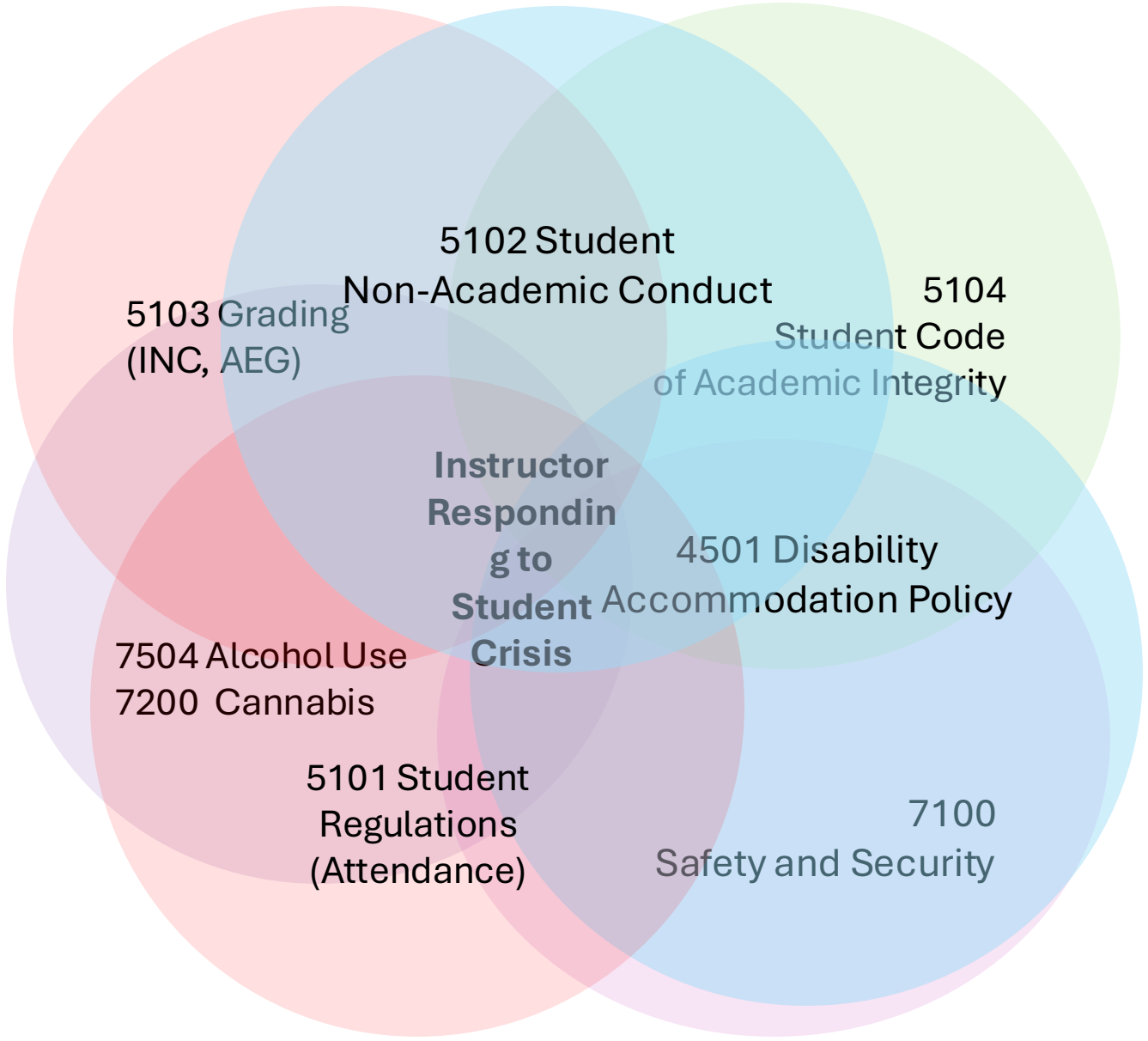
3) How do institutional, social and societal structures and systems facilitate or hinder these instructors' caring responses to (and/or caring relations with) students in crisis?

4) What are the personal and professional risks involved (either perceived or actual) for these instructors engaging with students in crisis, and how might these be mitigated?

