An Examination of Experiential Learning to Expand Knowledge of Interprofessional Collaboration Among Behavioural Psychology Students

by

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Dedication

To my high school teacher and basketball coach, Mr. Noack, who inspired me to pursue an education in the psychology and Human Services field and taught me how powerful teamwork can be.

“Pleasure is the state of being brought about by what you learn. Learning is the process of entering into the experience of this kind of pleasure. No pleasure, no learning. No learning, no pleasure.”

— Wang Ken, Song of Joy
Abstract

Despite evidence supporting the benefits of experiential learning, many educational institutions do not regularly emphasize its use in the classroom. For graduates to reliably demonstrate the essential employability skills (EES) upon graduation, students should engage in as many experiential learning activities as possible to enhance these skills. Collaborative experiential learning may be especially important for students preparing to enter into the Human Services field, where working as part of interprofessional teams is essential while providing client-centred care. Behavioural psychology students participated in an Interprofessional Collaboration Experiential Learning Event (ICELE) that was hypothesized to enhance their overall knowledge of interprofessional collaboration, development of EES, and confidence in working as part of an interprofessional team. The ICELE was facilitated by alumni of the program who shared their real-world experiences working as members of interprofessional teams. The study’s overall goal was to determine if student knowledge acquisition of interprofessional collaboration and EES increased following participation in the ICELE and whether students and alumni shared similar opinions about the ICELE’s perceived usefulness. Results were analyzed using pre and post knowledge questionnaires. Feedback surveys were also used to determine if the ICELE’s perceived usefulness varied between students and alumni. Results suggest that students prefer to learn material through the use of experiential learning methods and that all participants believed that the ICELE was beneficial in increasing students’ confidence, ability, and skills to work as part of an interprofessional team while developing EES. Engagement in experiential learning activities, specifically relating to interprofessional collaboration, may benefit the Human Services field, as graduates will be more equipped with the skills needed to effectively work as interprofessional team members as they enter the workforce.
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Table of Contents

Dedication......................................................................................................................... ii
Abstract ............................................................................................................................... iii
Acknowledgements........................................................................................................ iv
List of Tables ...................................................................................................................... vi
Chapter I: Introduction ..................................................................................................... 1
Chapter II: Literature Review ........................................................................................ 2
  Experiential Learning .................................................................................................. 2
  Essential Employability Skills (EES) .......................................................................... 4
  Interprofessional Collaboration .................................................................................. 5
  Alumni Inclusion ........................................................................................................ 7
  Current Study ............................................................................................................... 7
Chapter III: Methodology ............................................................................................... 9
  Participants .................................................................................................................. 9
  Participant Selection and Informed Consent Procedures ........................................ 9
  Settings and Materials .............................................................................................. 10
  Research Design ........................................................................................................ 10
  Measures .................................................................................................................... 10
  Procedures .................................................................................................................. 11
  Analysis Strategy ....................................................................................................... 12
Chapter IV: Results ......................................................................................................... 13
  Pre and Post Interprofessional Collaboration Knowledge Questionnaires (ICKQ) .... 13
  Feedback Surveys ...................................................................................................... 15
  Thematic Analysis ..................................................................................................... 18
Chapter V: Discussion ..................................................................................................... 22
  Summary ..................................................................................................................... 22
  Contribution to the Behavioural Psychology Field .................................................. 23
  Strengths ..................................................................................................................... 23
  Limitations ................................................................................................................ 24
  Multilevel Challenges .............................................................................................. 25
  Recommendations for Future Research ................................................................ 26
References ........................................................................................................................ 28
Appendix A: Student Consent Form .............................................................................. 31
Appendix B: Interprofessional Collaboration Knowledge Questionnaire ..................... 35
Appendix C: Interprofessional Collaboration Student Feedback Survey ...................... 38
Appendix D: Alumni Consent Form ............................................................................... 41
Appendix E: Interprofessional Collaboration Alumni Feedback Survey ....................... 45
Appendix F: 5-Stage Model of Collaboration Handout ................................................. 48
Appendix G: Case Scenarios .......................................................................................... 52
Appendix H: Student Role Definitions and Expectations ............................................. 61
List of Tables

Table 1: Differences in Knowledge Among Students, Pre and Post ICELE Participation ........14
Table 2: Differences in Perceived Usefulness of the ICELE Between Students and Alumni ......16
Table 3: Student and Alumni Perceived Usefulness of the ICELE Regarding Essential
Employability Skills........................................................................................................17
Table 4: Frequency of Alumni Responses per Question on Feedback Surveys ..................19
Table 5: Frequency of Student Responses per Question on Feedback Surveys .................20
Chapter I: Introduction

The field of Human Services has been gravitating towards the use of interprofessional collaboration due to the expansion of complex health problems among clients (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005; Sosa & McGrath, 2013). Interprofessional collaboration can be defined as a dynamic process (D’Amour et al., 2005) in which multiple professionals from various disciplines work together to support clients and their families (Sosa & McGrath, 2013).

In order for students of the Honours Bachelor of Behavioural Psychology program to learn how to be effective interprofessional team members, it is essential that St. Lawrence College provide students with opportunities to develop collaborative skills. If success in the workforce is the ultimate aim of the program, then students need to be trained how to work with other disciplines as interprofessional collaboration is now a necessity for client-centred care (D’Amour et al., 2005). According to Curtis et al. (2006), quality care must be client-centred, safe, effective, and provided in a timely manner. Client-centred care is defined as respecting the clients’ and their families’ wants and needs while allowing them to make decisions regarding their own care (Bamm, Rosenbaum, Wilkins, Stratford, & Mahlberg, 2015).

In addition to students being able to provide client-centred care, the Ontario Ministry of Training, Colleges, and Universities (MTCU; 2018) state that all graduating students must be able to demonstrate the Essential Employability Skills (EES) upon completion of their programs. The EES that relate to interprofessional collaboration include communication, critical thinking and problem solving, and interpersonal skills. Roberts (2018) mentions that there may be enhanced learning opportunities for students who are engaged in experiential learning activities compared to traditional, lecture style teaching. Experiential learning allows students to learn from their experiences by utilizing the skills they have learned from lectures in real-world situations (Wurdinger & Allison, 2017). However, the majority of professors are still using traditional, lecture style teaching even though interactive teaching, such as experiential learning activities, have shown to be better at improving academic performance (Hake, 1998).

The research aimed to address: (1) whether an experiential learning event facilitated by alumni currently working in the field would increase Honours Bachelor of Behavioural Psychology students’ knowledge and skills related to interprofessional collaboration and essential employability skills and (2) whether students’ perceived usefulness of the Interprofessional Collaboration Experiential Learning Event (ICELE) would vary from alumni’s opinions. It was hypothesized that students would demonstrate an increased knowledge, skill level, and sense of confidence working as part of an interprofessional team once they participated in the ICELE. It was also hypothesized that the student and alumni participants would report similarly positive responses on the feedback surveys, providing support for the ICELE’s perceived usefulness. Recommendations for future implementation of experiential learning activities among students’ courses were also suggested based on the results of the feedback surveys.
Chapter II: Literature Review

Experiential Learning

Learning through first-hand experience, by engaging in experiential learning activities (e.g., internships, community research projects, or working through case studies of real-world problems) is essential for students to have the opportunity to experience as they progress through the education system (Wurdinger & Allison, 2017). John Dewey (1938), an educational reformer in the 1800s, expressed the importance of providing students with opportunities to learn via trial and error by having individuals directly experience something then reflect on that experience. Dewey (1938) stated that experiential learning activities must be led by a facilitator and have a reflection period following the activity in order for students to fully process their experience and learn something from it. Miettinen (2000) agreed that the two most important concepts that best define experiential learning are reflection and experience. Therefore, Miettinen (2000) conducted further research on Dewey’s development of a naturalistic model of reflective thought and action, describing how human beings may learn through the use of five phases: (1) the indeterminate situation, (2) intellectualization, (3) studying the conditions of the situation and formation of a working hypothesis, (4) reasoning, and (5) testing the hypothesis by action. Miettinen (2000) described the significance within each of the five phases of Dewey’s model and summarized the content of each of the phases using his own understanding of the naturalistic model. Throughout the first stage of the model, individuals experience uncertainty when an unspecified situation arises causing them to hesitate as they engage in reflection, which is a necessary component of thinking (Miettinen, 2000). The second stage consists of the individual defining the problem, which leads to the third stage where a tentative solution to the problem is hypothesized (Miettinen, 2000). During the fourth stage, the hypothesis is evaluated based on the individual’s available resources and can be re-formulated if necessary (Miettinen, 2000). The final stage is when the individual tests the hypothesis, ultimately allowing the individual to learn by comparing the hypothesized outcome to the original belief or uncertainty of the situation (Miettinen, 2000). The five phases of reflective thought and action may contribute to our understanding of how human beings adapt to the environment when their habitual responses are interrupted by a change such as a crisis that has not happened to them previously (Miettinen, 2000). Individuals must continuously learn how to adapt and modify their behaviours based on the new information that they have directly experienced.

David Kolb, an influential researcher of experiential learning theory (ELT), incorporated the ideas of many philosophers and scholars including John Dewey, Jean Piaget, Kurt Lewin, Carl Jung, William James, Carl Rogers, and Paulo Freire to construct a framework for ELT. (Kolb & Kolb, 2005). Kolb’s ELT focuses on six propositions, common across the work of the aforementioned scholars: (1) learning is best considered as a process that enhances student engagement, not as an outcome, (2) learning is relearning, as individuals have the opportunity to re-examine and re-test original ideas, (3) learning requires individuals to experience conflicts or disagreements, as that is how they learn to reflect on their opposing thoughts, actions, and beliefs, 4) learning is an all-inclusive process that requires individuals to acknowledge a person’s behaviours, thoughts, feelings, and perceptions, (5) learning results from individuals establishing connections between pre-established concepts that exist in the world and their previous individual experiences, and (6) learning consists of creating knowledge through direct experiences (Kolb & Kolb, 2005). Kolb (2014) defines learning as a process in which knowledge is developed through the alteration of experience. Kolb expanded on Dewey’s research and created a model of action research and laboratory process known as the Lewinian Model, which
is an influential model in the establishment of the ELT. The Lewinian Model consists of four stages that progress through a cycle of an individual: (1) having a direct experience, (2) conducting observations and reflections based on that experience, (3) establishing abstract concepts and generalizations based on the reflections, and (4) examining or testing the abstract concepts and generalizations in new situations, resulting in an additional direct experience (Kolb, 2014; Kim, 1998). Kolb and Kolb (2005) express that in order for individuals to learn information experientially, they must value their experiences and the processes they encounter as they learn. Professors who use effective, experiential teaching methods will utilize students’ prior experiences as an opportunity to build upon those experiences by having the students re-examine and adjust their previous outlooks or beliefs about the situation they encountered or witnessed (Kolb & Kolb, 2005). Keeton, Sheckley, and Griggs (2002) explain that the efficacy of experiential learning enhances educational development when more opportunities for meaningful conversations are made available to students. Providing students with opportunities to engage in meaningful conversations increases the probability of students engaging in reflection and examination of their experiences, which is a core component of experiential learning (Keeton, Sheckley, & Griggs, 2002). If professors who teach in post-secondary educational institutions incorporate experiential learning activities throughout their courses, engagement in meaningful conversations will be promoted, which is something that is often restricted or even absent in traditional, lecture-based classrooms (Kolb & Kolb, 2005). By increasing engagement in meaningful conversations, students will correspondingly have an increased perceived value of their classroom experiences resulting in a greater likelihood of learning material at a deeper level (Kolb & Kolb, 2005).

**Post-secondary criticism.** Universities and colleges are regularly critiqued for not preparing students for real-world situations as they often do not incorporate hands-on learning or opportunities for meaningful conversations in the classroom (Roberts, 2018). Despite the findings from Hake’s (1998) study, in which 6500 students reported experiential learning activities that include interactive methods being considerably more effective than lectures, professors continue to use lecture-based teaching as the dominant method. In a study conducted by Wurdinger and Allison (2017), it was reported that experiential learning is under-utilized within post-secondary education settings. It was noted that some professors may not even be aware of the concept of experiential learning and, therefore, may continue to utilize lecture-style teaching in their courses due to lack of awareness (Wurdinger & Allison, 2017). Wurdinger and Allison (2017) suggested that professors are beginning to utilize other methods (e.g., student presentations, collaborative learning, and projects) as opposed to solely lecturing class material. However, it is important to note that 85% of faculty who stated that they use collaborative learning in their classes often include group work that consists of one student completing the majority of the work for the entire group, which may not be an accurate representation of collaborative learning (Wurdinger & Allison, 2017). Therefore, it is unclear how accurate teachers’ self-reports are, as they may not have fully understood the definitions and required components of the different learning practices asked about in the study. Furthermore, Scogin, Kruger, Jekkals, and Steinfeldt (2017) state that employers found oral communication, critical thinking, problem solving, teamwork, collaboration, and professionalism to be the most important skills for graduates to have when entering the workforce. Experiential learning activities have demonstrated improvement of these skills, specifically, critical thinking, collaboration, and higher order thinking abilities (Scogin, Kruger, Jekkals, & Steinfeldt, 2017); therefore, the incorporation of experiential learning in college and university classrooms should be encouraged. If professors want to broaden their students’ abilities to acquire self-direction, problem-solving techniques, and the ability to collaborate with others, then enhancing student
knowledge acquisition through the use of experiential teaching methods is recommended (Wurdinger & Allison, 2017).

