University of Huddersfield Repository

Brooks, Joanna and King, Nigel

Introducing the Pictor technique: A method for exploring collaborative working in health care

Original Citation


This version is available at http://eprints.hud.ac.uk/18261/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
Introducing the Pictor technique: A method for exploring collaborative working in health care

Jo Brooks and Nigel King
Collaborative working in health care

- What is it?
- Who does it?
- Why is it important?
Collaborative working in health care: what is it?

- Occurs when two or more professionals from different professional groups are required to interact to ensure that appropriate care is delivered to a service user.
Collaborative working in health care: who does it?

- Includes interactions between roles and specialties **within** a profession, **between professions**, and **between sectors**

- Also includes interactions between **health professionals** and **patients/carers**
Collaborative working in health care: why important?

- Failure to do so has major implications for:
  - Delivery of patient-centred care
  - Patient safety
  - Staff morale
  - Health service costs
‘Unpicking the threads’

- Research question: *how do generalist and specialist nurses work with each other, with other professionals and with patients and carers to support cancer patients?*
- Also interested in comparisons between services for cancer and long-term condition (LTC) patients
- Total of 78 participants
Why is researching collaborative working a methodological challenge?

- Need participants to reflect on involvement in a complex case
  - Hard to keep it all in mind
  - Easy to slip into ‘official’ version of role and identity

- So how to access the perspective of participants from direct lived experience?
Our solution: the Pictor technique

- Participant is asked to choose a memorable case of collaborative working and to recall all those who were in any way involved.
- Participant is instructed to write a pseudonym and/or role title for each person involved in the case on arrow shaped ‘Post-It’ notes provided.
- Arrows are then placed on a large sheet of paper and used to produce a graphical representation of the case.
- This Pictor chart now serves as the basis for reflection on, and discussion about, case with the interviewer.
Janine: “It’s me in the centre really”

- Participant is Janine, a community matron
- Case referred to Janine by patient’s GP
- Patient is an 86 year old man with cancer
- Wife sole carer
Diagram with healthcare and social care services, including:
- G.P.
- CM
- Social Services
- Hospice
- Home
- Funeral
- D/Ns
- Hospital Consult.
- Practice Nurse
- Cancer Nurse Spec.
- Renal Consultant
- Diabetes Care Nurse Spec.
- Pharmacist
- Continuing Health Care Fast Track
- Internet Care
- Hospital at Home
- Brothers Visit
- Home Care
“The GP actually was probably central to everything because the actual patient himself actually had more trust in the GP than anybody, and isn’t that the case with a lot of elderly patients? The GP’s always central, but not necessarily the person doing the doings, are they? They’re the one who they see as being on the pinnacle, and I think the health care team referring to them for advice and help. And certainly in my role now, I don’t necessarily have to use a GP for medication anymore, as a medical prescriber [myself], even though I do pass supplementary prescribing past them. For small things, certainly, I didn’t necessarily need to use the GP, but you always would, because the GP’s holding the whole thing together really, I think, out in ‘Primary Care Land’”
Specialist Nurse
Patient
Manager
Strengths of Pictor

- Most participants (and researchers!) enjoy it and find it enlightening
- Facilitates comprehensive discussion of complex collaborative cases
- Visual basis may help when participants might find purely verbal reflection difficult
Selected references


Thank you to …

- UTT research team (Nigel King, Jane Melvin, David Wilde, Alison Bravington)