# Policy and Current Practice

*Legal context*
*(Hannah and Stack, Handbook of Canadian higher education law)*

- *in loco parentis*, in the place of the parents
- *McKinney v University of Guelph* 1986 (universities can manage their own affairs)
- complex intersection of
  - *statutory* law
  - *administrative* law
  - *constitutional* law
  - *private* law
  - *tort* law
- Charter rights, duty to accommodate, need to provide a safe learning environment


5102 Student
Non-Academic Conduct
5103 Grading
(INC, AEG)
5104
Student Code
of Academic Integrity
Instructor
Respondin
g to
Student
Crisis
4501 Disability
Accommodation Policy
7504 Alcohol Use
7200 Cannabis
5101 Student
Regulations
(Attendance)
7100
Safety and Security

## Appendix A: Examples of Post-Secondary Resources Related to Student Mental Health

This non-comprehensive list catalogues the resources from British Columbia and in the literature that I have encountered while researching this topic.

| Resource Type | Name | Organization Responsible | Purpose | Key Components | How Instructors are Involved |
|---|---|---|---|---|---|
| Guidebook for a Facilitated Workshop | Capacity to Connect: Supporting Students' Mental Health and Wellness | BCcampus's Mental Health and Wellness Project, funded by Ministry of Advanced Education and Skills Training; advisory group of students, staff, and faculty from B.C. post-secondary institutions | "to provide access to education and training resources for faculty and staff to better enable them to support postsecondary students with their mental health and wellness" (p.ix) | OER Guidebook to a two-hour session that covers:<br>• Wellness<br>• Mental health knowledge<br>• Three Rs framework: recognize, respond, refer<br>• Maintaining boundaries<br>• Practice scenarios<br>• Summary and closing | Can participate in, or facilitate, a workshop; can implement the tools from the workshop into their practice. Uptake outside of UVic is unclear. |
| Guidebook for a Facilitated Workshop | Let's Talk About Suicide: Raising Awareness and Supporting Students | BCcampus's Mental Health and Wellness Project; adapted from initial UVic workshop by Dawn Schell, Jewell Gillies, Barbara Johnston, and Liz Warwick | As above; and "training was developed to reduce the stigma around suicide and to help faculty and staff acquire the skills and confidence to ask if a student is considering suicide, listen to that student in a non-judgmental way, and then refer them to appropriate resources" (p.1) | OER Guidebook to a two-hour session that covers:<br>• Why we need to talk about suicide<br>• Exploring our own feelings about suicide<br>• Observing and recognizing the signs<br>• Responding<br>• Referring<br>• Scenarios<br>• Maintaining boundaries<br>• Summary and closing | Can participate in, or facilitate, a workshop; can implement the tools from the workshop into their practice. Uptake outside of UVic is unclear. |
| Guidebook for Individual Implementation | Creating Conditions for Well-being in Learning | SFU Health Promotion and The Centre for Educational Excellence | As part of "working with instructional staff to create conditions for well-being within | • Personal Development<br>• Flexibility<br>• Social Connection<br>• Optimal Challenge | Provides instructors with definitions and examples of each of these concepts. |

# BCIT Early Assist Referral Form

EARLY ASSIST COVID-19 MONITORING – PLEASE READ BEFORE PROCEEDING

NOT ALL COVID-RELATED CASES REQUIRE A REFERRAL. Only submit a referral for COVID-related concerns in the following cases:
1) Either the student or the program/faculty needs assistance with identifying reasonable academic accommodations, OR
2) The student requires additional case management support outside of their program.

It is NOT necessary to submit a referral in any other cases involving COVID-19, including COVID positive cases. Instead, students should be following the BC Centre for Disease Control's self-isolation/self-monitoring requirements. Once a student has completed the self-isolation requirements and their symptoms have resolved, they may resume in-person class activities.

Programs should be prepared to provide reasonable academic accommodations for absence and/or work missed due to illness or self-isolation requirements. To reduce strain on the medical system, it is recommended that medical notes not be required.

For information about the Rapid Testing Kits, please visit the BCIT Rapid Antigen Tests webpage.

EARLY ASSIST: STUDENT SUPPORT
If your concern is related to student academic, behavioural, or personal challenges, please provide as much relevant information as possible.

If there is a current safety concern, contact 911 or Safety & Security at 604-451-6856 (24 hours).