**Benefits of experiential learning.** In 2014, the Higher Education Research Institute (HERI) revealed in their national undergraduate faculty survey that professors continue to modify their teaching methods to encourage students to think critically, self-evaluate, and collaborate with others (Pithers & Soden, 2000). Eagan et al. (2014) reported that the use of traditional, lecture-style teaching has declined to 50.6%, which is approximately a 5% decrease since the initial research was conducted in 1989. The percentage of professors who assign group projects has increased to 45.5% and their incorporation of cooperative learning among courses has increased to 60.7%, which is the highest percentages to be reported as of 2014 (Eagan et al., 2014). Experiential activities do not only enhance learning at a deeper level, encourage the development of competence in a variety of skills, promote individuals’ understanding of diverse populations, and assist in the building of professional relationships with colleagues and other professionals but, they also enrich employment opportunities, career development, professional growth (Coker & Porter, 2015), and practical skills such as public speaking, collaboration with others, and job-seeking abilities (Ambrose & Poklop, 2015). Studies similar to the ones described above demonstrate that professors are progressively adapting their teaching methods to meet the expectations and levels of engagement that students desire (Eagan et al., 2014).

**Limitations of experiential learning.** Although the benefits of experiential learning are clear, there are still several limitations that may discourage professors from utilizing an experiential-based learning approach. Wurdinger and Allison (2017) state that experiential learning is often more time consuming, compared to traditional classroom activities such as lectures, as there are many steps involved in the learning process resulting in a complex cycle of thinking and reflection. Experiential learning activities will often require students to explore beyond the walls of the classroom, limiting the professors’ control over the situation and the extent to which information is learned (Wurdinger & Allison, 2017). Remmen and Froyland’s (2014) research also acknowledged class size and work-loads to be components that may limit the ease of implementation of experiential learning activities in educational environments. More research is required on the incorporation of experiential learning activities within educational settings to promote their use while ensuring students learn information in engaging and innovative formats.

**Essential Employability Skills (EES)**

Based on the effectiveness of experiential learning at increasing students’ academic performance (Kolb & Kolb, 2005), it is expected that student involvement in an ICELE will similarly promote the development of the EES outlined by the MTCU. The three specific EES that students will develop through engagement in the ICELE are classified by the MTCU (2018) as: (1) communication skills, which are developed by students expressing themselves verbally, in written format, and visually in a clear and concise manner, (2) critical thinking and problem solving skills, which are developed by students identifying solutions to problem-based case scenarios, hypothetical, or real-world situations using systematic approaches, and (3) interpersonal skills, which are developed by students working in groups to achieve a common goal (e.g., successfully presenting their project or receiving a grade of 90% on an assignment). As students develop EES, their preparedness for entering the workforce continues to strengthen. A study conducted by Fallows and Steven (2000) discussed the implementation of the 1994, university-wide decision to embed employability skills into all undergraduate program curriculums at Luton University. The study examined, revalidated, and highlighted the specific skill development of over 1000 modular credit schemes that the University of Luton had in place.
to ensure that students were learning skills that were applicable to finding a job following graduation (Fallows & Steven, 2000). Fallows and Steven (2000) stated that the university tabulated all of the results and formally gave the EES formal recognition on a university-wide scale. It was also noted that Luton University was one of the schools with the highest graduate employment rates, as recognized by the national press, indicating that a focus on employability skills can make a significant impact on students’ abilities to find permanent employment after graduation (Fallows & Steven, 2000). Fallows and Steven (2000) express the concept of students only being competent in one specific field of study upon graduation being no longer realistic due to the concept of ‘life-long learning’ and the ever-changing learning society. As professionals, it is expected that all individuals continue to develop their competency with employability skills such as communication, problem-solving, and self-reliance as the employment world continues to advance (Fallows & Steven, 2000). EES can be developed, in addition to classroom learning, while working in groups or through the practice of interprofessional collaboration (Fallows & Steven, 2000).

Interprofessional Collaboration

Interprofessional collaboration is an active relationship among two or more professionals from different disciplines and a client, in which all involved parties work together utilizing a coordinated approach to make decisions about treatment plans, and solve problems regarding social, emotional, and/or health concerns (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011; Sosa & McGrath, 2013; Zwarenstein & Reeves, 2006). It is necessary for students to develop the ability to learn how to engage in interprofessional collaboration at an early stage in their careers to limit the inability to do so when they enter the workforce (Casto, Nystrom, & Burgess-Ellison, 1985).

The need for interprofessional collaboration is particularly relevant in the field of Human Services. As clients’ complexities continue to advance in the field, interventions provided by a single professional are no longer practical nor effective (Walsh, Brabeck, & Howard, 1999). Clients with complex needs require interprofessional care from a team of professionals who can integrate their knowledge, resources, skills, competencies, and personal experiences to provide the most effective and integrative client-centred care (Bridges et al., 2011; Gitlin, Lyons, & Kolodner, 1994; Sosa & McGrath, 2013). Interprofessional collaboration has many beneficial outcomes not only for the client but for the professionals involved, such as, more efficient and organized care, higher job satisfaction, reduction in aversive events, reduced time and cost spent at the agency, and lower likelihood of staff burnout (Van den Bulcke et al., 2016). A meta-analysis that reviewed 51 articles with 8439 participants was conducted on the concept of teamwork training (McEwan, Ruissen, Eys, Zumbo, & Beauchamp, 2017). It was determined by McEwan, Ruissen, Eys, Zumbo, and Beauchamp (2017) that psychiatric treatment plans tend to be most effective when they include multiple aspects of teamwork and if they allow team members to practice and develop teamwork through engagement in experiential learning activities. Körner (2010) states that communication is one of the main components of teamwork that is fundamental among interprofessional teams. Professionals must have ongoing and open communication while collaborating with one another to ensure they are providing client-centred care.

Client-centred care. The Institute of Medicine lists one of the most important characteristics of quality health care as ‘client-centred’ (Curtis et al., 2006). Bamm, Rosenbaum, Wilkins, Stratford, and Mahlberg (2015) also list communication, continuity, coordination, accessibility, emotional support, and empowerment to be imperative characteristics. It is essential that interprofessional teams work collectively to ensure the client is an integrated and
primary member of the team. Both clients and health care providers reported establishing mutual goals that were relevant and meaningful to the client as a critical component of any intervention plan (Bamm et al., 2015). Clients should also be encouraged to engage in self-determination by remaining actively involved in the decision-making processes and intervention planning (Kirkendall, Waldrop, & Moone, 2012).

**5-stage model of collaboration.** An applicable client-centred model of interprofessional collaboration is Gitlin, Lyons, and Kolodner’s (1994) 5-stage model of collaboration. The five stages of the model identified by Gitlin Lyons and Kolodner (1994) include: (1) assessment and goal setting, (2) determination of a collaborative fit, (3) resource identification and reflection, (4) project refinement and implementation, and (5) evaluation. The first stage addresses each of the professional’s own goals that they would like to work on amongst a team of professionals. Individual ideas regarding the client’s intervention plan are thought of during this stage and goals of the treatment plan are identified. Stage two determines which professionals should be involved in the intervention plan based on the client’s needs. During this stage, all professionals ensure that they share a common goal and are willing to commit to the project and team. The third stage allows each professional to identify which tasks they are personally responsible for. Throughout this stage, the team of professionals will often separate and gather their required resources on their own; each member of the team will then make a final decision in regard to either remaining as a team member or discontinuing their role on the interprofessional team. The fourth stage is when all parties involved determine how they will collaborate as a team (e.g., schedule weekly interprofessional team meetings), how they will maintain open and ongoing communication, and what the official intervention plan for the client will be moving forward. It is also during this stage that any role re-identification will take place, or any required adjustments will be made to ensure that the team is ready to implement the intervention plan with the client. The last stage, stage five, allows the interprofessional team to reflect on the outcomes of the intervention plan and to evaluate their ability to work collaboratively with one another. Gitlin et al. (1994) state that the team’s communication, problem-solving abilities, task completion, and overall functioning will be reflected upon by the interprofessional team during the last stage of the model.

Gitlin et al. (1994) developed the 5-stage model by utilizing social exchange theory and other literature pertaining to team-building as a basis for the model. The model displays a step-by-step progression in which a team of professionals can follow to successfully solve a problem, put an intervention into place, or complete a project (Gitlin et al., 1994). The model was originally developed for the use with the gerontology population; however, it has been adapted to correspond with the current research study.

**Interprofessional team meetings.** Throughout the process of interprofessional collaboration, many professionals have found it useful to incorporate interprofessional team meetings into their schedules. In a study conducted by Van den Bulcke et al. (2016), an intensive care unit at a hospital incorporated weekly interprofessional meetings where in-depth case discussions for all patients who were hospitalized for more than 30 days took place. These interprofessional meetings enhanced client-centred care as communication and collaboration among professionals improved (Van den Bulcke et al., 2016). Van den Bulcke et al. (2016) study resulted in improved overall satisfaction of client care and job satisfaction after 12 weeks of incorporating the new techniques with the interprofessional team. Previous research done by Zwarenstein, Goldman, and Reeves (2009), has also demonstrated an improvement on collaboration efforts once interprofessional meetings were incorporated into agency schedules. Bridges, Davidson, Soule Odegard, Maki, and Tomkowiak (2011) state that students who are taught how to collaborate as part of an interprofessional team are more likely to develop respect
and positivity towards other professionals who they may be required to work with in the future. During interprofessional meetings, each team member has the opportunity to share their expertise and professional opinions regarding the client’s case, which results in the client receiving the best available care as their needs are being consulted on by a team of professionals who have complementary strengths (Van den Bulcke et al., 2016).

**Challenges associated with interprofessional collaboration.** Collaboration among a group of professionals, who all share different beliefs and expertise, is not always an easy process, despite the fact that they often all share the common goal of supporting and meeting the needs of their clients (Sosa & McGrath, 2013). Agencies may have poor interprofessional collaboration for a variety of reasons including, lack of distinctive role identification, absent leadership roles, insufficient time or resources to practice team-building, and frustration generated by status or power differentials (Zwarenstein & Reeves, 2006). If professionals are not able to engage in interprofessional collaboration appropriately, the client can be significantly impacted in a detrimental way (Bridges et al., 2011). Sosa and McGrath (2013) state that competition, structural barriers, lack of time for meetings, and philosophical or value differences can also be additional challenges to effective interprofessional collaboration. Not only is the client at risk when interprofessional collaboration fails, but the individual professionals, who are members of the interprofessional team, may also experience detrimental effects. Professionals have a higher likelihood of undergoing caregiver burnout if they are required to provide interventions on their own without support from other professionals (Sosa & McGrath, 2013). Therefore, students in the field of Human Services are required to learn how to engage in interprofessional collaboration effectively throughout their post-secondary education. If students learn how to engage in effective interprofessional collaboration at an early stage in their careers, not only will their clients receive effective care, but they will also have an enhanced awareness and ability to take care of themselves as health providers once they enter the workforce as members of interprofessional teams (Dahlgren, Gibbs, Greenwalt, Hahn, & Dietrich, 2018).

**Alumni Inclusion**

After a comprehensive review of the literature, the specificity of incorporating alumni into experiential learning activities for current students yielded no results. This exemplifies the requirement for more research on this topic to determine if students benefit at a deeper level when the experiential learning activities are facilitated by alumni from the same program. Alumni facilitation of experiential learning activities ensures that current students are learning the relevant and necessary information in their fields of study. If students are learning information and methods to engage in interprofessional collaboration that agencies are currently utilizing, then students will be that much more prepared as they enter the workforce following graduation. Therefore, the current research study focuses on the incorporation of alumni-facilitated experiential learning activities with regard to interprofessional collaboration as the field of Human Services now requires professionals to collaborate in an interprofessional manner.

