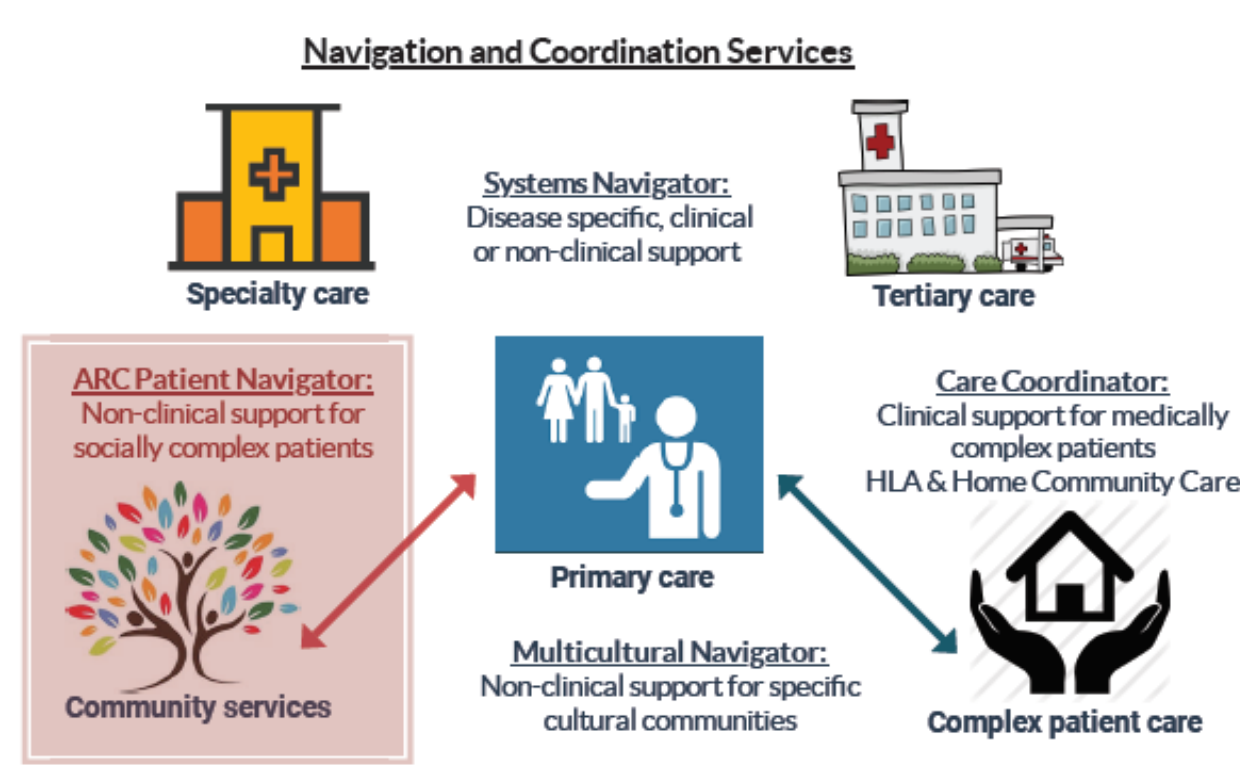


Background

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

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.