* indicates a required field

## EARLY ASSIST

# Literature Review

- Initial focused on Student Mental Health, Instructor Roles, Instructor Responses
- First section expanded to look at The Changing Face of Students
  - First Generation College Students; International Students; Students with Disabilities
  - Students are changing, and the institute is struggling to keep up
  - Instructors are increasingly called on to support

# Mental health disorders

- 75% of MHD present by age 25
- often when symptoms peak
- 20% have AUD signs
- excessive alcohol use top cause of preventable death in this cohort in the US

(Pedrelli et al, 2015)

# Students seeking help

- Three models: health belief, Andersen behavioural and network episode (Eisenberg, Hunt and Speer, 2012)
- Barriers: stigma, perceived need, social context, cultural competence
  - “if you’re not the ‘norm’, you’re out” (Ong, 2017, p.20)
- Supports: normalize mental health problems; broaden range of services; increase the awareness of services (Ong, 2017; Spiker and Hammer 2021)
- Instructors can play a role: influencing belief, reducing barriers, and participating in campus networks of support

# What role should faculty play in supporting student mental health?

**In all the strategizing, expanding and refining of services on offer to students who struggle with anxiety, depression or any number of other serious mental illnesses, faculty are asking, where do we fit?**

BY MOIRA FARR
OCT 31 2018

# Recognize, Render, and Redirect

- DiPlacito-DeRango, 2017, 3Rs
  - "*recognize* … a challenge or stressful situation" (p.287)
  - "*render* preliminary initiatives of support in their classrooms" (p.287)
  - *redirect* the student to other support at the institution
- Document analysis in 2021 to find evidence; less than half the time
- Makes assumption about the instructors' experience: "what is in place is not necessarily what is in practice" (2021, p.12)

# First point of contact

- 87% of instructors believe supporting students is part of their role; 63% not engaging in recognition and referrals (Albright and Schwartz in Kalkbrenner, 2021)
- Recommended
  - awareness and education about the institute's counselling centre
  - unifying campus resources and policy
  - structuring the learning environment to remove barriers and facilitate connection
  - advocating for more resources for the counselling centre

TEACHING PROFESSION

# Superficial Self-Care? Stressed-Out Teachers Say No Thanks

By Alyson Klein — March 01, 2022 6 min read

# Impacts on Instructors

- Mostly focused on K-12 to date
- Spear, Morey, and van Steen (2021) mixed methods with UK higher ed faculty (p.1124)
  - 91% encountered students with a mental health problem (MHP)
  - 51% witnessed impacts on other students
  - 45% received “inappropriate communication”
  - 42% “experienced inappropriate behavior”
  - 16% been threatened
  - Majority felt they did not have the time or resources to respond to these challenges and were “distressed” during or after the encounter (p.1125)