**Current Study**

The current research study aimed to develop and assess third-year behavioural psychology students’ knowledge and skills of interprofessional collaboration and employability skills by hosting an ICELE at St. Lawrence College. The ICELE incorporated in-depth discussions of case scenarios, similar to the type of discussions that were held in the interprofessional meetings from the study conducted by Van den Bulcke et al. (2016). Students
learned how to appropriately communicate with individuals who had various professional backgrounds in order to better prepare themselves for their future field placements and employment opportunities. Students and alumni worked through the case scenarios developed by alumni using Gitlin et al. (1994) five-stage model of collaboration. The ICELE aimed to develop the EES of communication, critical thinking and problem solving, and interpersonal skills, outlined by the MTCU (2018). A major gap in the literature, was the absence of alumni incorporation into experiential learning activities for current students. By hosting the ICELE, more research was able to be conducted on the use of alumni for experiential learning events, benefiting the field of behavioural psychology.
Chapter III: Methodology

Participants
Forty-five students currently enrolled in their third year of the Honours Bachelor of Behavioural Psychology (BBPH) program at St. Lawrence College in Kingston, Ontario participated in the research study. Inclusion criteria required the student participants to be enrolled as current students in the BBPH program and be a part of the program coordinator’s Community Based Service Delivery Systems (CBSD) course. Nine alumni of the program with various professional backgrounds (e.g., corrections, addictions, developmental disabilities, eating disorders, acquired brain injuries, education, etc.), who each had experience working as part of an interprofessional team also participated. Inclusion criteria for alumni participants required all individuals to have career experience in the field of behavioural psychology, experience being interprofessional team members, and strong communication skills, ensuring their capability of monitoring and encouraging group discussions. There were no additional exclusion criteria for this research study for either groups of participants. The participants’ ages varied; however, all individuals were at least 19 years old, and, therefore, were of the legal age to provide consent. Individuals were required to provide consent for their data to be included in the research study.

Participant Selection and Informed Consent Procedures
All students were selected to participate in the research study using convenience sampling, as all individuals who belonged to the CBSD course were asked if they would like to participate. Alumni were also recruited using convenience sampling, as the student researcher and course instructor, Marie-Line Jobin, asked alumni if they would like to volunteer for the event and have their data be used in the student researcher’s applied thesis. The Behavioural Psychology Yahoo chatline was utilized as a recruitment source as most alumni still have access to the chatline and were able to express interest in participation via email after an email had been sent out with information about the upcoming ICELE.

Once the St. Lawrence College Research Ethics Board approved the research study, the student researcher obtained written consent from the students during the CBSD course as she attended one of the students’ classes and reviewed the consent form (Appendix A) with the students. The college supervisor, Dr. Rachel Williamson, was also present as a neutral party to answer any questions that could not be answered by the student researcher. The course professor, Marie-Line Jobin, was not present in the class when consent was described and obtained to prevent coercion or pressure by an authoritative figure. Marie-Line Jobin was not aware of which students provided consent and which refused, nor did she have access to the consent forms. However, it was made clear to all students that they were all still expected to participate in the ICELE as part of their CBSD course regardless of whether they provided consent for their data to be used in the research study. The consent specifically pertained to the student researcher being able to use the data provided in the Interprofessional Collaboration Knowledge Questionnaire (ICKQ; Appendix B) and feedback survey (Appendix C) in her applied thesis. Several students did not attend the CBSD class when consent procedures were explained, resulting in the student researcher being unable to obtain consent from more students.

An electronic copy of the alumni consent form (Appendix D) was sent via email to all alumni invited to participate in the research study. All alumni had the opportunity to review consent procedures with the student researcher by phone or in-person prior to the event, if they desired. The consent form explained that the only data that would be collected from alumni and used in the student researcher’s applied thesis was data from the alumni feedback survey.
(Appendix E). All alumni participants signed a hard-copy of the consent form on the day of the event to ease the process and limit the amount of travel required for participation.

The student researcher described the potential risks and benefits, both verbally and in written form, to all potential participants. All individuals were encouraged to ask questions to ensure they were fully aware of the intentions and requirements of being a participant in the research study. All participants were also informed that they may choose to withdraw from the research study at any time without penalty. The consent forms are kept by the college supervisor, Dr. Rachel Williamson, in a securely locked filing cabinet in her office and will be shredded 10 years following the completion of the study.

**Settings and Materials**

All components of the research study occurred at St. Lawrence College in Kingston, Ontario. The student consent forms were distributed and collected in one of the classrooms and the ICELE took place in the Innovation Hub and in the Muis Lounge within the Student Association on Monday, November 12th, 2018. All necessary materials, including the alumni consent forms, student and alumni feedback surveys, writing utensils, 5-stage model of collaboration handouts (Appendix F), case scenarios (Appendix G), definitions and expectations of each student role (Appendix H), etc. were made available to all participants throughout the event.

**Research Design**

The research was primarily exploratory and used a non-experimental design. Both qualitative and quantitative data were collected using the ICKQ, which was completed before and after the event, and the post-event feedback surveys. All data was de-identified by assigning all participants alpha-numeric codes. Data was entered on the student's password protected computer for tabulation and analysis and will be destroyed after the required 7 years. The ICKQ was used to assess students’ knowledge (DV). Student participants completed the ICKQ at the beginning of their CBSD course and following participation in the ICELE (IV). This addressed the first research question related to whether an experiential learning event facilitated by alumni currently working in the field would increase Honours Bachelor of Behavioural Psychology students’ knowledge and skills related to interprofessional collaboration and essential employability skills. Students and alumni (IV) also completed feedback surveys after the event and their ratings of perceived usefulness (DV) were compared to address the second research question related to whether students’ perceived usefulness of the ICELE varied from alumni’s opinions.

**Measures**

**Pre and post interprofessional collaboration knowledge questionnaire (ICKQ).** The third-year students completed the pre-post ICKQ, that was self-developed by the student researcher, prior to and following the ICELE. This measure was selected as it allowed the student researcher to gain pre and post data regarding the usefulness of the ICELE and helped determine if the event enhanced the students’ knowledge and skill acquisition of interprofessional collaboration and EES. The ICKQ contained a total of 12 questions ($\alpha = 0.73$); three of the questions were 5-point Likert scale questions (e.g., “how familiar are you with the concept of interprofessional collaboration”). The remaining nine questions were open-ended or in a list format (e.g., “what best practices would an interprofessional team engage in” and “identify at least six members of an interdisciplinary team”). Each of the nine objective
knowledge questions were scored as ‘0’ if the answer provided was incorrect or left blank. Correct or partially correct scores were given a ‘1’, ‘2’, or ‘3’, depending on the number of distinct parts involved in each question. Half points were also given to responses that included half of the required information (e.g., one out of the two main concepts). Each question had its own specific and unambiguous correct answer(s). Total scores for each participant were calculated by summing all of their correct responses.

**Feedback surveys.** All participants completed feedback surveys following the event to evaluate the perceived benefits and limitations of the event, as well as their opinions as to whether the event should continue to run in following years. Responses on the feedback surveys, including suggested modifications, will be used to guide future experiential learning activities. The student feedback survey contained six questions which included four open-ended questions (e.g., “what have you learned from this interprofessional collaboration experiential learning activity?”) and two Likert scale rating questions (e.g., “how helpful did you find the five stages of collaboration model for effective interprofessional collaboration?”) that used a 5-point Likert scale where responses ranged from $1 = \text{not helpful at all}$ to $5 = \text{extremely helpful}$. The alumni feedback survey consisted of seven questions which included five open-ended questions and two Likert scale rating questions. The 5-point Likert scales and open-ended questions on the alumni feedback survey utilized the same formatting as what was used in the student feedback survey. Both feedback surveys took participants approximately 15 minutes to complete.

**Procedures**

The third-year students had been introduced to theory related to interprofessional collaboration in Marie-Line Jobin’s CBSD course. Using this knowledge as a base, students and alumni collaborated in a one-day ICELE where participants worked through case scenarios together as a team using the 5-stage model of collaboration. The case scenarios, written by alumni themselves, focused on real-world experiences that the alumni had encountered in which an interprofessional team was required to develop an intervention plan. To ensure students participated in an experiential learning activity that was relevant as possible to the current demands of the Human Services field, alumni from various disciplines facilitated the ICELE.

The nine alumni were divided into three groups with three alumni in each group. The student researcher and Marie-Line Jobin created the groups of alumni based on the field of practice the alumni were competent in. Alumni who had similar backgrounds were split up so that students would be able to learn from three different alumni who had three different backgrounds to increase exposure of interprofessional collaboration in a variety of Human Services fields. Students were assigned to groups prior to the event to enhance efficiency during the event. As students entered the Innovation Hub, each was given a piece of paper with the three different alumni who they would be rotating to throughout the event. Each piece of paper had one of the alumni’s names highlighted, indicating which alumni they were in a group with first. There were approximately six students in each of the groups. Groups of students were kept to a smaller group size, which provided participants with a greater opportunity to be actively involved in the learning experience.

Each session with each of the alumni was 25 minutes in duration. During that time, the alumni and third-year student participants collaboratively brainstormed how each client in the case scenarios could receive an effective intervention plan through the use of interprofessional collaboration. The participants utilized the 5-stage model of collaboration handout to answer specific questions about each of the case scenarios that they had the opportunity to discuss as a group. Student roles were provided and included the roles of a team leader, recorder, recorder assistant, time keeper, and multiple participants in each group. Each student had a different role
for each session they engaged in, which helped keep the students focused on the task at hand and give everyone an equal opportunity to participate in the ICELE.

Marie-Line Jobin administered a questionnaire at the beginning of her course to assess the students’ knowledge regarding interprofessional collaboration to see how aware they were of the concept after being in the program for two years. The student researcher used the completed questionnaire as a measure of pre-event knowledge, and re-administered the same questionnaire following the completion of the event to gain pre and post data. Following the event, all participants completed feedback surveys. As this was the first time the event had been run, it was important to collect constructive feedback on the ICELE to gain information about its perceived usefulness and possible integration into the program’s curriculum in the future.

**Analysis Strategy**

The main analyses used paired samples t-tests to assess changes in self-rated knowledge acquisition of interprofessional collaboration and EES as well as objective knowledge acquisition questionnaire scores before and after participation in the ICELE. A secondary analysis used an independent samples t-test to assess the difference between alumni and students perceived usefulness of the ICELE. All analyses were conducted on PSPP (GNU Project, 2015). Thematic analysis was also utilized to determine the most frequent responses on both alumni and student feedback surveys.
Chapter IV: Results

Pre and Post Interprofessional Collaboration Knowledge Questionnaires (ICKQ)

A paired samples t-test was conducted to evaluate if there was a difference in students’ self-rated knowledge regarding interprofessional collaboration and EES before and after students attended the ICELE. There was a significant difference in self-rated knowledge prior to attending the ICELE ($M = 8.64, SD = 2.42$) and after attending the ICELE ($M = 12.21, SD = 1.47$); $t(32) = -9.75, p < .001$. These results suggest that attending the ICELE increased student participants’ self-rated knowledge of interprofessional collaboration and EES.

A second paired samples t-test was conducted to evaluate if there was a difference in student participants’ objective knowledge questionnaire scores before and after attending the ICELE. There was a significant difference in objective knowledge questionnaire scores prior to attending the ICELE ($M = 9.41, SD = 3.33$) and after attending the ICELE ($M =13.17, SD = 1.07$); $t(32) = -7.55, p < .001$. These results suggest that attending the ICELE also increased student participants’ objective knowledge questionnaire scores; specifically, students gained an enhanced understanding of interprofessional collaboration.

Overall, the results from the current study support the hypothesis that students would demonstrate an increased knowledge, skill level, and sense of confidence working as part of an interprofessional team after they participated in the ICELE. Results demonstrating the differences in the pre and post ICKQ are presented in Table 1 and visually displayed in Figure 1.
Table 1

Differences in Knowledge Among Students Pre and Post ICELE Participation

<table>
<thead>
<tr>
<th>ICELE Participation</th>
<th>95% CI for Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Self-Rated</td>
<td>8.64</td>
</tr>
<tr>
<td>Objective</td>
<td>9.41</td>
</tr>
</tbody>
</table>

Note. ** p<.01; M= mean; SD = standard deviation.

Figure 1. Student self-rated and objective knowledge questionnaire scores across pre and post conditions. The highest possible score for self-rated scores is 15 and the highest possible objective score is 14.
Feedback Surveys

An independent samples t-test was conducted to evaluate if there was a difference between alumni and student participants’ perceived usefulness of the ICELE. There was not a significant difference between alumni ($M = 16.44$, $SD = 2.55$) and students ($M = 16.52$, $SD = 2.19$) perceived usefulness ratings; $t(49) = -.10$, $p = .924$. These results supported the secondary hypothesis, indicating that both groups of participants believed that the ICELE was useful and effective. Results are displayed in Table 2 and are visually represented in Figure 2. Responses specifically relating to EES also indicated that the ICELE was effective at further developing communication, critical thinking and problem solving, and interpersonal skills ($M_{\text{students}} = 4.15$; $M_{\text{alumni}} = 4.07$). Results are displayed in Table 3.
Table 2

Differences in Perceived Usefulness of the ICELE Between Students and Alumni

<table>
<thead>
<tr>
<th>Perceived Usefulness</th>
<th>Participants</th>
<th></th>
<th></th>
<th>95% CI for Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student</td>
<td>Alumni</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$n$</td>
<td>$M$</td>
</tr>
<tr>
<td>Perceived Usefulness</td>
<td>16.52</td>
<td>2.19</td>
<td>42</td>
<td>16.44</td>
</tr>
<tr>
<td></td>
<td>2.55</td>
<td>9</td>
<td>-1.74, 1.58</td>
<td>-0.10</td>
</tr>
</tbody>
</table>

Note. $M=$mean; $SD=$ standard deviation.

