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

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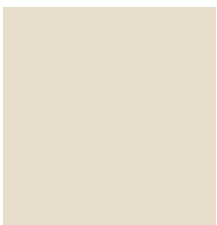
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**Introducing the Pictor technique:
A method for exploring
collaborative working in health
care**

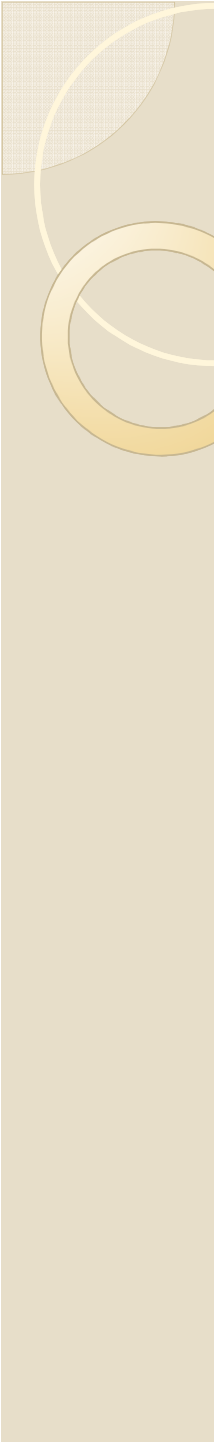
Jo Brooks and Nigel King





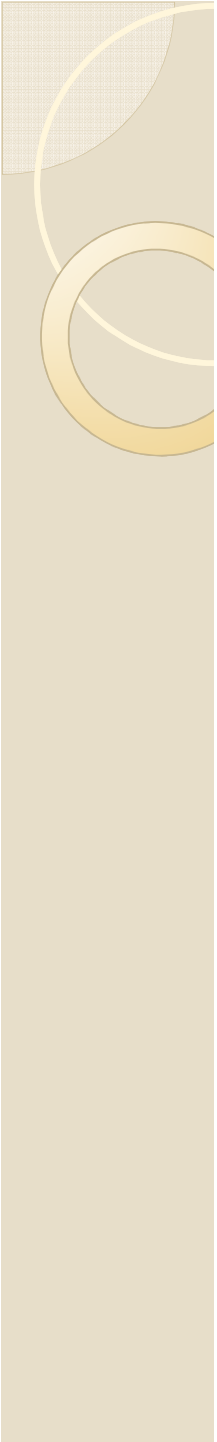
Collaborative working in health care

- 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

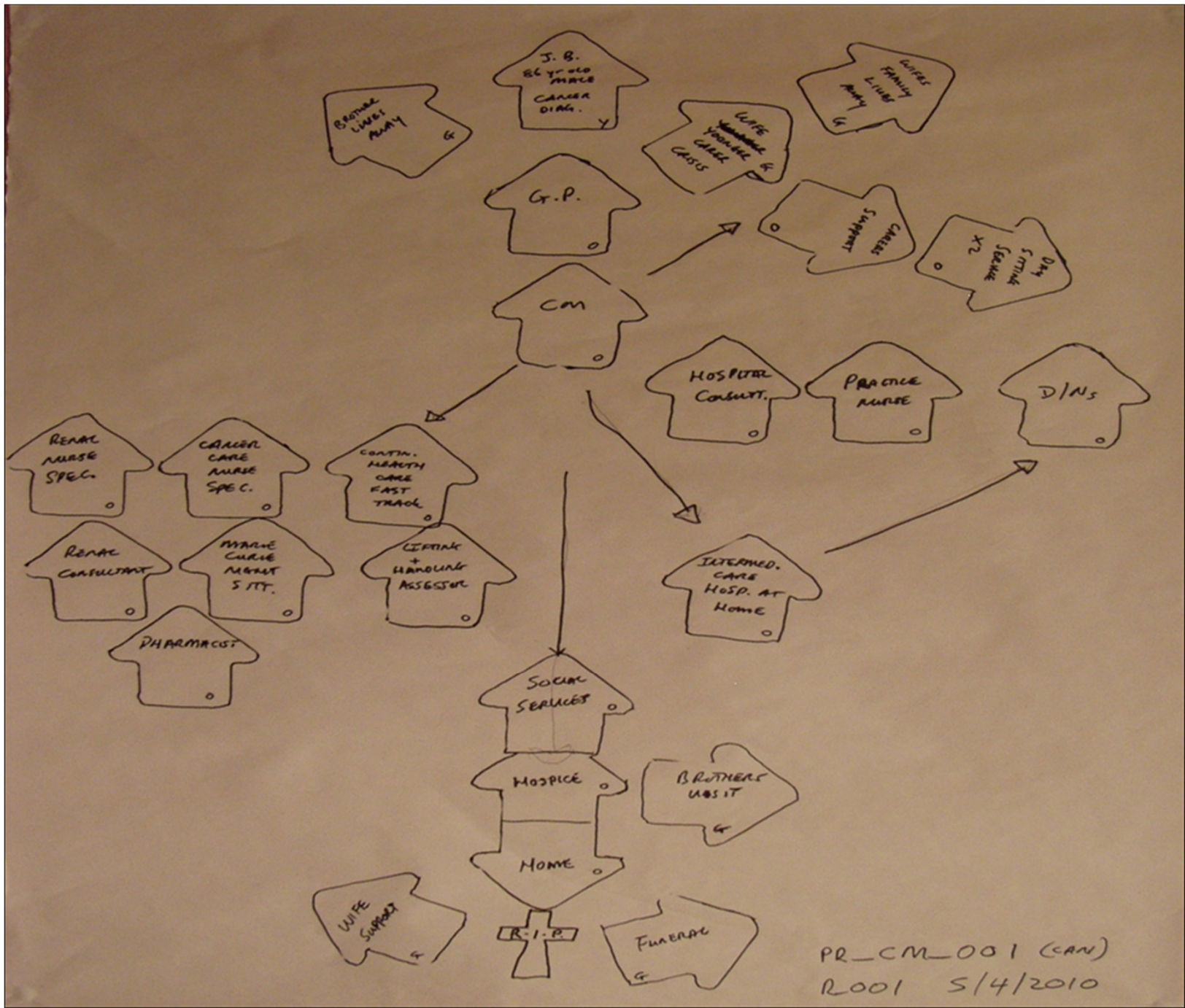
- Participant is asked to choose a memorable case of collaborative working and to recall all those who were in any way involved
- Participant is instructed to write a pseudonym and/or role title for each person involved in the case on arrow shaped 'Post-It' notes provided
- Arrows are then placed on 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:

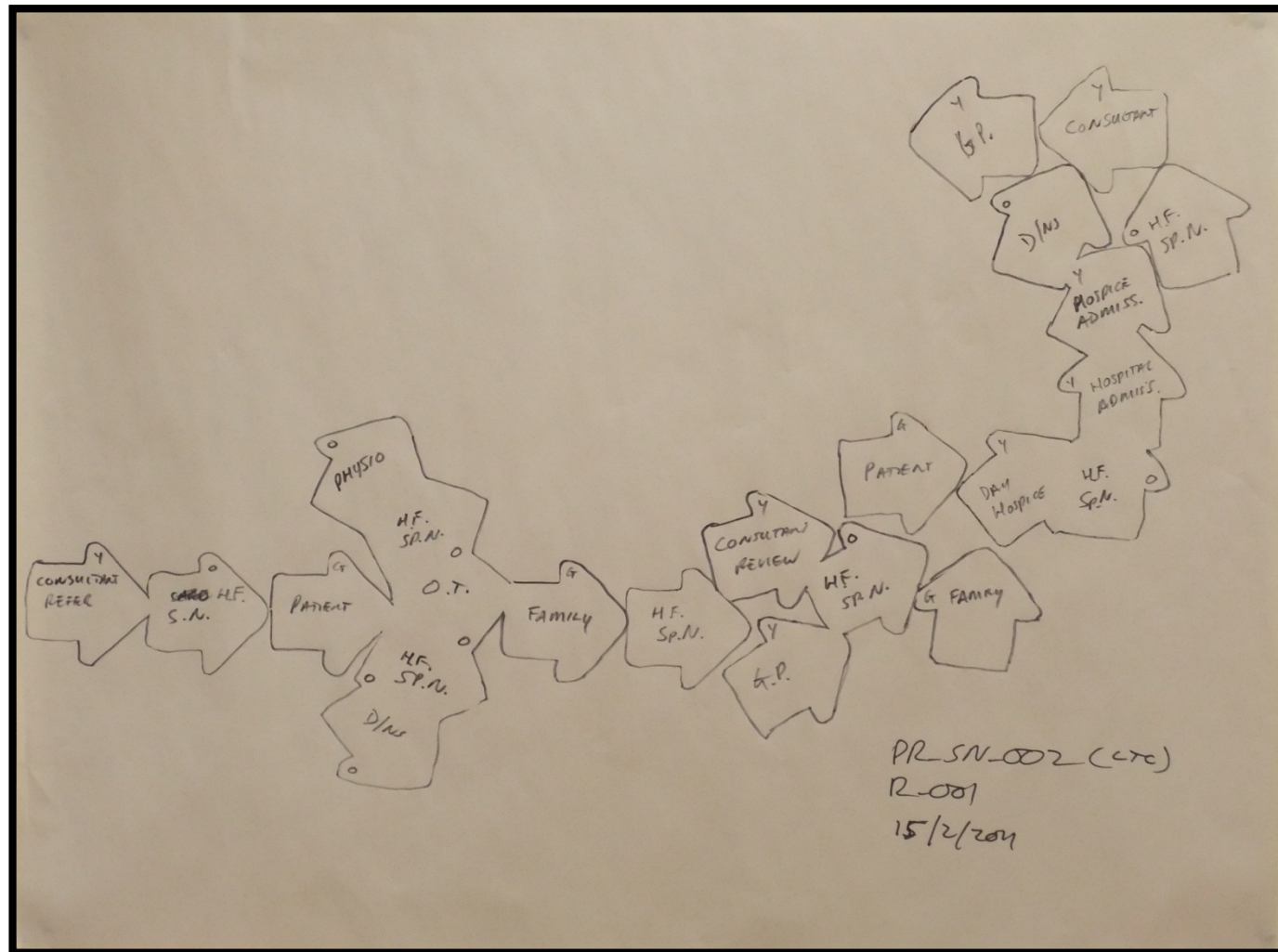
“It’s me in the centre really”