# Theoretical Framework: Caring Ethics

*Focus of the theory from micro to macro*

## *Carelessness and Caring in Higher Education*

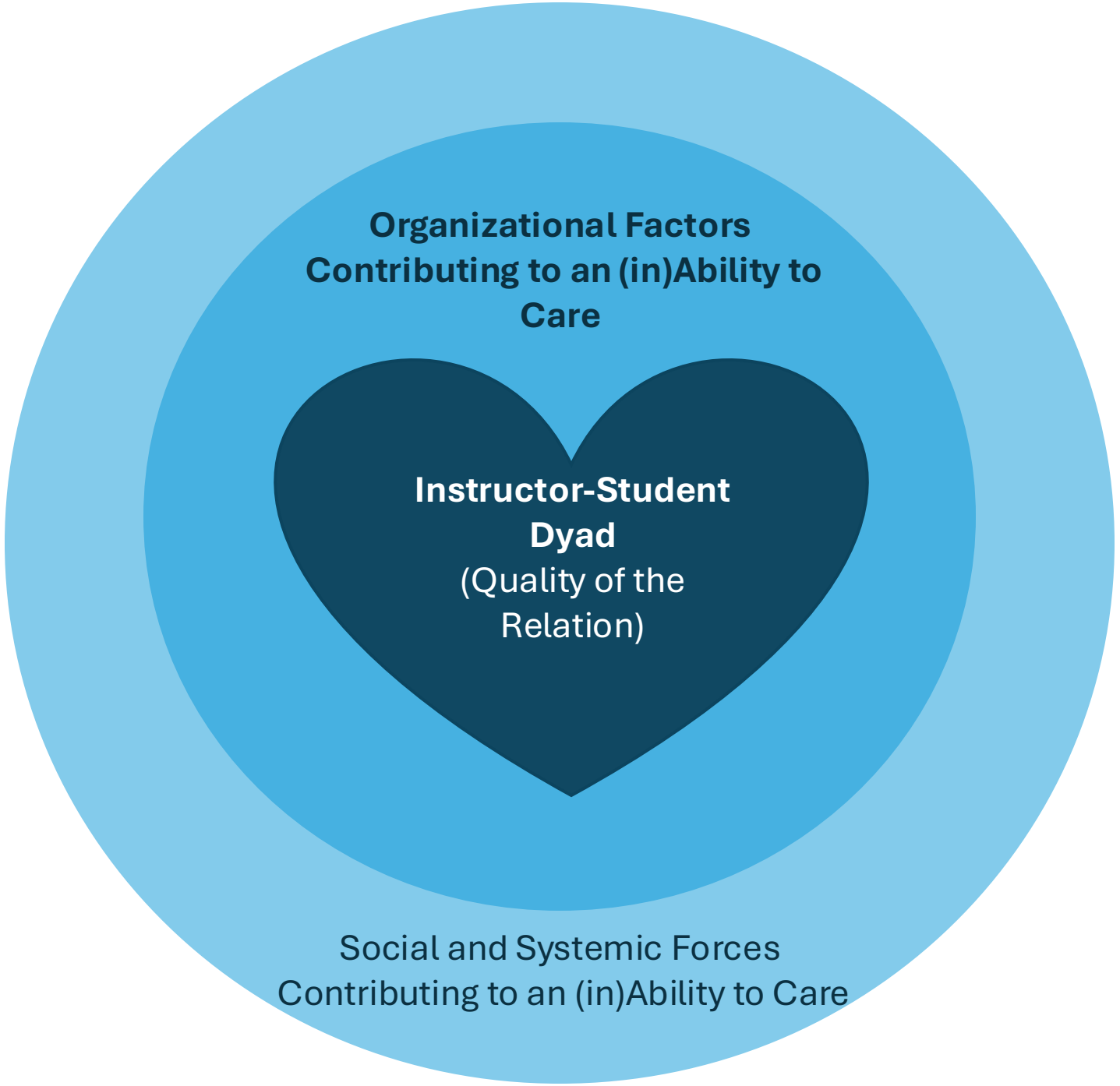
- “a culture of carelessness … has been exacerbated by new managerialism” in higher education (Lynch, 2010, p.54)
- “moral imperative on women to do care work … and on men to be care-less” (Lynch, 2010, p.54)
- “learning is a complex activity of the whole person … advancing student success requires attention to students as whole people” (Keeling, 2014, p.141)
- “A concerned faculty member … **is not enough; the institution as an institution must notice and act”** (Keeling, 2014, p.146)
- “it is not only students that benefit from a caring relationship; **when teachers are valued as caring individuals, this can shift the landscape of pressures and constraints that are placed on them**” (Schrock, 2019, p.192)