Figure 2. Student and alumni perceived usefulness of the ICELE based on feedback survey responses.
Table 3

*Student and Alumni Perceived Usefulness of the ICELE Regarding Essential Employability Skills*

<table>
<thead>
<tr>
<th></th>
<th>Communication</th>
<th>Critical Thinking and Problem-Solving</th>
<th>Interpersonal</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>M</em></td>
<td><em>M</em></td>
<td><em>M</em></td>
<td><em>M</em></td>
</tr>
<tr>
<td>Student</td>
<td>4.02</td>
<td>4.33</td>
<td>4.10</td>
<td>4.15</td>
</tr>
<tr>
<td>Alumni</td>
<td>3.33</td>
<td>4.56</td>
<td>4.33</td>
<td>4.07</td>
</tr>
</tbody>
</table>

*Note. M = mean; Highest possible reported mean (5), indicates that the ICELE provided excellent improvement in essential employability skills.*
Thematic Analysis

Perceived usefulness of the ICELE. Table 4 displays alumni responses and Table 5 displays student responses to the feedback surveys, with responses ordinably ranked from most frequent to least frequent. In addition to the open-ended questions, alumni were asked whether or not they would be willing to participate in similar activities or events in the future. All alumni \((n=9)\) endorsed a willingness for future participation. The primary themes that emerged while analyzing the alumni feedback surveys were the importance of sharing experiences and knowledge as well as the observation of students’ eagerness to learn about the different case scenarios (referenced by 56% of alumni). The primary theme that emerged while analyzing the student feedback surveys \((n=42)\) was that students expressed alumni involvement to be a core component that enhanced the overall learning experience as alumni share similar knowledge with the students. Another common theme between both groups was a belief that experiential learning is the best type of learning (referenced by 56% of alumni and 91% of students) and was ranked to be more effective than traditional, lecture-style teaching. The common suggestion for improvements or modifications in the future was the same for both groups of participants and related to needing more time for each case scenario (referenced by 44% of alumni and 60% of students).
Table 4
Frequency of Alumni Responses per Question on Feedback Surveys (n= 9)

<table>
<thead>
<tr>
<th>Questions and Responses</th>
<th>Frequency Ranked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: What did you notice or observe about the students behaviour/learning process during the interprofessional collaboration experiential learning activity?</td>
<td></td>
</tr>
<tr>
<td>1. Willingness/eagerness to learn (curious about case scenario details)</td>
<td>5*</td>
</tr>
<tr>
<td>2. Engaged, enthusiastic, interactive</td>
<td>4</td>
</tr>
<tr>
<td>3. Collaboration was effective; students able to build ideas off one another</td>
<td>4</td>
</tr>
<tr>
<td>4. Students interested in same field as case scenario were more engaged than others</td>
<td>2</td>
</tr>
<tr>
<td>5. Students need more practice operationalizing/identifying treatment plans</td>
<td>2</td>
</tr>
<tr>
<td>6. Empathetic</td>
<td>1</td>
</tr>
<tr>
<td>7. Utilization of holistic approach</td>
<td>1</td>
</tr>
<tr>
<td>8. Questions were appropriate and professional</td>
<td>1</td>
</tr>
<tr>
<td>9. Each group expressed different ideas</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2: How would you compare this method of learning (experiential) with traditional lecture style learning? Do you think one is more beneficial to students than the other?</td>
<td></td>
</tr>
<tr>
<td>1. Experiential is better</td>
<td>5*</td>
</tr>
<tr>
<td>2. Combination of both</td>
<td>4</td>
</tr>
<tr>
<td>3. Dependent on student’s learning style</td>
<td>1</td>
</tr>
<tr>
<td>4. Believe experiential learning should occur in every class</td>
<td>1</td>
</tr>
<tr>
<td>5. Requires more time</td>
<td>1</td>
</tr>
<tr>
<td>6. Students are engaged in small groups</td>
<td>1</td>
</tr>
<tr>
<td>7. Students are more accountable to participate (compared to lectures)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3: In your opinion as alumni, what was the most important component of this experiential learning activity?</td>
<td></td>
</tr>
<tr>
<td>1. Sharing experiences and knowledge</td>
<td>5*</td>
</tr>
<tr>
<td>2. Question and answer between students and alumni</td>
<td>3</td>
</tr>
<tr>
<td>3. Participation/student engagement</td>
<td>3</td>
</tr>
<tr>
<td>4. Case scenarios were engaging</td>
<td>2</td>
</tr>
<tr>
<td>5. Experiential learning component</td>
<td>2</td>
</tr>
<tr>
<td>6. Sharing community resources</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6: How would you improve or modify this experiential learning activity for future students? Any suggestions?</td>
<td></td>
</tr>
<tr>
<td>1. Longer amount of time</td>
<td>4*</td>
</tr>
<tr>
<td>2. Focus on 1 case study or make scenarios less complex</td>
<td>3</td>
</tr>
<tr>
<td>3. Sharing scenarios prior to event</td>
<td>3</td>
</tr>
<tr>
<td>4. Question period with alumni at end</td>
<td>2</td>
</tr>
<tr>
<td>5. Present case studies to entire group at end</td>
<td>1</td>
</tr>
<tr>
<td>6. Include 5-stage model in case scenario</td>
<td>1</td>
</tr>
<tr>
<td>7. Have students sign up for professional interests</td>
<td>1</td>
</tr>
<tr>
<td>8. Access to computers to search agencies/service providers</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Q7: Would you be willing to participate in similar activities in the future?</td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>9*</td>
</tr>
<tr>
<td>2. No</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note. Responses are ordinaly displayed from most to least frequent per question; *highest and most frequently ranked items.*
Table 5
Frequency of Student Responses per Question on Feedback Surveys (n= 42)

<table>
<thead>
<tr>
<th>Questions and Responses</th>
<th>Frequency Ranked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: What have you learned from this interprofessional collaboration experiential learning activity?</td>
<td></td>
</tr>
<tr>
<td>1. Usefulness of interprofessional collaboration for providing treatment</td>
<td>18*</td>
</tr>
<tr>
<td>2. Complexity and challenges of collaboration</td>
<td>16</td>
</tr>
<tr>
<td>3. There are many pathways/fields available to pursue after graduation</td>
<td>11</td>
</tr>
<tr>
<td>4. Importance of communication</td>
<td>6</td>
</tr>
<tr>
<td>5. More effective collaboration and communication with clients and service providers</td>
<td>3</td>
</tr>
<tr>
<td>6. Helpfulness of using the 5-stage model of collaboration to review case studies</td>
<td>2</td>
</tr>
<tr>
<td>7. Process of how clients access treatment services</td>
<td>2</td>
</tr>
<tr>
<td>8. Practical application of information learned during lectures</td>
<td>2</td>
</tr>
<tr>
<td>9. Importance of case managers</td>
<td>1</td>
</tr>
<tr>
<td>10. Consent is essential when multiple agencies are involved</td>
<td>1</td>
</tr>
<tr>
<td>11. Importance of referrals when practice is outside of service provider’s competence</td>
<td>1</td>
</tr>
<tr>
<td>12. Creativity is required when designing treatment plans</td>
<td>1</td>
</tr>
<tr>
<td>13. Importance of follow-up</td>
<td>1</td>
</tr>
<tr>
<td>Q2: How would you compare this method of learning (experiential) with traditional lecture style learning? Do you think one is more beneficial than the other?</td>
<td></td>
</tr>
<tr>
<td>1. Experiential is better/more effective (deeper understanding/hands-on approach)</td>
<td>38*</td>
</tr>
<tr>
<td><strong>Specific Reasons:</strong></td>
<td></td>
</tr>
<tr>
<td>- Prefer real-life examples with real clients</td>
<td>10</td>
</tr>
<tr>
<td>- More engaging/interactive</td>
<td>9</td>
</tr>
<tr>
<td>- Increases participation, motivation to participate/discussion</td>
<td>6</td>
</tr>
<tr>
<td>- Small group size</td>
<td>3</td>
</tr>
<tr>
<td>- Variety of people to learn from – not just one teacher lecturing</td>
<td>3</td>
</tr>
<tr>
<td>- Increased competence, reassurance of knowledge, being able to apply what was learned in lectures</td>
<td>3</td>
</tr>
<tr>
<td>- Enjoyed brainstorming with peers</td>
<td>2</td>
</tr>
<tr>
<td>- Held more attention than lecture style</td>
<td>2</td>
</tr>
<tr>
<td>- Received immediate feedback on thoughts and ideas</td>
<td>1</td>
</tr>
<tr>
<td>2. Incorporation of alumni really benefited learning</td>
<td>8</td>
</tr>
<tr>
<td>3. Both complement one another, combination of both is best</td>
<td>3</td>
</tr>
<tr>
<td>4. Constant focus on lectures does not provide opportunities to be practical (want an increase in experiential activities)</td>
<td>2</td>
</tr>
<tr>
<td>5. Can depend on learner and their learning style</td>
<td>1</td>
</tr>
<tr>
<td>6. Just as equal/the same as lecture-style</td>
<td>1</td>
</tr>
</tbody>
</table>
Q3: What was the most helpful component of this experiential learning activity that supported your learning as a Behavioural Psychology student?

<table>
<thead>
<tr>
<th>Component</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alumni involvement (share similar knowledge)</td>
<td>27*</td>
</tr>
<tr>
<td>2. Variety/diversity of organizations/agencies represented</td>
<td>11</td>
</tr>
<tr>
<td>3. Real-life case scenarios</td>
<td>11</td>
</tr>
<tr>
<td>4. Ability to collaborate with others</td>
<td>5</td>
</tr>
<tr>
<td>5. Sharing and building off each other’s ideas/opinions</td>
<td>4</td>
</tr>
<tr>
<td>6. Professionals providing immediate feedback/advice</td>
<td>3</td>
</tr>
<tr>
<td>7. Consideration of different points of views/perspectives</td>
<td>2</td>
</tr>
<tr>
<td>8. Discussion component</td>
<td>2</td>
</tr>
<tr>
<td>9. Hearing the results of scenarios to see how successful/accurate group was at solving case</td>
<td>1</td>
</tr>
<tr>
<td>10. Open-mindedness</td>
<td>1</td>
</tr>
</tbody>
</table>

Q6: How would you improve or modify this experiential learning activity for future students? Any suggestions?

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. More time to work on case scenarios</td>
<td>25*</td>
</tr>
<tr>
<td>2. Include question/answer period or more time for alumni to share their experiences (alumni panel)</td>
<td>8</td>
</tr>
<tr>
<td>3. Make event longer in general (e.g., whole afternoon)</td>
<td>5</td>
</tr>
<tr>
<td>4. More case scenarios and stations</td>
<td>4</td>
</tr>
<tr>
<td>5. Have each group be able to rotate through each case scenario/field of study</td>
<td>3</td>
</tr>
<tr>
<td>6. Have event be during class time</td>
<td>3</td>
</tr>
<tr>
<td>7. More clear instructions prior to event (1st rotation confusing/took up more time)</td>
<td>2</td>
</tr>
<tr>
<td>8. Less complex issues for allotted time frame</td>
<td>2</td>
</tr>
<tr>
<td>9. Make groups strategically; make mandatory for every student to share in groups (pairing shy peers with social peers)</td>
<td>2</td>
</tr>
<tr>
<td>10. Incorporate experiential learning style throughout program more</td>
<td>2</td>
</tr>
<tr>
<td>11. More diversity of organizations/alumni represented with different specialties</td>
<td>2</td>
</tr>
<tr>
<td>12. Being able to choose which alumni you go to</td>
<td>1</td>
</tr>
<tr>
<td>13. Incorporate use of alumni more often in program</td>
<td>1</td>
</tr>
<tr>
<td>14. Reword questions on handout as some overlapped</td>
<td>1</td>
</tr>
<tr>
<td>15. Technology to access resources online</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note. Responses are ordinally displayed from most to least frequent per question; *highest and most frequently ranked items.*
Chapter V: Discussion

Summary

The current study examined whether Honours Bachelor of Behavioural Psychology (BBPH) students’ knowledge, skills, and sense of confidence related to working as part of an interprofessional team would increase after they had participated in the ICELE. The primary hypothesis was supported, indicating that students had an overall enhancement in knowledge, skills, and confidence. The secondary hypothesis was also supported as results demonstrated that there was no difference among student and alumni reports of the ICELE’s perceived usefulness as both groups of participants considered the ICELE to be a beneficial learning activity that further developed their EES. The results from the feedback surveys provided suggestions on how to improve the ICELE in the future. The most commonly reported suggestions included having the event run for a longer duration and having a question and answer period where students could ask alumni questions about the case scenarios, future career opportunities, and future challenges they may face while providing interprofessional care to clients.

Experiential learning. Learning through direct experience is a critical component for students as they progress through their education (Dewey, 1938; Kolb & Kolb, 2005; Roberts, 2018; Wurdinger & Allison, 2017). Results of the current study support this notion as the majority of students (90%) reported that experiential learning was better than traditional lectures. The remaining four students endorsed a belief that the effectiveness of the delivery method is determined by individual learning style preferences or that a combination of experiential learning and traditional, lecture-based learning was best. If experiential learning is the preferred method of learning material, professors should take their student’s opinions and feedback into consideration and adapt their methods of delivery (Eagan et al., 2014) to incorporate more engaging ways of learning such as activities like the ICELE, but on a smaller scale if the activities are to be occurring during class time.