- 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

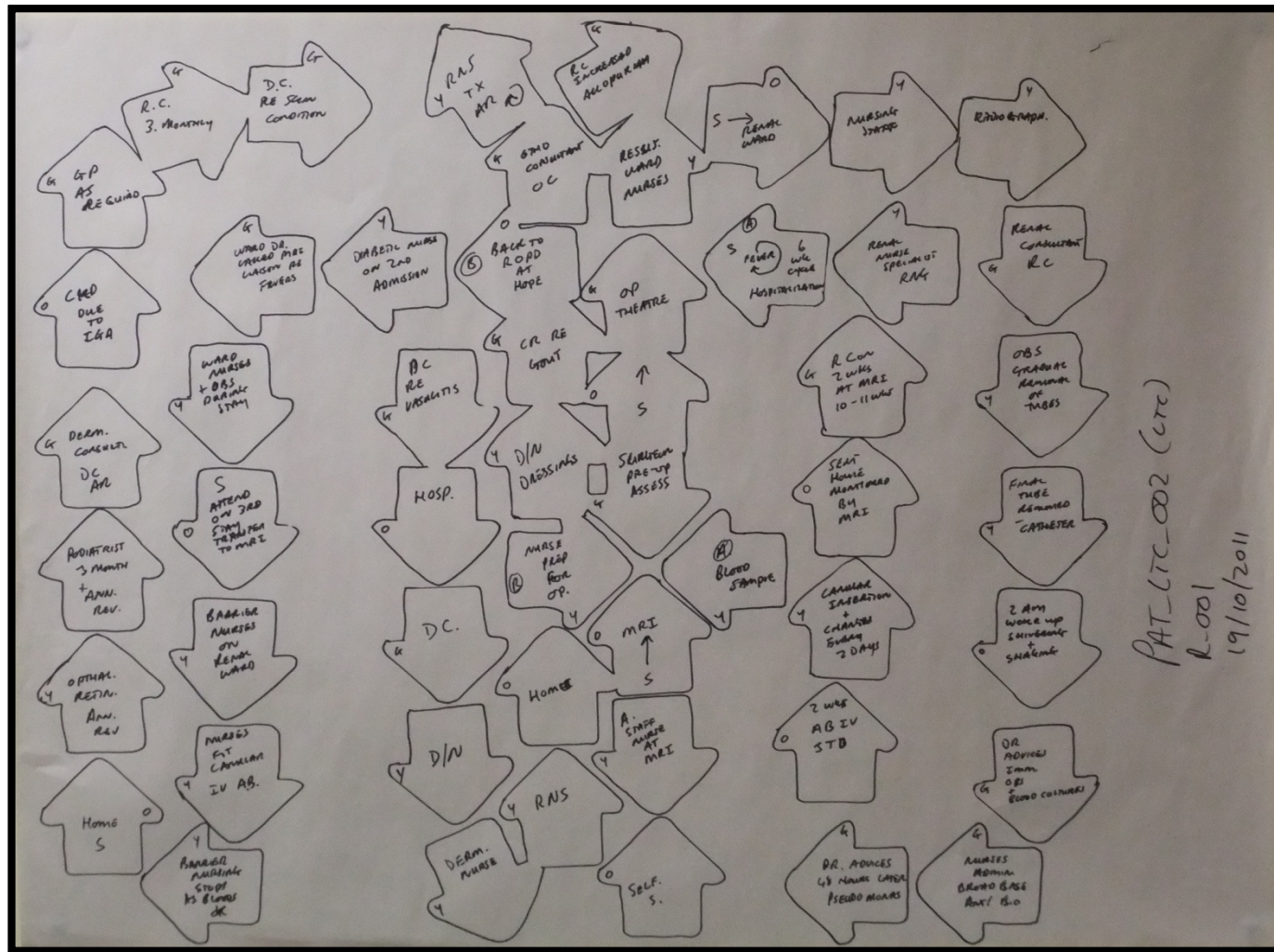


“The GP actually was probably central to everything because the actual patient himself actually had more trust in the GP than anybody, and isn’t that the case with a lot of elderly patients? The GP’s always central, but not necessarily the person doing the doings, are they? They’re the one who they see 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’”