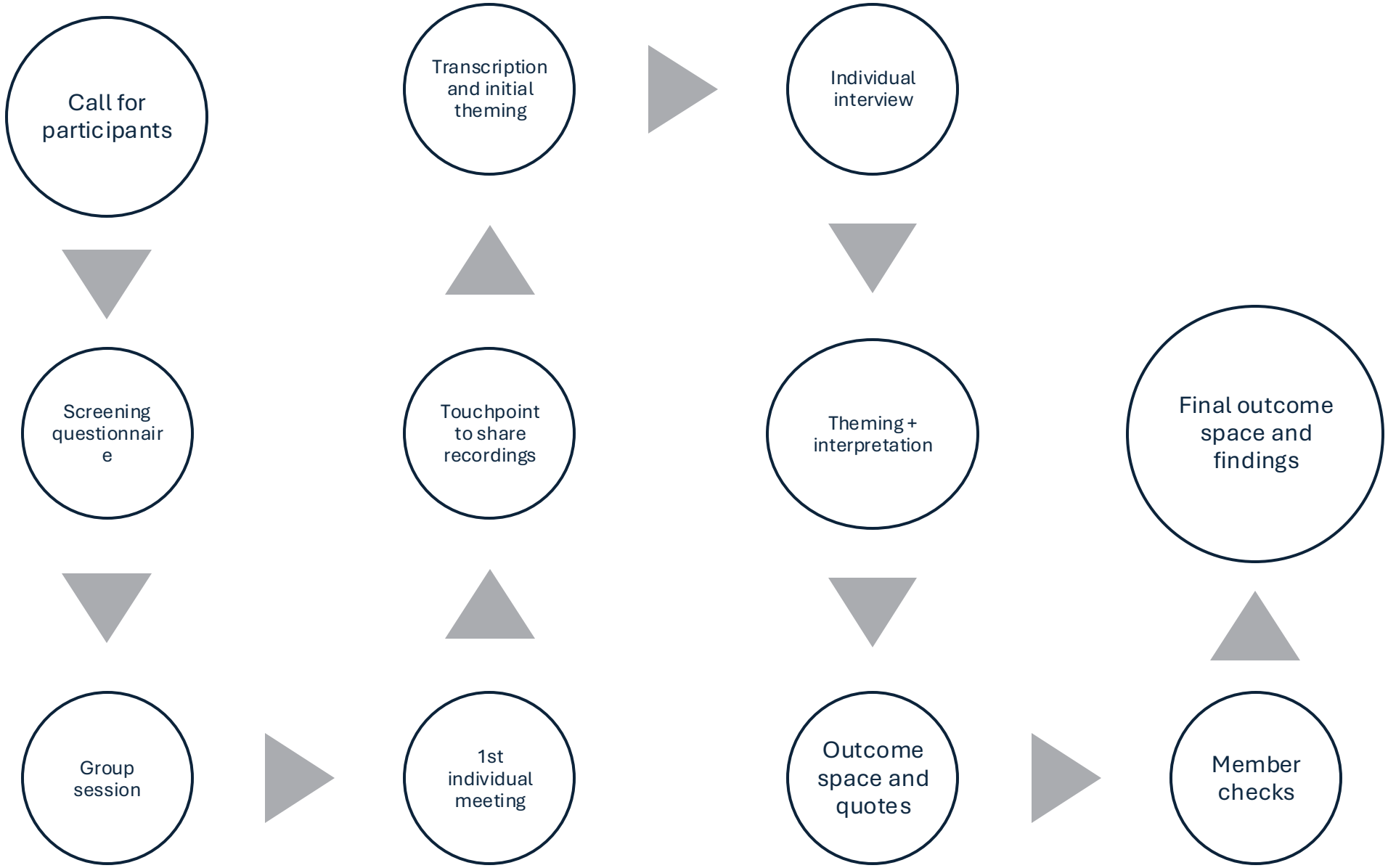
# Implications for my study

1. Examination of the dyadic (student-instructor) relation of care championed by Noddings (2012)

2. Acknowledge the institution in which these relations are occurring (via Tronto, 2010)
   - Seven signs an institution is not caring well
   - BCIT as a caring institution