EES and interprofessional collaboration. The results of the current study suggest that students gained more confidence and ability to demonstrate the three EES of effective communication, critical thinking and problem solving, and interpersonal skills. EES are deemed as critical skills that prepare students for the workforce (Ontario Ministry of Training, Colleges, and Universities, 2018) and are required to be demonstrated by all graduating students upon completion of their programs.

Interprofessional care is now a fundamental and mandatory element to incorporate while providing assistance to individuals in the Human Services field (Bridges et al., 2011; Gitlin, Lyons, & Koldner, 1994; Sosa & McGrath, 2013; Walsh, Brabeck, & Howard, 1999). Results from the current study demonstrate students’ awareness of this element as 43% of students rated the usefulness of interprofessional collaboration for providing treatment as the one thing they have learned the most from the ICELE. Similar to McEwan, Ruisan, Eys, Zumbo, and Beauchamp’s (2017) findings, the results from the ICELE demonstrate that providing students with the opportunity to work on hypothetical interprofessional teams establishes a general understanding of how important collaboration and communication is at an early stage in their careers. Communication was also reported to be of high importance within the current study and was recognized as the most important component of the ICELE by several students (14%), which paralleled to what Van den Bulcke et al. (2016) discussed. Gordon et al. (2014) state that interprofessional collaboration requires professionals to have a collective team vision in which all individuals have an equal voice and shared responsibility of decision-making. The reality of a team possessing a collective team vision was observed by the student researcher during the
ICELE as all individuals shared a collective team vision as they wanted what was best for the clients in the case scenarios and knew that the treatments had to be individualized to the clients in order to be successful. The majority of students (91%) responded correctly on the post-knowledge questionnaire, indicating that they understood that the client is the most important member of an interprofessional team. The ICELE’s results are comparable to what Bamm, Rosenbaum, Wilkins, Stratford, and Mahlberg (2015) reported in the literature regarding the importance of treatment plans remaining client-centred.

**Alumni inclusion.** It is important to note that alumni inclusion, which facilitates real-world learning, was reported to be the most important component of the ICELE by students; however, within the literature, no research on the topic of incorporating alumni into experiential learning activities was found. Future research is required on this topic and is highly recommended due to the high rates of students reporting alumni inclusion as the most important component of the ICELE.

**Contribution to the Behavioural Psychology Field**

The ICELE has contributed to the field of Behavioural Psychology by incorporating an experiential learning event for third-year students in the BBPH program. Having BBPH students learn about interprofessional collaboration through participation in an experiential learning event benefits the Behavioural Psychology field in the near future as these students graduate next year and will soon become members of interprofessional teams in the workforce. Having prior exposure to working on interprofessional teams, despite being hypothetical, is an essential component for individuals in the Behavioural Psychology field to experience, as the majority of services are now client-centred and require interprofessional teams to provide the best treatment approaches to clients. As education continues to evolve, program curriculums can include experiential activities, such as the ICELE, as mandatory learning components within courses. Professors can also increase their individual use of experiential learning and transition their traditional, lecture-based teaching methods to more innovative and applied methods of learning.

**Expansion of the current literature.** There is currently no other known research on the incorporation of alumni into experiential learning activities for current students. Alumni inclusion specifically, was a component of the current study that yielded significant results. The current study’s research is an expansion on the literature of what currently exists on experiential learning but has included an additional component of alumni incorporation which should continue to be researched in more detail in the future due to its significance.

**Strengths**

The ICELE had various strengths that led to a successful implementation and was effectively facilitated to promote collaboration among all participants involved.

**Oral communication development.** The ICELE provided students with the opportunity to enhance their oral communication skills and their ability to collaborate while working on teams. Oral communication is a critical skill to learn and is especially vital when it comes to communicating effectively, efficiently, and assertively as a member of an interprofessional team.

**Exposure to career opportunities.** An additional benefit of the ICELE, was that students gained a broader perspective of the career opportunities that are available following graduation. Alumni shared their experiences and places of work thus far, which provided students with first-hand knowledge of some of the career options that are available for BBPH graduates.
Incorporation of preferred style of learning. The current research builds upon Hake’s (1998) study in which 6500 students reported experiential learning to be considerably more effective than any other learning approach. Having a study report similar findings on a greater scale with a larger sample helps reiterate students’ preferences of experiential learning compared to traditional, lecture-based teaching methods.

ICELE’s use of pre-post knowledge assessments and feedback. Incorporating a pre-post measure to determine student knowledge acquisition allowed the student researcher to gain a better understanding of the ICELE’s effectiveness at improving individual’s confidence, knowledge, and skill development with regard to interprofessional collaboration. The pre-post ICKQ provided meaningful insight and allowed the student researcher to objectively measure and compare changes in student knowledge acquisition from pre to post event. The administration of feedback surveys provided suggestions from both alumni and student participants that may improve the ICELE in the future. The ICELE overall yielded positive results and should therefore be hosted again in the future. Future recommendations mentioned in the feedback surveys can be incorporated into the next experiential learning activity hosted.

Limitations

Despite the strengths of the ICELE, there were several limitations that arose throughout the duration of the study.

Data collection error. The student researcher conducted a data collection error while collecting feedback surveys following the completion of the ICELE. All feedback surveys were submitted to the student researcher in one pile; however, due to the surveys being anonymous, there was no way for the student researcher to differentiate which surveys were completed by students who provided consent versus those who did not provide consent. This led to the student researcher having to re-administer the feedback surveys in the students’ classes approximately 2-weeks following the completion of the event. Responses on the re-administrated feedback survey may have deviated from the original responses due to a variety of reasons, including errors in recall due to the time delay and participant annoyance of having to re-complete the surveys.

Novel event. The ICELE had never previously been hosted and therefore, there were a few organizational components that could be improved in the future. Clearer instructions to all participants could have been provided before individuals got into their smaller groups as the first case scenario station in which students attended resulted in some confusion and a delay in responding to the 5-stage model of collaboration handout. Longer duration to spend on each case scenario would be preferable in the future as participants reported that their group discussions were rushed and that they were unable to discuss the case scenarios in the depth that they had wished to do so due to time constraints.

Sample size and population. The sample size was relatively small, and all participants were from the same population with similar educational backgrounds (i.e., all students in the Honours Bachelor of Behavioural Psychology program). This limits the ability to generalize the results to other populations and programs.

Absence of control group. Ideally, the student researcher would have conducted the pre ICKQ immediately prior to the event; however, due to the course instructor utilizing the knowledge questionnaire as part of the CBSD course, this could not be done. Student participants completed the pre ICKQ several weeks prior to the ICELE, which leads to the limitation of there being potential confounding variables that may have increased student’s knowledge of interprofessional collaboration prior to the event. Therefore, the student researcher cannot claim that the ICELE alone was responsible for being the direct cause of the students’ increased
knowledge acquisition due to the absence of a control group and the possibility of students learning the content during their class time.

**Self-developed measures.** All measures that were used to gather data and feedback from participants were self-developed and were not validated prior to use in this study. Factor analysis was not conducted; therefore, the student researcher cannot confirm that all items within each scale measure the intended construct. However, the ICKQ demonstrated adequate internal consistency, indicating that all of the items on the questionnaire correlated with one another and measured the same overarching construct.

**Dual-role influence of student researcher.** Lastly, the student researcher possessed a dual-role in relation to the third-year student participants as she was the primary researcher of the study as well as an upper year student in the same program which may have influenced participant responses. Ideally, the student researcher would not know the identity or have interpersonal relationships with any of the participants involved in their research study to reduce conflicts of interest or response bias.

**Time consumption.** One of the main limitations of experiential learning is the amount of time required to have individuals participate in a successful activity. It is important to consider that interprofessional teams providing interdisciplinary care to clients may also experience similar limitations to providing effective treatments. Interprofessional team meetings may be scheduled for insufficient durations or the time allocated for team meetings may not be considered as one of the agency’s top priorities, hindering the success of the intervention (Sosa & McGrath, 2013). While considering the most frequently reported suggestion on the ICELE’s feedback surveys, which was to increase the event’s duration, it is important to note that experiential learning is much more time consuming than traditional, lecture-style methods of delivery. Activity and event facilitators should consider this limitation while planning similar events, like the ICELE, in the future.

**Multilevel Challenges**

In addition to the limitations mentioned previously, there are also several challenges that can be addressed at the client, program, organizational, and societal levels of the multilevel systems perspective on service delivery (Bernfeld, Blase, & Fixsen, 2006).

**Client level.** Genuine interest and a willingness or ability to work in groups was the main challenge for student participants. Alumni reported that some individuals were quieter than others and did not participate as actively in the ICELE. Those individuals who were not actively engaged in the learning process may not have benefited from the ICELE as much as those who did actively participate. In all group activities, individuals only gain as much from the activity as the effort they put into participating and collaborating with others. Collaboration and participation can be a challenge for individuals who struggle with working in group settings or for those individuals who possess more introverted characteristics but is an essential skill for all individuals to learn.

**Program level.** Due to this being the first time the ICELE was ever hosted, there were no other evaluations or previous feedback to improve or compare the event to. This led to several challenges including the event being scheduled outside of class time which was not favoured by all student participants. The two facilitators of the event, the student researcher and the professor of the CBSD course, did not have experience with previous facilitation of the event, so challenges that arose had not been anticipated and required some improvisation.

**Organizational level.** Confidentiality and information sharing were the greatest challenges among the ICELE. Only the information from students who provided consent was
able to be included in the study even though all students in the CBSD course were required to participate in the event and complete all questionnaires and feedback surveys for class requirements. The student researcher could not include those individuals’ responses who did not provide consent regardless of how meaningful or related their responses were to the results of the study.

**Societal level.** Having funding for events like the ICELE would ease the implementation and commitment of individuals to participate in similar events. Incorporating alumni does not necessarily require expenses; however, to demonstrate appreciation and recognize the willingness of alumni to volunteer and give back to the program, professors often wish to provide a gift for being involved in the activity or event. Perhaps, in the future, St. Lawrence College could implement a funding resource that would allow events similar to the ICELE to be held more frequently so multiple students from a variety of programs have the opportunity to engage in experiential learning activities and learn the importance of interprofessional collaboration and teamwork.

**Recommendations for Future Research**

A recommendation for future research on the topic of interprofessional collaboration and experiential learning is to continue to incorporate the use of alumni when feasible. Student’s reported the incorporation of alumni in their learning to be beneficial and the most important component of the ICELE (referenced by 64% of students). Students and alumni share similar knowledge and can relate terminology, field placement experiences, and general knowledge of both applied behaviour analysis and counselling skills and techniques. By allowing students and alumni to collaborate with one another, this allows for the possibility of more effective treatment plans for a variety of client populations to be developed. Utilizing the ideas and opinions of multiple individuals, while teaching the importance of interprofessional collaboration at an early stage among individuals’ careers is an important factor to consider incorporating into the BBPH program offered at St. Lawrence College.

Another common recommendation specifically relating to the ICELE, that both student and alumni participants suggested, was an increased amount of time as the case scenarios were not able to be completed to groups fullest potentials due to time constraints (referenced by 60% of students and 44% of alumni). If the ICELE were to be facilitated again in the future, more time would need to be allocated and perhaps the event could take place over a duration of four hours as opposed to the current study’s duration of two hours.

Furthermore, the use of self-developed measures to collect data on the ICELE could be modified in the future by using standardized assessment measures that have demonstrated strong reliability and validity among other research studies. This would minimize the likelihood of response bias when interpreting the data and calculating the results.

Additionally, experiential learning activities should have an increased incorporation within the BBPH program as experiential learning was reported to be the most preferred type of learning and was considered more effective than traditional lecture-style teaching (referenced by 90% of students). Experiential learning was also found to be more effective at engaging students in the material (referenced by 56% of alumni). Similar events or activities should be facilitated in the future with students and alumni from multiple programs so that the results of the current study can be generalized to all programs. Results could then be shared with other colleges and universities to ensure professors are utilizing accessible methods of learning that students desire and find most effective. It is important for educational institutions to be aware of what current students and graduates of programs think is most beneficial to their learning and incorporate
learning activities and methods that support this type of desired learning as utilizing methods that students enjoy and find effective will only enhance the institution’s reputation, student satisfaction, and graduate employment rates.

Given both the results and limitations of this study, future researchers may wish to conduct similar experiential learning events in the future while focusing specifically on the incorporation of alumni throughout these events while making the necessary modifications based on the feedback survey suggestions. Evaluations of a variety of educational institutions, programs, and courses should be conducted to determine the current prevalence of experiential learning teaching methods within the education system. A broader and larger sample that is representative of the student population should be the targeted participants of future research regarding experiential learning and interprofessional collaboration.

