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Exploring collaborative working in Palliative and Supportive Care

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WHY WORKING TOGETHER MATTERS

- Need for different professionals, patients and carers to work effectively together is key to contemporary health and social care
- Failure to do so has major implications for:
 - Delivery of patient-centred care
 - Patient safety
 - Staff morale
 - Health service costs

WHY “COLLABORATIVE WORKING”

- Focus on personal identities, roles and relationships
 - rather than on wider systems (cf Integrative Care)
- Interest in people working together to reach common goals
- BUT not necessarily as a “team”
- Not just “professionals”

A METHODOLOGICAL CHALLENGE

- Needed 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
- We wanted to get at the perspective from direct lived experience

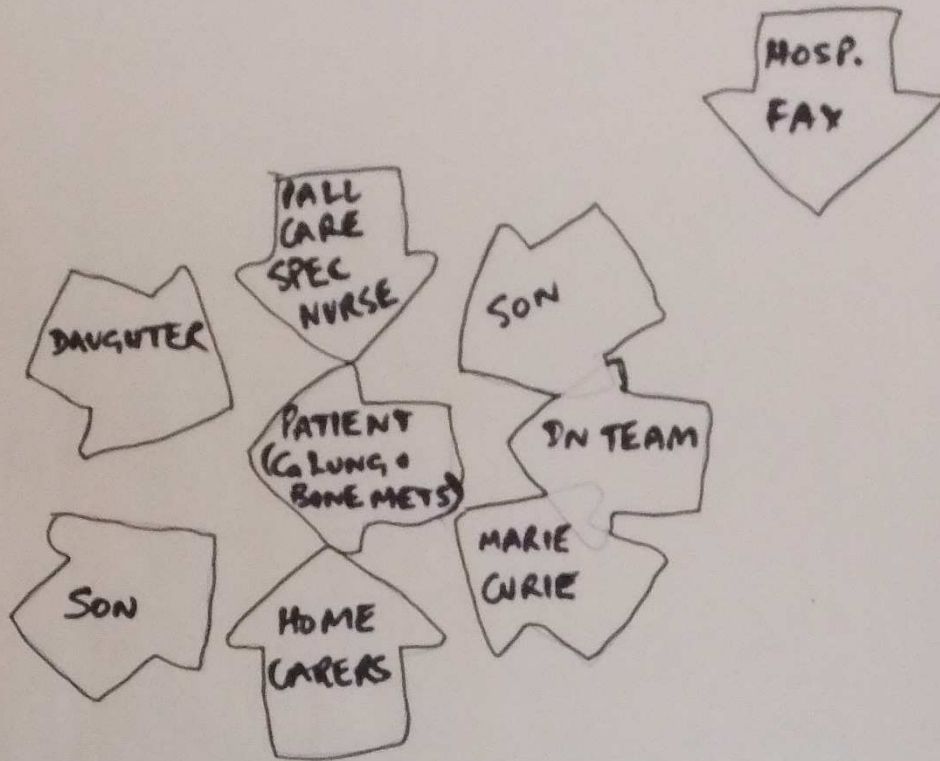
OUR SOLUTION: THE 'PICTOR' TECHNIQUE

- Participants choose one memorable case
- Produce graphical representation of case, placing arrow-shaped 'Post-Its' on large sheet of paper
- Served as basis for reflection on, and discussion about, case with interviewer
- Draws on method used in PCP family therapy (Hargreaves, 1979)