3. As well as the influence and pressure of capitalism on caring
   - Care as a commodity

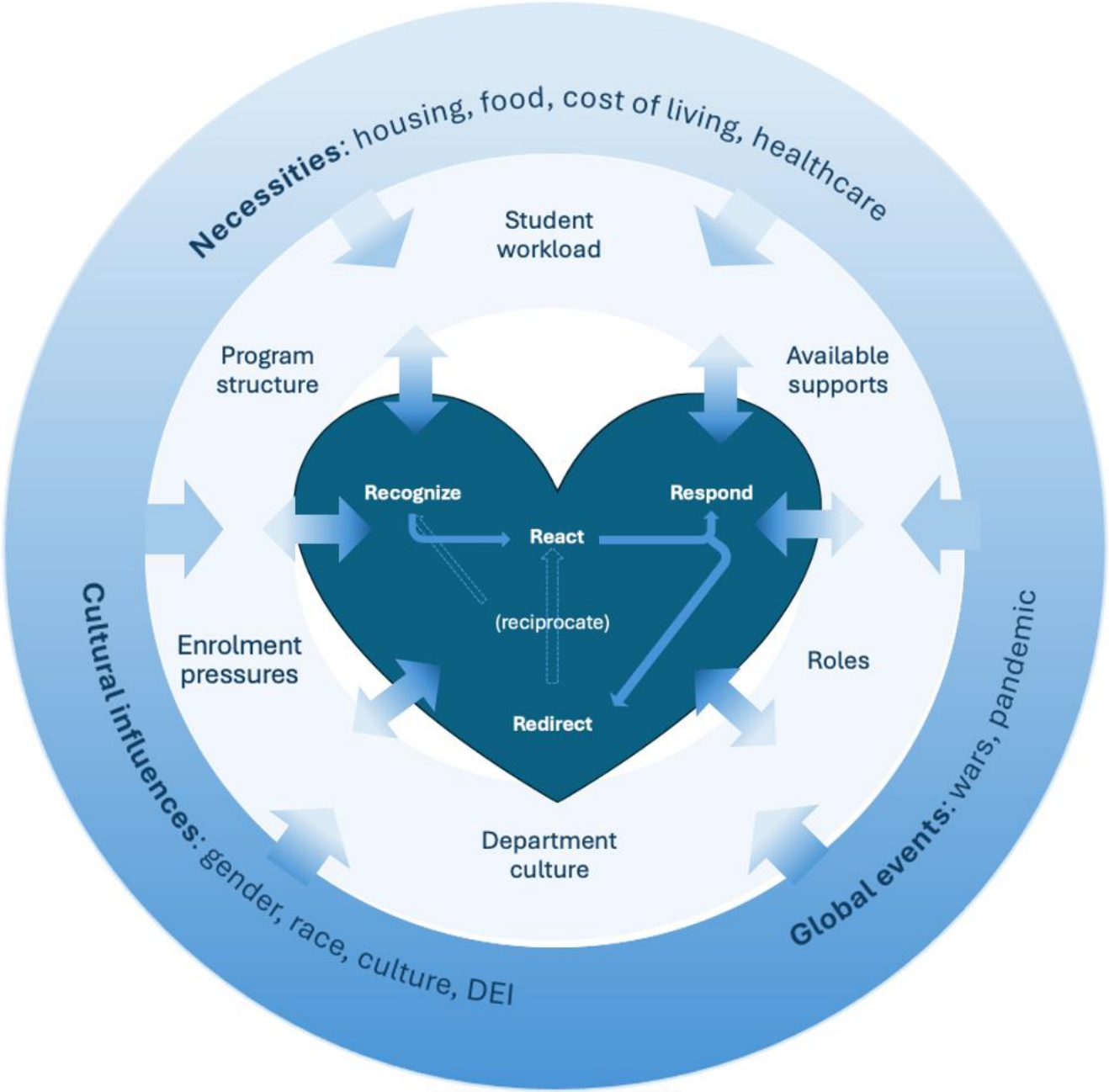

Organizational Factors Contributing to an (in)Ability to Care
Instructor-Student Dyad
(Quality of the Relation)
Social and Systemic Forces Contributing to an (in)Ability to Care


Call for participants
Screening questionnaire
Group session
1st individual meeting
Touchpoint to share recordings
Transcription and initial theming
Individual interview
Theming + interpretation
Outcome space and quotes
Member checks
Final outcome space and findings

# What I learned along the way

- Recruitment is challenging, especially at BCIT
  - Faculty don’t use the Loop
  - Faculty don’t have time
  - I couldn’t recruit from my own School
- BREB is tedious but don’t be scared
  - BCIT and UBC share an ethics review so it’s streamlined
- Do what you love and what you care about
- There will be impacts on practice – SWAC; Policy Chair, EdCo bylaws review

