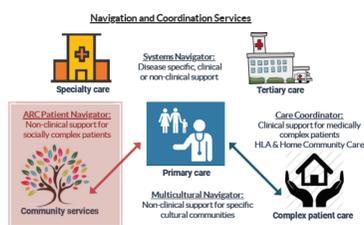


### Background

- The Access to Resources in the Community (ARC) study instituted a non-clinical patient navigation model in primary care practices to optimize equitable access of health-enabling community resources for patients with social challenges.
- Narratives informed the development and implementation of the ARC navigation model
- Narratives are a means to learn from others, reflect on practice, and work on complex issues of patient care
- Narrative knowledge is created and constructed through stories of lived experiences and the meanings created from these
- Narratives help makes sense of ambiguity and complexity of human lives (Bruner, 1986).



ARC Navigation Model in the context of other initiatives

### Methods

- Narratives were used throughout the ARC research process: design, implementation, evaluation, scalability
- Narrative forms (interviews, focus groups, patient stories, reflective writing, and collaborative dialogue) aligned with the objective of the study phase, participants, context, and desired knowledge outcomes



- Narrative data were thematically analyzed, socially situated and constructed (Polkinghorne, 1995). Findings iteratively informed subsequent study phases.

### Narratives provided valuable insights, understandings and contextual richness to inform an innovative navigation model in primary care

### Results

Study Phase	Objective of Narratives	Type of Narrative Used	Outcomes
<b>Design</b>	<ul style="list-style-type: none"> <li>• <b>Understand</b> the lived experience of access to community health and social resources (CR)</li> <li>• <b>Develop</b> an intervention to support access to CR</li> </ul>	<ul style="list-style-type: none"> <li>• Individual interviews with primary care providers (PCP) n=6</li> <li>• Focus groups n=6, with PCP, patients, community service organizations</li> <li>• Advisory Committee collaborative dialogues</li> </ul>	<ul style="list-style-type: none"> <li>• Identified priority access gap in a region in Ontario</li> <li>• Developed navigator intervention in primary care (PC) to support patients' equitable access to CR</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• <b>Navigator training:</b> Actively engage trainees in critical thinking, problem-solving, decision-making and communication skills</li> </ul>	<ul style="list-style-type: none"> <li>• Patient stories, role play, debriefing</li> <li>• Navigator journal writing</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Navigators developed required knowledge and skills to support vulnerable patients' access to CR</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Integrate</b> navigation model that is responsive to needs of primary care (PC) patients and acceptable to PC providers</li> <li>• <b>Support</b> Navigators' emergent learning needs</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory Committee collaborative dialogues</li> <li>• Navigator journal writing</li> </ul>	<ul style="list-style-type: none"> <li>• Tailored navigation program to local context and integrated in PC practices</li> <li>• Expanded mentorship for navigators; revised training curriculum</li> </ul>
<b>Scalability</b>	<ul style="list-style-type: none"> <li>• <b>Enrich</b> quantitative data; provide context, meaning and legitimacy of participants' experience (Dahlstrom, 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• PCP interviews n=9</li> <li>• Patient interviews n=5</li> </ul>	<ul style="list-style-type: none"> <li>• Navigation activities respond to the unique needs of each patient to support their access to CR</li> <li>• Navigator role clearly defined and integrated in PC non-interprofessional team</li> </ul>
<b>Scalability</b>	<ul style="list-style-type: none"> <li>• Ensure ARC navigation model can be readily <b>implemented</b> across PC practices</li> </ul>	<ul style="list-style-type: none"> <li>• Practice tools e.g. Referral form, Navigator feedback form</li> <li>• Knowledge translation (KT): patient and provider infographics, newsletters</li> <li>• Navigator videos</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge Translation is ongoing</li> <li>• The ARC randomized controlled trial is currently in progress in Ottawa and Sudbury</li> </ul>

### Conclusion

#### Narratives:

- ❖ Were a powerful means to share knowledge among stakeholders involved in a PC innovation, helping to bridge the gap between research and practice
- ❖ Provided insight and shaped future action for patient navigation services and the ARC Navigator training curriculum
- ❖ Characterized by multiple perspectives, experiences, beliefs and values are applicable to understanding the complexity of access to PC

#### References:

- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Dahlstrom, M. F. (2014). Using narratives and story-telling to communicate science with non-expert audiences. *Proceedings of the National Academy of Sciences*, 111(Suppl. 4), 13614-13620.
- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education*, 8(1), 5-23.