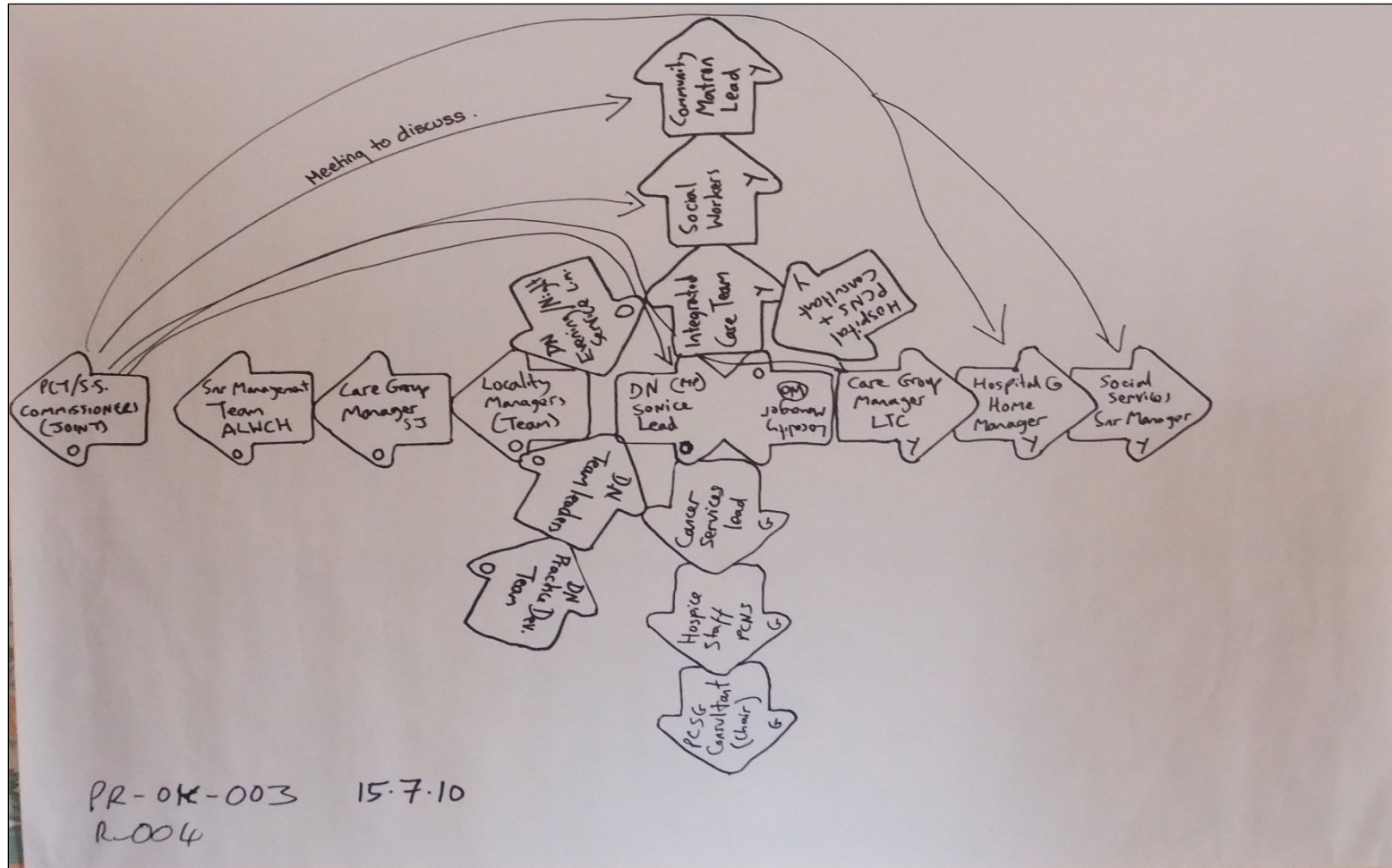
Specialist Nurse



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

- King, N., Bravington, A., Brooks, J., Hardy, B., Melvin, J. and Wilde, D. (2013). [The Pictor Technique: A Method for Exploring the Experience of Collaborative Working](#), *Qualitative Health Research* , 23 (8), pp. 1138-1152.
- Final research report available at:
http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/MacMail/Unpickingthethreads.pdf

Thank you to ...

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