# Preview of Findings and Outcomes

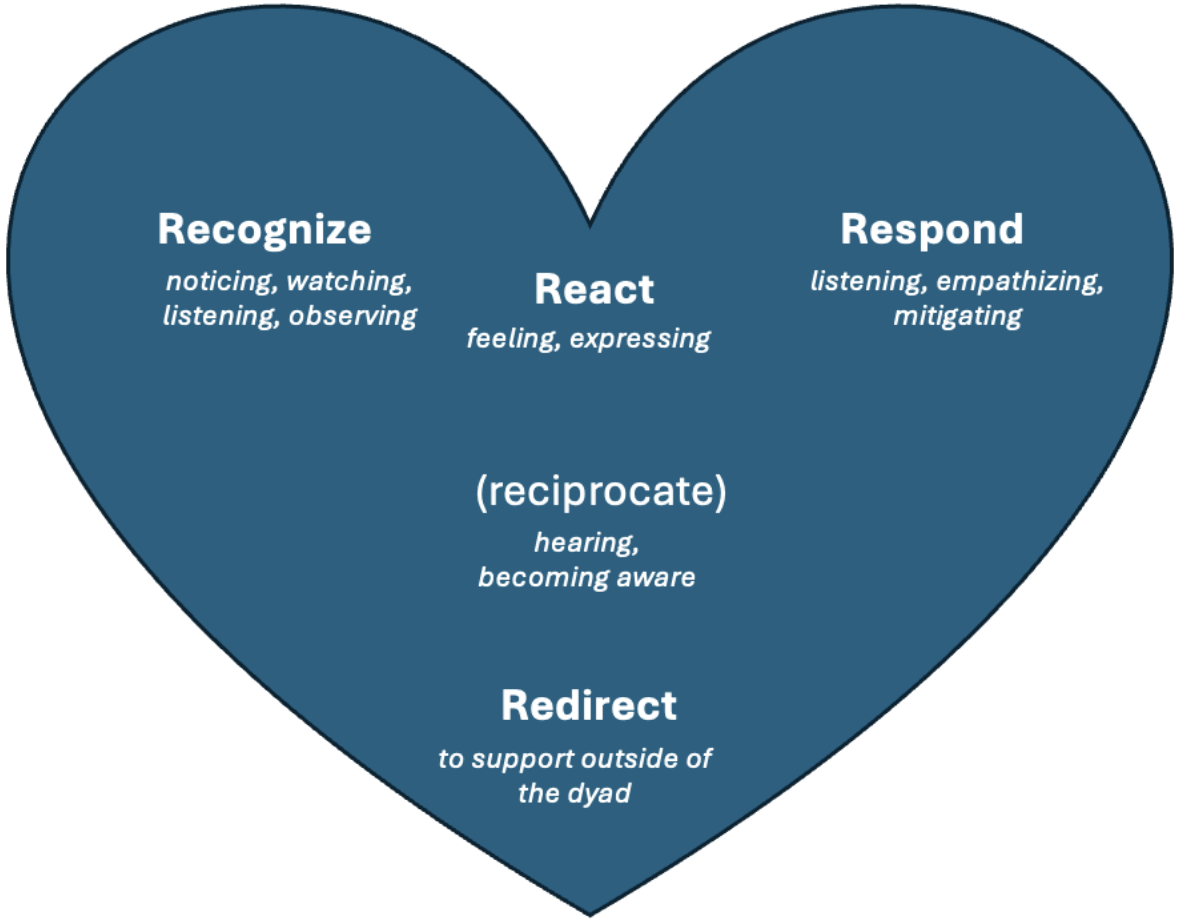


# 1) What types of encounters?

- In the hallways, in classrooms, on email, in online class chats
- About personal matters as well as academic

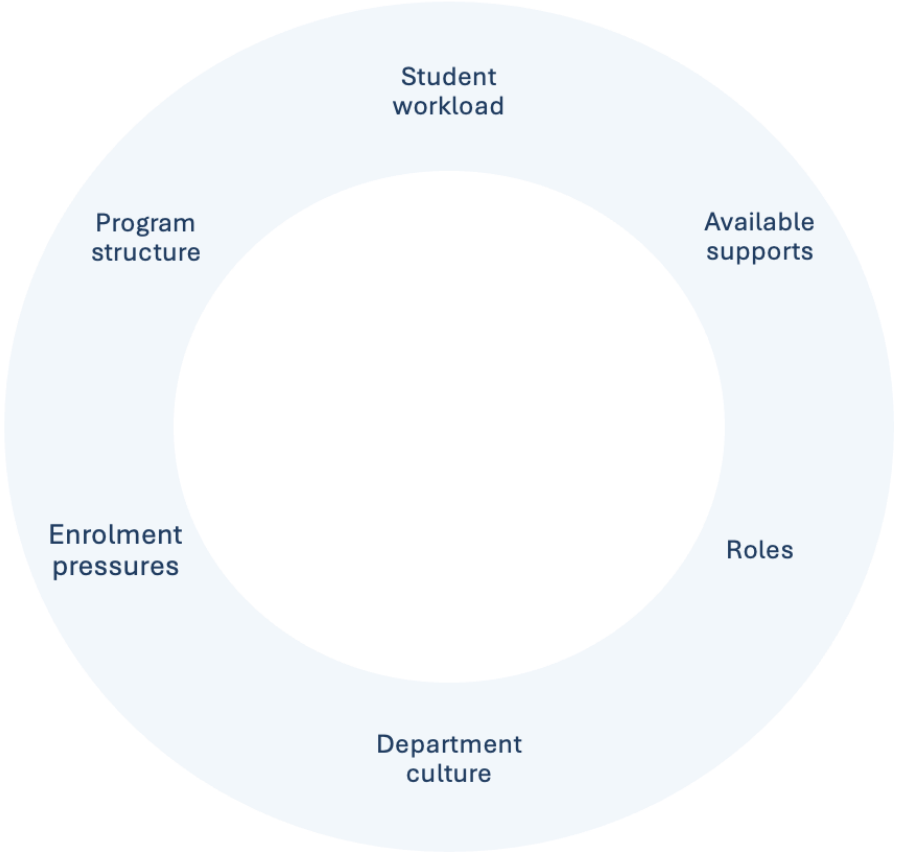
# 2) How do instructors experience their (in)ability to respond with care?

