An exercise to map patient-centred care networks

Jessica Young, Tony Egan, Martyn Williamson, Chrystal Jaye, Kristin Kenrick, Jim Ross and Peter Radue

Department of General Practice and Rural Health, University of Otago, Dunedin, New Zealand

We describe an exercise that facilitated students’ learning about the nature and function of the care communities that develop around patients.

Wenger and Lave described workplace learning as ‘situated learning’, in which participation is fundamental to developing knowledge, skills and professional identities. Subsequently Wenger developed the theory of ‘communities of practice’.

The concept of a ‘community of clinical practice’ (CoCP) emerged from researching the hidden curriculum, and students’ participation in situated learning on the ward. A CoCP refers to the individuals, both professionals and laypersons, who care for a particular patient, and whose ‘practice’ students temporarily join in pursuit of their education.

An interview study of participants in primary health care-based CoCPs highlighted their potential complexity. We found that the visual representation of CoCPs as maps facilitated the assimilation of this complexity. Each patient was shown their map to confirm whether they agreed that it represented their care world.

The optimal care and well-being of the patient at the centre of the CoCP is the common purpose of its participants. CoCPs are dynamic: the composition changes as the patient’s needs change. Participants have varying roles and levels of engagement (Figure 1). CoCP maps include family, social clubs, community and health care services. They articulate the formal and informal care networks that sustain individuals in the community.

Pilot

Medical students on their fifth-year Rural Health placements were introduced to the concept of CoCPs are dynamic: the composition changes as the patient’s needs change
Students were offered the option of collaborating with a patient with long-term conditions to generate a CoCP map. Instead of completing a conventional case report, students were offered the option of collaborating with a patient with long-term conditions to generate a CoCP map. The purpose was to represent those involved in the patient’s care (broadly defined) and to identify their various roles. The presentation of the concept generated animated discussion and ideas on adapting the maps for wider use, suggesting that the students were engaged with the learning. We subsequently interviewed a group of four students who trialled the maps. We describe three themes that emerged.

Understanding interprofessional care
We gained the impression that mapping a CoCP helped students to understand the interprofessional nature of care. By placing individuals on the maps students reported learning about: the range of professions and people (and pets) providing care and meaning in the person’s life; the importance of good clinical records and effective communication between CoCP members; the differences between the professionals’ relationships with the patients. Students commented that in general practice you only see doctors and nurses and ‘you forget about pharmacists, and other people’.

Understanding the patient’s context
Students stated that mapping CoCPs helped them to understand a patient’s lived world. Seeing the patient at home helped because ‘the patient was more comfortable’ and ‘seeing everything that was around him’ gave insight into the whole person. Students were already aware of the interaction between social and medical factors; however, one student found it ‘good focusing on another aspect rather than medical’. Colour-coding the information seemed to assist with the recognition of possible gaps in care. One student noted a patient’s likely unmet social need by identifying that he wasn’t part of any social or community groups.

Engaging with patients
Students reported finding the exercise ‘easy’. There were variations in how they approached patients: some were introduced by practice staff; another interviewed a patient ‘because the doctor was running really late’ and the patient ‘was lonely and happy to talk’; one visited the patient at home with the district nurse. The exercise seemed to stimulate exploratory conversations; it gave structure to the patient–student interaction and ‘gave purpose to the conversation’. Students indicated that they gathered information they probably would have missed by not engaging with the patient in this way.

Figure 1. Example map of a community of clinical practice (CoCP), based on http://wenger-trayner.com/resources/slide-forms-of-participation
not have gained by taking a conventional history (e.g. the social connection provided by the hairdresser). Students described the exercise of talking about care networks as enjoyable for themselves and for the patients.

CONCLUSION

Mapping a patient’s CoCP may provide enhanced learning about the care world of complex patients. We believe defining interprofessional practice in terms of the patient grounds it in real life. A CoCP map is a snapshot of the network of individuals who must interact and understand each other’s roles. The literature on interprofessional education often focuses on knowledge (e.g. competencies), whereas CoCP maps emphasise the relationships formed around patients. More opportunities for understanding interprofessional care from the patient’s perspective should be integrated into curricula; maps provide cues to the patient’s lived experience of chronic illnesses and the effects of care provided from different sources. We think CoCP mapping has relevance for students (and clinicians) of all health professions because it is a holistic way of understanding the patient’s context. As peripheral CoCP participants, the experience also potentially contributes to the development of the students’ professional identities.

Completing CoCP maps has now been included as part of the students’ case write-ups during their fifth-year rural placement, and also as part of the teaching on long-term conditions management for fourth-year students in an urban primary care setting.

REFERENCES


Corresponding author’s contact details: Jessica Young, Department of General Practice and Rural Health, University of Otago, Dunedin, New Zealand. E-mail: jessica.young@otago.ac.nz

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