The current study provides support for the utilization of an experiential learning event to improve student knowledge of interprofessional collaboration further emphasizing the importance of incorporating experiential learning into classroom settings.
References


GNU Project (2015). GNU PSPP (Version 0.8.5) [Computer Software]. Free Software Foundation. Boston, MA.


survey of mechanics test data for introductory physics courses. *American Journal of Physics, 66*(1), 64-74. doi: 10.1119/1.18809


Appendix A
Student Consent Form

Project Title: An Examination of Experiential Learning to Expand Knowledge of Interprofessional Collaboration Among Behavioural Psychology Students

Principal Investigator (Student): Jacqueline Gauvreau

Name of Institution/Agency: St. Lawrence College

Supervisors: Marie-Line Jobin and Dr. Rachel Williamson

Invitation
You are being invited to participate in a research study. My name is Jacqueline Gauvreau and I am a student in my 4th year of the Honours Bachelor of Behavioural Psychology program at St. Lawrence College. I am currently on placement and as a part of this placement I am completing a research project, which is called an applied thesis. This form will give you information about the study and will help you understand what the research will look like. Please read this document carefully and ask any questions you might have before you decide whether you would like to participate.

Why is this research study being done?
My research is being done with your Community Based Service Delivery Systems (CBSD) professor, Marie-Line Jobin. The main focus of this project is to determine if an experiential learning activity regarding interprofessional collaboration would be a beneficial learning experience for you and whether the activity would help you feel more prepared to work on an interdisciplinary team in your upcoming placements or future employment. Your CBSD course covers content related to working on teams with professionals who have various backgrounds and to further your understanding of this concept, we are hosting an event for you to participate in as part of your course. The main research question that I am hoping to find an answer to is “does an experiential learning activity facilitated by alumni currently working in the field increase Honours Bachelor of Behavioural Psychology students’ knowledge and skills related to interprofessional collaboration and essential employability skills”?

What will you need to do if you take part?
As part of your CBSD course, you will be required to participate in an Interprofessional Collaboration Experiential Learning Event (ICELE). The event will take place during the week of November 12th, 2018 for approximately 3 hours. This event will be a part of your CBSD course so whether you decide to provide consent or not, you will still be required to attend and participate in the ICELE. By providing consent, you are allowing me to use the data collected from the pre and post knowledge questionnaire and the feedback survey for my thesis. You will be required to fill-out the same questionnaire that you filled out near the beginning of your CBSD course following the event. Along with the questionnaire, you will also be required to fill-out a feedback survey that contains six questions and should take you approximately 15 minutes to complete. This information will help determine if the ICELE was effective and whether similar experiential events will be worthwhile incorporating into the program curriculum in the future. As stated previously, if you do not wish to provide consent you will still be required to
complete a questionnaire and feedback survey following the event; however, the information reported will not be included in my thesis.

**What are the potential benefits of taking part?**

The potential benefits of you participating in this research is that you will get to experience learning using a hands-on approach instead of listening to a class lecture. You will also get to learn relevant information about how to be an effective team member from alumni of the program who are currently working in the field. An additional benefit is that you will be helping a fourth-year student, of this program, complete her thesis.

**What are the potential disadvantages of taking part?**

Disadvantages of participating in the study are unforeseen. You will not be required to share any personal information which makes the risks associated with this study much less. However, it is important for you to be aware that this is the first time the event has ever been hosted, so there may be organizational or content-related issues that occur. There is no guarantee that the event will increase your knowledge and skills related to interprofessional collaboration as we have no previous evidence or data to make that conclusion.

**Will the information collected in this study be kept private?**

All information, data, and/or feedback will not identify your name. As a research team we have taken all precautions and procedures to protect your right to confidentiality by removing all names off of the questionnaires. A code will be used in replacement of your name throughout the study for the sole purpose of seeing whether participants had an increased knowledge or skill development regarding interprofessional collaboration. All data will be aggregated and not individually displayed in my thesis to reduce the possibility of anyone identifying yourself. We will make every attempt to keep any information that may identify you strictly confidential unless required by law. All paper documents will be kept in a secure, locked filing cabinet in Marie-Line Jobin’s office at St. Lawrence College for a minimum of seven years following the study. After seven years, all hard copy documents will be shredded. Any electronic files will be saved on the student researcher’s password protected computer and will also be deleted seven years after the conclusion of the study. All results from the study will be included as part of my research for my thesis and will be published and available at the St. Lawrence College library. There may also be presentations or conferences where the research findings are discussed; however, all personal information will remain strictly confidential.

**Do you have to take part?**

All participation is voluntary, and you may decide to withdraw from the study at any time with no reason. If you do not wish to be a participant, you will not be penalized in any way and your refusal to participate will not affect your grade in the CBSD course. However, as a reminder you will still need to take part in the event and complete a questionnaire and feedback survey regardless if you choose to provide consent or not. The only reason you are signing the consent form is to allow me to use the data collected from the questionnaire and feedback forms in my thesis. Provided that you want to participate in the study, you will be asked to complete and sign the attached consent form. If you decide to remove yourself from the study, you are required to inform the student researcher through a verbal conversation or a written email.

**Further Information**

The Research Ethics Board at St. Lawrence College has reviewed and approved this research study. The study will be completed under the supervision of St. Lawrence College
supervisors, Dr. Rachel Williamson and Marie-Line Jobin. If you have any questions about the study please contact Jacqueline Gauvreau (JGauvreau05@student.sl.on.ca), Dr. Rachel Williamson (rwilliamson@sl.on.ca), or Marie-Line Jobin (mjobin@sl.on.ca). If you have any questions regarding your rights as a research participant, please contact the St. Lawrence College Research Ethics Board (reb@sl.on.ca.). Please ask any inquiries you would like clarification on to the researcher or college supervisor before signing the consent form.

Consent

Please complete the following page if you wish to be a participant in this research study. You will be provided with a signed copy of the form for your records. Marie-Line Jobin will not be informed of who participated in the research study and will not have access to the consent forms. The consent forms will be stored at St. Lawrence College in a securely locked filing cabinet in Rachel Williamson’s office, for a minimum of 10 years.
 Consent Form

By signing this form:
I consent to participate in this study and for the results to be shared within the professional community.

By signing this form, I agree that:

- The project has been explained to me.
- All my questions have been answered.
- Possible risks and benefits of the study have been explained to me.
- I understand that I have the right to decline my participation and the right to withdraw at any time.
- I understand that I am able to ask any questions I have about the project now and in the future.
- I understand that my information and identity will be kept confidential.
- I understand that I will receive a signed copy of this form.
- I consent for the data from this study to be presented at the St. Lawrence College Behavioural Psychology Poster Gala, at other conferences, or published in a scientific journal after removing all identifying information.
- I understand that if the student researcher or any of the other parties involved believes I may cause harm to myself or others, they will report it to someone, withdraw myself from the study, and/or speak with me about it.

I hereby consent to participate in this study.

Participant Name (Print): ____________________________________

Participant Signature: ________________________________________

Date: ________________________________________________________

Researcher Name (Print): _____________________________________

Researcher Signature: _________________________________________

Date: _________________________________________________________
Appendix B
Interprofessional Collaboration Knowledge Questionnaire

*Note: For this questionnaire, the terms ‘interdisciplinary’ and ‘interprofessional’ are used interchangeably.

1. How familiar are you with the concept of interprofessional collaboration?

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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td></td>
<td>Not Familiar At All</td>
<td>Extremely Familiar</td>
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2. Define what interprofessional collaboration is.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Who might be members of an interdisciplinary team? Identify at least six members.

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

4. ______________________________________________________

5. ______________________________________________________

6. ______________________________________________________
4. Who might be the most important member of an interdisciplinary team?

______________________________________________________________________________

______________________________________________________________________________

5. What are the skills required for effective interprofessional collaboration? Identify four skills.

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

4. ______________________________________________________

6. What best practices would an interprofessional team engage in?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

7. How should an interdisciplinary team proceed if the client disagrees with the treatment plan?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
8. In which circumstances should family members be involved in the interprofessional collaboration process?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. In which circumstances should family members not be involved in the interprofessional collaboration process?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. What are the challenges that may be experienced when working on an interprofessional team? Identify at least three challenges.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

11. How confident do you feel to participate in an interdisciplinary team on your third-year placement?

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<tr>
<td>Not Confident</td>
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<td>Extremely Confident</td>
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<td>At All</td>
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12. How would you rate your current skill level to be an effective member on an interprofessional team?

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<tbody>
<tr>
<td>Low/Not Effective Skills</td>
<td></td>
<td></td>
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<td>High/Extremely Effective Skills</td>
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Appendix C
Interprofessional Collaboration Student Feedback Survey

1. What have you learned from this interprofessional collaboration experiential learning activity?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. How would you compare this method of learning (experiential) with traditional lecture style learning? Do you think one is more beneficial than the other?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. What was the most helpful component of this experiential learning activity that supported your learning as a Behavioural Psychology student?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
4. How helpful did you find the five stages of collaboration model for effective interprofessional collaboration?

Not Helpful | Slightly | Reasonably | Very | Extremely
At All       | Helpful  | Helpful    | Helpful | Helpful

5. In the Honours Bachelor of Behavioural Psychology program we try to facilitate the development of the Essential Employability Skills (EES) established by the Ontario Ministry of Training, Colleges, and Universities. This experiential learning activity targeted three EES specifically which were communication, critical thinking and problem solving, and interpersonal skills.

Do you feel that this experiential learning activity helped you further develop these three categories of skills required for the work force? Please respond for each of the three skills listed below.

**Communication Skills**

No Change | Slight | Reasonable | Good | Excellent Improvement
Improvement | Improvement | Improvement | Improvement

**Critical Thinking and Problem-Solving Skills**

No Change | Slight | Reasonable | Good | Excellent Improvement
Improvement | Improvement | Improvement | Improvement

**Interpersonal Skills**

No Change | Slight | Reasonable | Good | Excellent Improvement
Improvement | Improvement | Improvement | Improvement
6. How would you improve or modify this experiential learning activity for future students? Any suggestions?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thank you for your feedback and participation!
Appendix D
Alumni Consent Form

Project Title: An Examination of Experiential Learning to Expand Knowledge of Interprofessional Collaboration Among Behavioural Psychology Students

Principal Investigator (Student): Jacqueline Gauvreau

Name of Institution/Agency: St. Lawrence College

Supervisors: Marie-Line Jobin and Dr. Rachel Williamson

Invitation

You are being invited to participate in a research study. My name is Jacqueline Gauvreau and I am a student in my 4th year of the Honours Bachelor of Behavioural Psychology program at St. Lawrence College. I am currently on placement and as a part of this placement I am completing a research project, which is called an applied thesis. This form will give you information about the study and will help you understand what the research will look like. Please read this document carefully and ask any questions you might have before you decide whether you would like to participate.

Why is this research study being done?

My research is being done with the Community Based Service Delivery Systems (CBSD) professor, Marie-Line Jobin. The main focus of this project is to determine if an experiential learning activity regarding interprofessional collaboration would be a beneficial learning experience for third-year students in the program and whether the activity would help them feel more prepared to work on an interdisciplinary team in their upcoming placements and future employment. The CBSD course covers content related to working on teams with professionals who have various backgrounds and to further their understanding of this concept, we are hosting an event for you to participate in as part of their course. The main research question that I am hoping to find an answer to is “does an experiential learning activity facilitated by alumni currently working in the field increase Honours Bachelor of Behavioural Psychology students’ knowledge and skills related to interprofessional collaboration and essential employability skills”?

What will you need to do if you take part?

If you decide to take part in this research study, you will be required to participate in an Interprofessional Collaboration Experiential Learning Event (ICELE). The event will take place during the week of November 12th, 2018 for approximately 2 hours. You will have to create a case scenario, related to your field, prior to the event. The case scenario will be an example of a situation in your current field of work that relates to interprofessional collaboration. Detailed instructions will be provided to you if you decide to participate. You will also be required to complete a feedback survey following the event that contains seven questions and should take you approximately 15 minutes to complete. This information will help determine if the ICELE was effective and whether similar experiential events will be worthwhile incorporating into the program curriculum in the future.
What are the potential benefits of taking part?

The potential benefits of you participating in this research is that you will get to share your knowledge and expertise of the field with current students and help prepare them for their upcoming placements and employment. Your feedback will also help the program make decisions in the future about what type of hands-on learning activities should be incorporated into the program curriculum. An additional benefit is that you will be helping a fourth-year student complete their thesis.

What are the potential disadvantages of taking part?

There are limited disadvantages of being a participant in this study. One disadvantage may be that the content of the group discussion could become too personal in regard to the specific type of work that you do. If this is to happen, redirect the conversation or politely inform the students that you are not able to share any more information in order keep client confidentiality. It is important for you to be aware that this is the first time the event has ever been hosted, so there may be organizational or content-related issues that occur.

Will the information collected in this study be kept private?