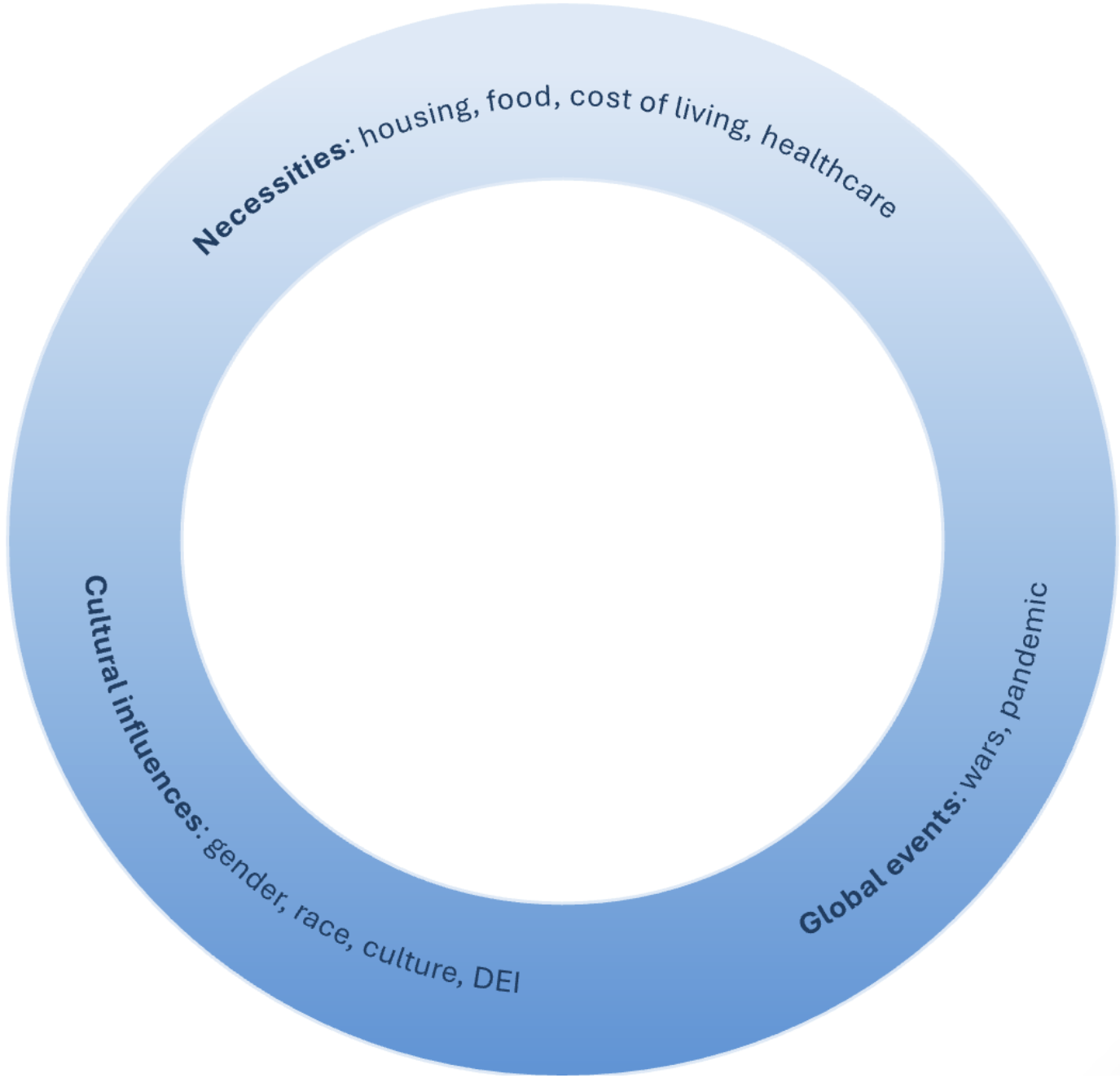
- Mostly centred on the reaction phase
- Impacted by reciprocation (or lack thereof)
- Also impacted by institutional pieces



# 3) How do institutional, social systems facilitate or hinder caring responses?

- The largest factor named by participants was student workload
  - Not credit count per se, but volume of work
- Lack of caring culture
- Integral ‘make or break’ of the program head




**Necessities**: housing, food, cost of living, healthcare
**Global events**: wars, pandemic
**Cultural influences**: gender, race, culture, DEI

# 4) What are the risks?

- Professional
  - Contracts not renewed
  - Strive with colleagues
- Not legal
  - Not mentioned by any
- Lesser for those who have more experience
- Lesser for regularized

# Recommendations for BCIT

- Initiate a Conversation Around a Culture of Care
- Honour Instructor Voices
- Clarify Roles and Embed Care into Responsibilities
- Provide Appropriate Training to Instructors
- Increase Available Supports to Match Constraints and Contexts
- Make it Easy to Share Information

# How could I disseminate my results?

- What would have impact?
- What channels do we have?
- What channels do we need?

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