PR_DN_003 Chart 1 Cancer 14.07.10

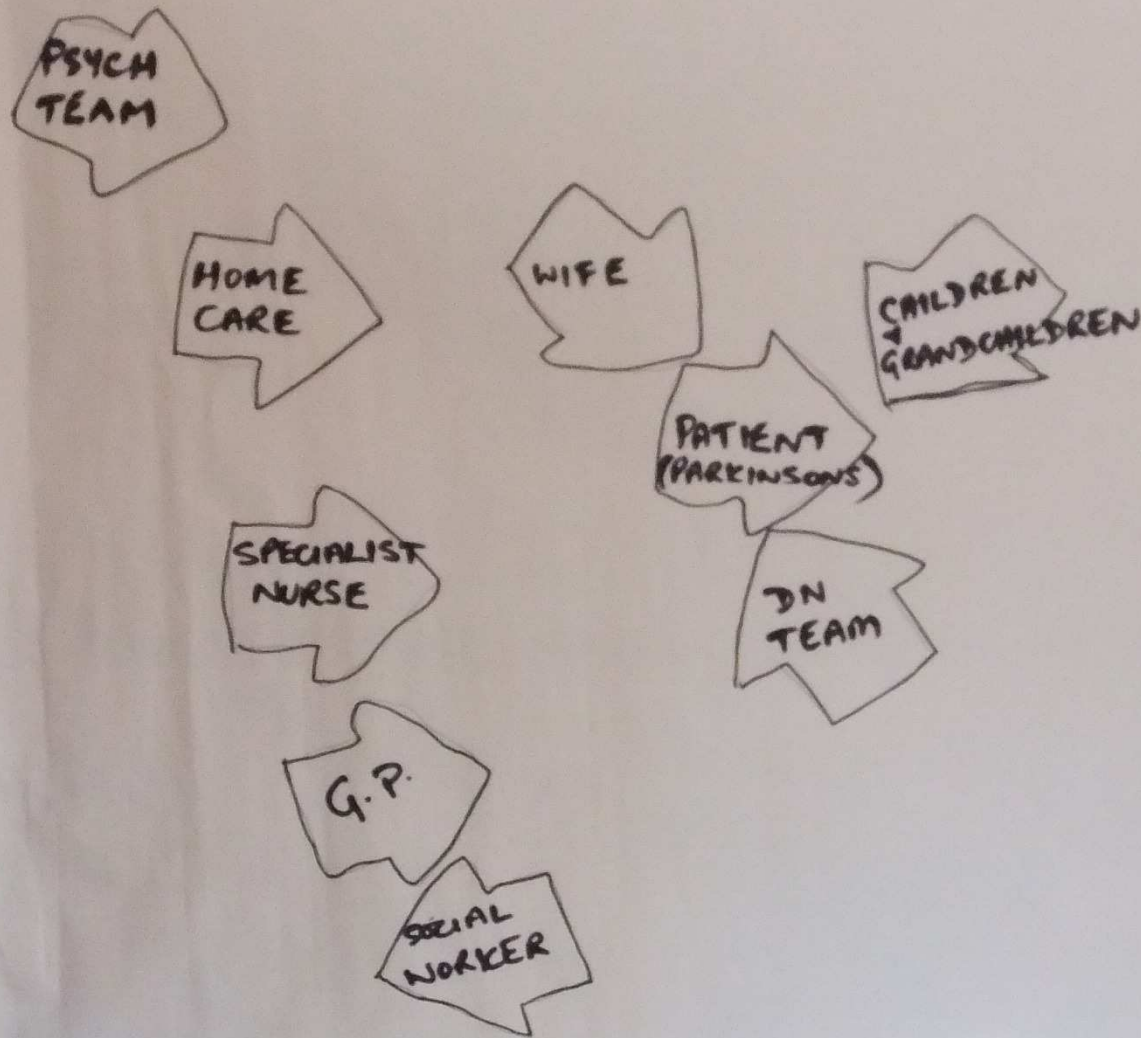
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PR_DN_003 Chart 2 LTC 15.07.10