The feedback survey is anonymous; therefore, no identifying information will be collected. All data will be aggregated and not individually displayed in my thesis to reduce the possibility of anyone identifying yourself. We will make every attempt to keep any information that may identify you strictly confidential unless required by law. The feedback surveys will be kept in a secure, locked filing cabinet in Marie-Line Jobin’s office at St. Lawrence College for a minimum of seven years following the study. After seven years, the surveys will be shredded. Any electronic files will be saved on the student researcher’s password protected computer and will also be deleted seven years after the conclusion of the study. All results from the study will be included as part of my research for my thesis and will be published and available at the St. Lawrence College library. There may also be presentations or conferences where the research findings are discussed.

Do you have to take part?

All participation is voluntary, and you may decide to withdraw from the study at any time with no reason. Provided that you want to participate in the study, you will be asked to complete and sign the attached consent form. If you decide to withdraw from the event or the study, you are required to inform the student researcher through a verbal conversation or a written email.

Further Information

The Research Ethics Board at St. Lawrence College has reviewed and approved this research study. The study will be completed under the supervision of St. Lawrence College supervisors, Dr. Rachel Williamson and Marie-Line Jobin. If you have any questions about the study please contact Jacqueline Gauvreau (JGauvreau05@student.sl.on.ca), Dr. Rachel Williamson (rwilliamson@sl.on.ca), or Marie-Line Jobin (mjobin@sl.on.ca). If you have any questions regarding your rights as a research participant, please contact the St. Lawrence College Research Ethics Board (reb@sl.on.ca.). Please ask any inquiries you would like clarification on to the researcher or college supervisor, Dr. Rachel Williamson, before signing the consent form.

Consent

Please complete the following page if you wish to be a participant in this research study. You will be provided with a signed copy of the form for your records. The consent form will also
be stored at St. Lawrence College in a securely locked filing cabinet in Rachel Williamson’s office, for a minimum of 10 years.
Consent Form

By signing this form:
I consent to participate in this study and for the results to be shared within the professional community.

By signing this form, I agree that:

- The project has been explained to me.
- All my questions have been answered.
- Possible risks and benefits of the study have been explained to me.
- I understand that I have the right to decline my participation and the right to withdraw at any time.
- I understand that I am able to ask any questions I have about the project now and in the future.
- I understand that my information and identity will be kept confidential.
- I understand that I will receive a signed copy of this form.
- I consent for the data from this study to be presented at the St. Lawrence College Behavioural Psychology Poster Gala, at other conferences, or published in a scientific journal after removing all identifying information.
- I understand that if the student researcher or any of the other parties involved believes I may cause harm to myself or others, they will report it to someone, withdraw myself from the study, and/or speak with me about it.

I hereby consent to participate in this study.

Participant Name (Print): ________________________________

Participant Signature: __________________________________

Date: __________________________________________________

Researcher Name (Print): ________________________________

Researcher Signature: __________________________________

Date: __________________________________________________
Appendix E
Interprofessional Collaboration Alumni Feedback Survey

1. What did you notice or observe about the students behaviour/learning process during the interprofessional collaboration experiential learning activity?

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2. How would you compare this method of learning (experiential) with traditional lecture style learning? Do you think one is more beneficial to students than the other?

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3. In your opinion as alumni, what was the most important component of this experiential learning activity?

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4. How helpful did you find the five stages of collaboration model for effective interprofessional collaboration?

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<tbody>
<tr>
<td>Not Helpful</td>
<td>Slightly Helpful</td>
<td>Reasonably Helpful</td>
<td>Very Helpful</td>
<td>Extremely Helpful</td>
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5. In the Honours Bachelor of Behavioural Psychology program we try to facilitate the development of the Essential Employability Skills (EES) established by the Ontario Ministry of Training, Colleges, and Universities. This experiential learning activity targeted three EES specifically which were communication, critical thinking and problem solving, and interpersonal skills.

Do you feel that this experiential learning activity helped students further develop these three categories of skills required for the work force? Please respond for each of the three skills listed below.

**Communication Skills**

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<tbody>
<tr>
<td>No Change</td>
<td>Slight Improvement</td>
<td>Reasonable Improvement</td>
<td>Good Improvement</td>
<td>Excellent Improvement</td>
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**Critical Thinking and Problem-Solving Skills**

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<tr>
<td>No Change</td>
<td>Slight Improvement</td>
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<td>Good Improvement</td>
<td>Excellent Improvement</td>
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</table>

**Interpersonal Skills**

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<td>No Change</td>
<td>Slight Improvement</td>
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</table>
6. How would you improve or modify this experiential learning activity for future students? Any suggestions?

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7. Would you be willing to participate in similar activities in the future?

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Thank you for your feedback and participation!
Appendix F  
5-Stage Model of Collaboration Handout

Interprofessional Collaboration: Use of The Five-Stage Model of Collaboration

<table>
<thead>
<tr>
<th>Student Group Member Names</th>
<th>Student’s Role</th>
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<tr>
<td></td>
<td>Team Leader</td>
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<tr>
<td></td>
<td>Time Keeper</td>
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<td></td>
<td>Recorder</td>
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<td></td>
<td>Recorder Assistant</td>
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<td>Participant</td>
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<td></td>
<td>Participant</td>
</tr>
<tr>
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<td>Participant</td>
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</table>

Alumni Name

________________________________________

Case Scenario Number: _________________
Stage One: Assessment and Goal Setting

1. What is the client’s problem/situation that needs to be addressed?

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2. What goal(s) need to be set?

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Stage Two: Determination of a Collaborative Fit

3. Who are the professionals that should be involved in this case?

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Stage Three: Resource Identification and Reflection

4. What tasks should each of the identified professionals (from stage 2) be responsible for?

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Stage Four: Project Refinement and Implementation

5. How will all involved parties collaborate as a team and maintain open communication?

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6. What will the client’s intervention plan be?

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Stage Five: Evaluation

7. What challenges may the interprofessional team encounter while trying to maintain a collaborative approach and provide effective client-centred care?

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8. As a group, were you able to collaborate effectively with one another during this experiential exercise? Identify at least one area of potential improvement that could have increased the overall engagement, participation, and collaboration of all student group members.

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Appendix G
Case Scenarios

Case Scenario 1

**All names have been changed to ensure client confidentiality**

**Client Name:** Kate  
**Agency:** Pathways to Education

Kate is a 17-year-old grade 12 student from Kingston. Kate started her grade 9 year in a mainstream high school, but since halfway through grade 10 has been at an alternative high school. At this time Kate lived with her dad and a couple of younger siblings. She also has an older sibling that lived in town and her mom lived out of town. Kate was just starting to reconnect with her mom during this time; making trips to go see her and spending more time talking to her. Since grade 10 Kate has struggled with significant attendance issues that have limited her high school credits. Although in grade 12, Kate is still 16 credits shy of graduation.

Kate’s difficulties have continued to multiply as she has moved through high school. Home life was not great for Kate, who left to go live with her sibling. This did not last long; after a physical dispute with her sibling, Kate was without a place to live again. Kate currently lives with her boyfriend and his dad. Before moving in here, her mother, whom she had recently reconnected and built a relationship with, died due to a drug overdose. She has also been told that moving back in with her dad is not an option.

Recently, Kate has been experiencing a lot of anxiety, depression, and periods of strong moods where she feels sad or angry and does not want to leave her house to go to school or see anyone. Kate took herself to the doctor. She was put on medication, but quickly took herself off of them because of the way they made her feel. She was scheduled another appointment to look at alternative medications, which she missed. She has also expressed wanting to see a counsellor and someone to talk to but is very hesitant to go to someone she doesn’t know and fears that it won’t be consistent. Kate is also a heavy pot smoker, which she uses as a coping mechanism. She has been to the doctors a few times recently and has been told she needs to stop smoking due to health concerns. Kate has also recently expressed some relationship concerns and is unsure about her future.

Kate has had a job off and on but struggles with finances; especially with the necessities like rent and groceries. She also needs to be available during the day for school. Providing the daily necessities for herself is a very real concern for Kate. Kate struggles daily with mental health, food security, and making sure she is eating healthy and exercising.

Kate has been part of Pathways to Education throughout her time in high school and earns $60 per month in grocery gift cards and $500 per year in scholarship money that can be used towards post-secondary education once she graduates. She is also paired with a Student Parent Support Worker to help support her 1 on 1.
Case Scenario 2

**All names have been changed to ensure client confidentiality**

**Client Name:** Penny  
**Agency:** On Solid Ground – Skill Building and Communication Services

Penny was 5-years-old when her parents first initiated comprehensive ABA services with On Solid Ground Inc. Penny’s parents were most concerned about her communication, feeding, and behaviours. More specifically, Penny was non-verbal, consuming only a select number of pureed foods at every meal, and engaging in aggression towards self and others.

The ABA team involved with Penny consisted of a Clinical Supervisor (CS), Senior Therapist (ST), and multiple Instructor Therapists (IT’s). Generally, the IT’s worked directly with Penny for about 30 hours a week, implementing the identified programs. The ST provided supervision about once each week, and the CS provided additional consultation and supervision about twice each month.

At the time of intake, it was unclear if the feeding-related challenges were a result of a skill-deficit, behavioural response, or both. If Penny did not know how to chew, and swallow food, this would be factored in to the comprehensive feeding intervention. If Penny had learned the contingencies in her environment, and engaged in behaviours to escape novel foods, and access her regular, pureed foods, this would also need to be factored into the comprehensive feeding intervention.

Discussion between the CS and ST happened considering the possibility of teaching functional communication using an Augmentative and Alternative Communication (AAC), and ultimately vocal verbal communication. There are various factors to be considered in a functional communication program, including current and future goals (i.e., How can we teach functional communication right now, and how can we teach/shape vocal verbal behaviour as the “end” goal?).

The ABA staff conducted functional behavioural assessments to determine that Penny’s behaviours were being maintained by attention and escape from demands. A behavioural protocol was put into place, and all staff was trained on how to appropriately manage the behaviours.

The ABA team involved with Penny needed to consult with other professionals in the field. Specifically, regarding the feeding and communication goals.
Case Scenario 3

**All names have been changed to ensure client confidentiality**

**Client Name:** Henry  
**Agency:** Psychology Department - Correctional Services Canada

Henry is a 48-year-old first time federal offender serving a Life sentence. He has been serving his sentence for 30 years; with two prior releases that were terminated due to a return to substance use. Henry is currently incarcerated in a minimum-security facility in Kingston, ON. He has family support consisting of his mother, sister, girlfriend, and daughter. Henry has been eligible for parole for 23 years. He has a history of self-sabotage as he starts to work through his release process. He struggles to cope with emotional uncertainty and vulnerability which in turn leads to him feeling depressed and hopeless about his future; subsequently turning to substance use as a maladaptive coping strategy and successfully sabotaging his release plans.

Henry completed his grade 12 while incarcerated. He works within the institution; however, he has struggled with maintaining institutional employment. Henry mainly keeps to himself and has few positive associates. He is an accomplished musician and will often isolate himself in his cell playing his guitar for weeks at a time.

Henry was successfully transferred from medium to minimum security following a period of stability. Once at minimum security he was seen by the BST due to his history of suicide attempts and persistent suicidal ideation. He is followed by a Psychiatrist and is compliant with a medication regime aimed at moderating his emotions. He commenced counselling in the Psychology department to learn cognitive behavioural skills and strategies to better cope with his low mood and emotional lability.

Recently, Henry has been experiencing relationship difficulties stemming from his slow movement through the release process. He is experiencing an increase in stress and anxiousness regarding his potential return to the community and is fearful of failure while on parole. He also expresses feeling like a burden to his family and a failure as a father. He vacillates between resignation that he should remain incarcerated forever and motivated towards release. He has been frustrated with the slowness of the parole process and has experienced an increase in anxiety as his parole dates approach. Henry recently disclosed an unsuccessful suicide attempt two nights prior via strangulation. He admitted that he was feeling hopeless and discouraged. Henry relayed his plan to purchase and use illegal drugs prior to his suicide attempt. He stated that he is now in significant debt given that he did not believe he would be alive to pay it back. Henry has been placed in segregation at the medium security facility for observation. He continues to express suicidal ideation. He reports feeling depressed that he has sabotaged his upcoming parole hearing by using substances.
Case Scenario 4

**All names have been changed to ensure client confidentiality**

Client Name: John
Agency: ReStart Employment Services

John is a male approximately the age of 50. He lives alone in the north end of Kingston. John was originally referred to ReStart from the Ministry of Advanced Education and Development office. He connected with a ReStart case manager, and received funding to attend a local driving academy to gain his AZ/DZ licence through a program called Second Career. John’s case manager was notified a few weeks later that John stopped attending classes. When probed by his case manager, John expressed his frustration with the effort required, and said he had lost his motivation to continue training. As a result, John did not continue pursuing his AZ/DZ licence and subsequently, his file was closed with ReStart at that time.

Months later, John returned looking for employment opportunities as an unassisted client. A ReStart case manager identified John’s eligibility for assisted services, and scheduled him an intake appointment for assisted services.

