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Graduate Student Showcase, Friday, February 27th 2026, 12:00pm PT

Register Here

Ashley Moran MSc Student in Health Informatics

"Whole Patient, Partial Records? Exploring the Visibility of Belief-Based Data in Digital Palliative Systems"

Ashley Moran is a health technology strategist and informatics researcher with experience leading digital transformation across healthcare and public systems. Her work sits at the intersection of people, technology, and change, examining how digital infrastructures shape clinical practice, moral agency, and decision-making. Drawing on feminist and relational ethics, her research explores how digital health systems can better support compassionate, culturally responsive, and whole-person care. Her training in Buddhist chaplaincy informs this work, grounding ethical inquiry in relational practice and the lived realities of contemporary health-care delivery.

Research Question: How do nurses engage with and interpret belief-based data within electronic health records in palliative care, and how does the process of interpretation influence nursing practice?

Abstract: Palliative care prioritizes relational presence, meaning-making, and ethical responsiveness at the end of life, yet these forms of knowing sit uneasily within electronic health records (EHRs) designed for standardization and interoperability. This conversation presents a constructivist grounded theory study examining how nurses engage with belief-based data—such as culture, spirituality, and religion—within digital palliative-care documentation. Drawing on feminist nursing ethics and relational inquiry, the research explores how EHR data structures shape what becomes visible, actionable, or excluded in clinical reasoning. Through interviews with palliative-care nurses in British Columbia, the study highlights how informatics design mediates moral agency and compassionate care, and considers implications for more inclusive, ethically responsive digital health systems that attend to belief, identity, and meaning alongside biomedical data.

Doug Williscroft MSc Student in Health Informatics

"Investigating Information Flows To and From Informal Caregivers in Home-Based Palliative Care"

Doug Williscroft is an MSc student in the School of Health Information Science at the University of Victoria. Doug has extensive technical experience working with provincial health information systems. Doug is a Trainee Affiliate of the Institute on Aging and Lifelong Health and has been granted a Patient-Oriented Research Graduate Fellowship by the Michael Smith Foundation BC SUPPORT Unit Island Centre to support his graduate research.

Abstract: Palliative care refers to the active holistic care of individuals across all ages with serious health-related suffering due to severe illness and especially of those near the end of life. Palliative care can be provided in facility settings or in an individual's home (i.e., home-based palliative care). In home-based palliative care, informal caregivers (e.g. family, friends, etc.) contribute 80% of care effort and frequently play a significant role in care coordination across clinical activities. Home-based palliative caregivers often describe feelings of "invisibility" to the clinical members of care team. This experience of exclusion may be exacerbated by unmet informational needs such as the specific trajectory of the disease, knowledge of practical nursing skills, how to navigate the healthcare system, and changes that occur during the shift from symptom management to active dying. This study will investigate the lived-experience of caregivers with a focus on both information they need and information they commonly provide (or could provide) across the trajectory of palliative or end-of-life home-based care. The study will be a participatory narrative inquiry that will include quantitative and qualitative data. Data collection will consist in a) Caregiver participants first sharing stories of salient information-seeking or information-offering experiences interacting with the health system, followed by b) the same participants providing their own quantitative analysis of key aspects of their interactions and interpretation of their stories through responses to predefined questions. Design of the quantitative data components will be theoretically informed by Dervin's Sense-Making Methodology. The resulting collection of stories and quantitative data will then be further interpreted by a different group of caregiver partners in collective sense making sessions focused on health system-level characteristics and potential informational improvements. Findings will help inform policy makers in their efforts to improve care coordination support for home-based palliative care.

Desmond Hedderson PhD Student in Health Informatics

“Building the First Paramedicine Electronic Documentation Maturity Model (P-EDMM)”

Desmond Hedderson is a graduate of the HINF Master's program at the University of Victoria and is currently pursuing a PhD. He is the Commander of Technical Operations with Yukon EMS, currently overseeing the implementation of a new digital documentation system and computer-aided dispatch program.

Abstract: Technology is playing an increasingly significant role in paramedicine. This is certainly the case for paramedicine electronic documentation, which is currently siloed, fragmented, and not well integrated with the larger healthcare system. Other healthcare systems use maturity models to help guide the development and implementation of large digital projects, such as electronic documentation systems. A paramedicine-specific maturity model would help align systems and strategically guide the development and implementation of electronic documentation. Using a ranking iterative Delphi study, we aim to identify the dimensions and levels that comprise a maturity model for paramedicine electronic documentation. The resulting model can be employed to help paramedic services plan for future development, optimize scarce resources, and avoid costly pitfalls in digital implementations.

Reza Alemy PhD Student in Health Informatics

“A Novel Evaluation framework for inclusion of Large Language Models in Clinical Decision Support Systems”

Abstract: Large Language Models (LLMs) are fast becoming a household name across the globe. Their promise in Clinical Decision Support Systems (CDSS) is widely acknowledged, but surprisingly sparsely evaluated. Whether general purpose or specifically trained models fare better in different areas of CDSS, or which augmentation technique provides the most accurate results, which quality measures best show performance, capture data and model drift, or allow for transparency and explainability of the results are all subject to extensive controversy and debate. This research aims to provide a framework that would help evaluate different LLM instances on each specific CDSS task in a uniform and comparable manner using augmented techniques and a mashup of available solutions. Most importantly, a reusable gold standard dataset is created along a generalized template to create a stable foundation on which current and future metrics can be used independent of the specific LLM instance evaluated.