R_003



STUDIES USING PICTOR

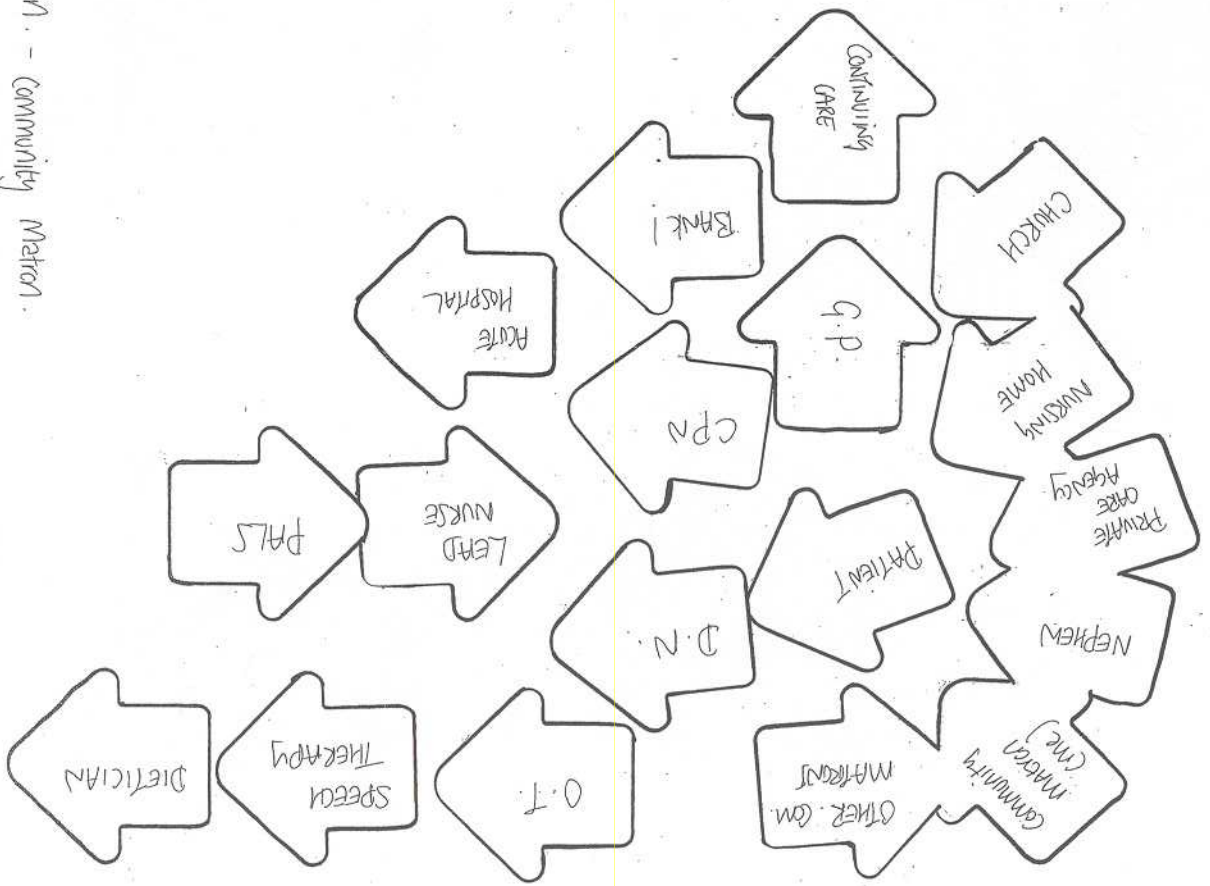
- Collaborative working between District Nurses and Social Workers (Angela Ross, PhD study; Ross et al, 2005)
- Nursing roles in community palliative care (Macmillan; King et al, 2010)
- Palliative care patients' and carers' experiences of services (Beth Hardy, PhD study; Hardy et al, in press)

- Unpicking the Threads: Specialist and Generalist Nurses' roles and relationships in supportive care (Macmillan)
- Evaluation of Midhurst Specialist Community Palliative Care service (Macmillan)
- Reflecting on collaboration in Nursing and Midwifery students' placements (Alison Bravington, MSc study)

CASE EXAMPLE: NURSING ROLES STUDY

- Participant is 'Sam Morgan', Community Matron in SE of England.
- Case is of elderly woman with senile dementia and multiple other health problems
- Living at home on own; very wealthy
- Main carer is nephew
 - Very caring, but difficult and demanding
 - Sam needed to consider possible "ulterior motive"

Sam. Margan. - Community Matron.



HOW SAM USES THE LAYOUT

- “I’ve got all these touching (*referring to diagram*) because I feel that we got really close and I knew what everybody wanted at the end and what the patient wanted”
- “...these aren’t touching because I felt that these people had their own agenda and weren’t looking at the bigger picture”
- “...and there’s sort of arrows all going the other way because they sort of thought they’d done their job and so they pulled out”

STRENGTHS OF PICTOR

- Most participants enjoy it and find it enlightening
- Facilitates comprehensive discussion of complex collaborative cases
- Visual basis may help some ptps who struggle with purely verbal reflection
- Visual record can be useful in dissemination of findings

CHALLENGES AND LIMITATIONS

- Danger of over-interpreting patterns in charts
 - generally through naïve realist approach
- A minority of participants initially struggle with concept
 - most often lay participants
- Can be practical challenges in carrying out technique
 - e.g. with bed-ridden patients
- How far should you allow ptps to deviate from core instructions for technique?