During the intake, several pieces of information were collected about John’s employment barriers. John stated at the intake that he was a divorced father whose adult children live in different cities. John is unable to visit them because he does not have access to a reliable vehicle. John stated that although he lost custody of his children many years prior, he does not owe any outstanding support payments. Notably, John said that he occasionally receives phone calls from his children and grandchildren, but elaborated that those calls typically occur around the holidays. John said that he hasn’t spoken with his wife in many years and has no desire to contact her. John recalled an unstable employment history. John has quit and been let go of multiple jobs in multiple industries over the years, and he stated that he felt the reasons for his employment challenges were health problems and problems with employers. John’s longest term of employment was as a general laborer. Upon completion of the intake assessment, it was identified that John had persisting chronic medical challenges (lung problems, allergy issues), undiagnosed mental health challenges, social challenges including accessing community resources, financial challenges managing his income and savings, behavioural challenges (stress management, personal hygiene), and employment challenges (behavioural deficits with job readiness and job-retention skills). John expressed an interest in pursuing a career in transportation, but placed emphasis on getting employment opportunities quickly.

John currently has stable living conditions, but his savings are slowly being spent on expenses that employment would usually cover. He is able to travel around town using public transportation, but John says he struggles with being frequently late to or missing appointments because of his travel restrictions.
Case Scenario 5

**All names have been changed for reasons of confidentiality**

Client Name: Steve  
Agency: Algonquin & Lakeshore Catholic District School Board

Steve is a 9-year-old grade 4 student from Belleville. He has a diagnosis of intellectual disability (ID) and Autism Spectrum Disorder (ASD) at the severe end of the spectrum. Steve previously attended his homeschool but recently transitioned to a Life Skills Developmental Centre (LSDC) at another school in the Belleville area.

Steve lives at home with his biological mother and father. His parents work opposite schedules in order to provide constant adult supervision and care for Steve. Respite has been intermittently provided but typically occurs as a means of supporting one parent while taking Steve to appointments or out in the community.

In grade 1, Steve attended an Intensive Behavioural Intervention (IBI) program through a Regional Provider which occurred 4 mornings per week at his homeschool. As part of his discharge from IBI, Steve was involved with Connections for Students which is a program that supports students transitioning from IBI to full-time school. Steve began full-time attendance at his homeschool in grade 2.

Steve previously used GoTalk9 to communicate but has transitioned to Proloquo2Go. His communication is limited to occasional requests for desired items or activities and labeling common items in response to a request (e.g., “what is this called?”). Steve has one communication device at school and another at home due to different approaches and abilities between environments.

Medical needs have been an ongoing concern for Steve. He is frequently sick throughout the school year and parents have reported a number of ear infections and several cases of strep throat. Steve sees his family doctor periodically and has recently been seen by a paediatrician at Kids Inclusive who has provided referrals to a number of other physicians including an allergist, infection specialist, seizure specialist, and geneticist.

Steve has a number of strengths including identifying and labeling common items, letters, numbers and colours, gross motor skills, matching, imitation, and spelling familiar words. Steve engages in interfering behaviours which take the form of physical aggression towards adults (hitting, grabbing, biting), self-injury (pounding fists and arms on objects, pounding fists on chest), property destruction (throwing items, pulling/ripping items), and self-stimulatory behaviour (hand flapping, repetitive body movements).

Steve’s independent, parallel, and reciprocal play skills are an area of need; however, he shows some interest in cause and effect toys. Although his interests are restricted, and motivation is fleeting, Steve enjoys high-energy activities (running outside, swinging, jumping on a trampoline), and other tangible items including bubbles, sound books, and M&M’s.
Case Scenario 6

**All names have been changed to ensure client confidentiality**

Client Name: Laura
Agency: The Ottawa Hospital – Behavioural Rehabilitation Services

Laura is a 20-year-old right handed female. Laura was diagnosed with acquired brain injury (Anti-NMDA receptor encephalitis) secondary to ovarian cancer.

Laura lived at home with her father and stepmother in the Ottawa Valley. She was attending dental hygienist classes at college and played competitive soccer. Laura’s mood was changing, and her parents felt she was “off” for a couple weeks prior to going to the hospital. Laura had a seizure and was brought to the emergency room at the local hospital. Blood tests were performed and it was discovered that she had encephalitis. Through multiple tests, the doctors discovered that Laura had ovarian cancer. With the diagnosis of ovarian cancer, doctors were able to diagnose the encephalitis as Anti-NMDA receptor encephalitis. Laura had surgery to remove her ovaries and did experience one seizure in hospital prior to being put on anti-seizure medications.

Post-surgery, Laura was admitted to the intensive care unit (ICU). In ICU, Laura was observed to have auditory hallucinations, paranoia, exhibit stages of mania followed by two or three days of sleep during which she was unable to rouse for food or medication. Laura was observed to become physically and verbally aggressive, usually during episodes of hallucinations and paranoia. The use of restraints was also applied for patient safety. Laura also received a PEG tube eventually so nurses could continue to administer medication and provide nutrition when Laura was not able to be roused.

Laura was referred to the Behavioural Rehabilitation Services (BRS) due to the aggressive and severe nature of her behaviour in ICU. BRS would be able to provide specialized treatment with professionals specifically trained in the sequelae of acquired brain injuries. When she was admitted to BRS, further observations and assessments were completed. It was observed that Laura had severe memory deficits, confabulated, and perseverative thoughts (which included thoughts of suicide and homicide) and actions that interfered with her abilities to participate in rehabilitation and activities of daily living. None of the previously mentioned aggressive behaviours were observed while at BRS but Laura did continue to report having auditory hallucinations, paranoia, and the periods of mania followed by a few days of sleep. Through interaction, it was observed that Laura’s thinking was very concrete and cognitive flexibility was minimal, she had limited problem-solving skills, and was unaware of her deficits. Laura had almost no physical disabilities from the ABI but did have some difficulty writing with her right hand and some peripheral vision loss. Pre-morbid characteristic traits included competitiveness, determination, and perfectionism. These were observed by staff and Laura’s father and stepmother confirmed this when asked. Laura’s father and step-mother were a large support system for Laura and were often in to visit her daily.

Laura was discharged to a community rehabilitation program to further develop skills of independent activities of daily living (IADL).
**Case Scenario 7**

**All names have been changed to ensure client confidentiality**

**Client Name:** Miller  
**Agency:** Salvation Army- Kingston Harbour Light

Miller is a 41-year-old man from the Ottawa area. Miller has been struggling with substance use for most of his adulthood. He attested that his substance use initially started recreationally until it escalated into dependency. Miller has never attended treatment before but was recently referred by his community mental health worker. Miller currently resides at a supportive house but is hoping to find some independent accommodations once he addresses his difficulties with substance use.

Miller has completed the necessary assessment to access our residential treatment. Upon review, by the intake worker, it appears that Miller is currently prescribed a medication that is on our blacklist (i.e. he cannot take it while attending our program to its effects on the individual) and it cannot be discontinued without consulting a medical professional. He also self-reported having some cognitive delays. Furthermore, Miller is currently following an Opiate replacement therapy and our residential program is an abstinence-based program.

Miller’s current source of income is through ODSP since he has not maintained employment in the last decade. Additionally, he does not have much support besides various workers from a variety of community agencies. Miller hopes to reconnect with his estranged family members while in treatment to acquire additional support.

Lately, Miller has been experiencing significant distress due to interpersonal issues arising at the supportive house. Miller is also particularly vulnerable in forming meaningful friendships, since he often finds himself in situations where he is taken advantage of due to his cognitive delays. Nevertheless, Miller is able to remain positive and is quite motivated to attend and participate in treatment.
**Case Scenario 8**

**All names have been changed to ensure client confidentiality**

**Client Name:** Mary  
**Agency:** Hotel Dieu Hospital – Child and Adolescent Outpatient Eating Disorder Program

Mary is a 14-year-old 7-month female who is in Grade 9 in the academic stream. She was accompanied by her biological mother. Mary was referred to the Eating Disorder Program by her Gastroenterologist for restrictive eating, increased exercise, recurrent regurgitations, weight loss, and no menstrual cycles.

Mary would like to get her health “sorted out”. She would like to maintain her present weight, although, she is not opposed to losing more weight. She would like to learn how to eat healthier including proper portion sizes and interpreting the nutritional value of foods. Her mother worries that Mary has lost a substantial amount of weight in the last few months. Her mother reports that Mary has limited her variety of foods, restricted her food intake, and increased her regurgitation and spitting behaviours since September 2013.

Mary’s mother reports that Mary has always been a “chubby” child. She was 220 pounds when she was in Grade 6. Mary reports that she started thinking about losing weight in January 2013. She reports no history of bullying at that time. She reports that she started losing weight in August 2013 by restricting her intake and by avoiding unhealthy foods after watching a documentary. She reports that she weighed 200 pounds in August 2013. This was the last time that she had a regular menstrual cycle. From September 2013 to present Mary has gone down from size 16 to size 11. She reports that she feels better about her body, and wants to maintain her present weight, although, she does not feel healthy.

Her mother reports that Mary could “always” throw up easily. For the last three years, Mary would regurgitate, and then swallow or spit out her food once or twice a day. However, in the last five months Mary regurgitates and spits out food after every meal. She spits out food in her dog’s dish, toilet, or outside. Mary reports that the regurgitation is involuntary and occurs 10 minutes after she eats. She now drinks a cup of water with her meals because she believes that the solid food will stay down and only the water will be regurgitated. She regurgitates more when she is at home because she is able to eat more. She has stopped taking the host at church because she is afraid that she will regurgitate and have to spit it out. Mary thinks about her weight and shape several times a day. She compares herself to other girls.

To conclude, Mary is a 14-year-old female who has struggled with her weight for many years. She has poor body image and a fear of gaining weight. She appears to lack insight with regards to healthy, normalized eating habits. She has been restricting calories, regurgitating, and spitting up food for the last three years. She avoids eating in social situations. She meets the criteria for Atypical Anorexia Nervosa.
Case Scenario 9

**All names have been changed to ensure client confidentiality**

**Client Name:** Frank

**Agency:** Community Living Kingston and District

Frank is a 20-year-old young man who graduated high school after the 2017/2018 school year. Frank lives at home with his ill mother and their dog. Frank has no siblings and limited contact with his father. Frank was diagnosed with autism spectrum disorder (ASD) as a child and was delayed reaching most developmental milestones.

Frank’s mom has had chronic illnesses Frank’s whole life. She has experience with alcohol abuse and has suffered the challenges of living with auto-immune conditions for decades. Due to her illnesses, Frank’s mother has a hard time with memory, fine motor skills, mobility, nutrition, and other activities of daily living. Frank does what he can to support and assist his mother, though Frank also struggles with some of the day to day activities such as meal preparation, budgeting, cleaning, laundry, nutrition, and exercise.

In 2016, Frank began a work placement at a business in Kingston. Frank was supported by a local employment agency to obtain this 6-week position. During the same time period Frank had an opportunity to move into a group residential living situation. Frank had a difficult time with the transition and not long after the move Frank became withdrawn. Frank decided to move out and move back in with his mom and his work placement ended.

Since returning home with his mom, Frank graduated high school. Frank has gained a substantial amount of weight over the past two years. He also attends regular psychiatry appointments. Recently he was referred for an MRI and has found out that he has a benign tumor in his pituitary gland. The tumor may grow and affect his hormones. In addition, Frank has chronic ingrown toenails, it has been advised by medical professionals that he see a foot care nurse on a monthly basis. At this time Frank has not been able to follow through on many of these recommendations and requires support to manage his schedule.

Frank receives ODSP as his only source of income. His check is deposited into his mother’s account as Frank is unable to manage his money. With his mom’s ongoing chronic illnesses, she is also incapable of managing the funds. Their combined income is managed by a family friend who pays for the rent, bills, and groceries on behalf of the family. Frank has no access to any form of income. With Frank’s weight gain he only has a few articles of clothing that fit him properly. Frank will re-wear the same clothes throughout the week without washing them. Recently Frank has been matched with a volunteer to assist him with some physical exercise, which was highly recommended by his doctor. Frank is at risk of losing his volunteer as he’s been late or not shown up at all during their meeting times. Frank does see an Occupational Therapist for 2 hours every month to assist him with learning how to cook safety. Frank’s mother is very attached to Frank and worries any time he leaves the house though she wants him to be engaged in the community.
Appendix H
Student Role Definitions and Expectations

Team Leader

- Make sure all members are in attendance
- Have each member introduce themselves at the beginning of each session (names)
- Facilitate group discussion
- Encourage group members to participate actively in the discussion, especially members who may be more introvert/quiet in group activity
- Participate in group discussion

Time Keeper

- Make sure members arrive on time
- Provide prompts when needed to move along discussion when spending too much time on one topic/question
- Give a 5-minute notice before end of the session (reviewing one case scenario)
- Participate in group discussion

Recorder

- Complete accurately the information on the handout
- Use point form to write the information clearly and concisely
- Record group discussion/decision for each of the questions
- Prompt group members to provide information/answer for each question on the handout
- Participate in group discussion
- Complete handout with another group member at the end of the entire experiential learning activity if needed
- Submit handout to course instructor

Recorder Assistant

- Participate actively in group discussion
- Help recorder with completing information on the handout if not fully written at the end of the session. Wait until the end of the entire learning experiential event to do this task (6:30pm)

Participant

- Participate actively in group discussion