

COGNITIVE TASK ANALYSIS

SET OF QUALITATIVE TOOLS USED TO ELICIT MENTAL MODELS; VALUABLE TO REPRESENT HOW PEOPLE THINK WHEN WORKING IN COGNITIVELY COMPLEX ENVIRONMENTS.



MENTAL MODEL

A mental model is the lens through which we make sense of what's happening around us. It is more than our beliefs and values and is dynamic in nature. Mental models determine what we pay attention to, what options and possibilities we consider, how we solve problems, and ultimately make decisions and act. They are our understanding of how things work; what actions produce what consequences under what conditions and how and why they do.

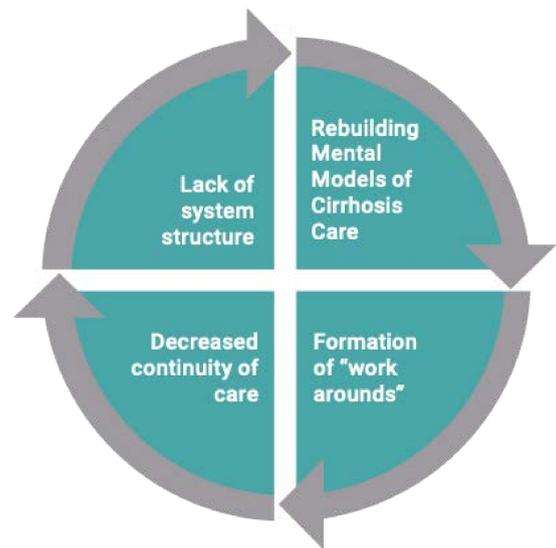


Figure 1. Current State

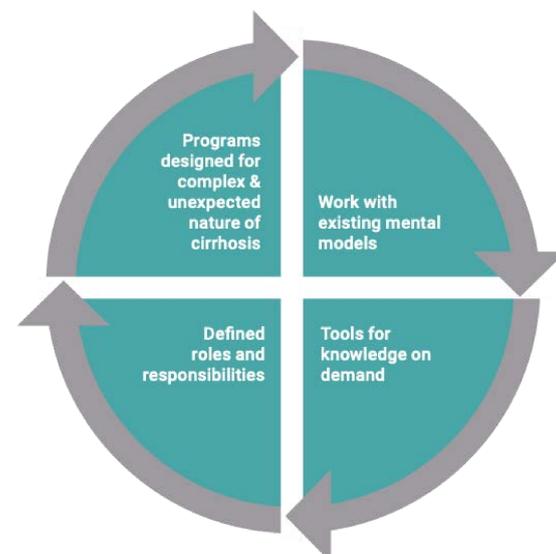


Figure 2. Future State

We would like to acknowledge that this work took place on Treaty 6 and 7 territory, the traditional lands of First Nations and Métis people.

Improving symptom management in cirrhosis care requires: clearly defined roles, access to the right information when it is needed, structured programs, and tools and supports to integrate palliative care principles.

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Family Physicians' Mental Models of Symptom Management in Cirrhosis Care

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INTRODUCTION

Our previous research found a lack of role clarity, and differences in how primary and specialty care managed cirrhosis care. In this study we wanted to determine how family physicians conceptualize cirrhosis symptom management, their role in it, and where they incorporate palliative principles into their approach.

Six family physicians who saw small numbers (typical for unspecialized practice) of cirrhosis patients. Participants varied in age and years in practice; however, the majority identified as women and practiced in Southern AB. All were in city or larger town settings.

METHODS

Cognitive Task Analysis (CTA) is a family of tools that can be used to elicit: 1) the cognitive activities individuals and teams must perform to accomplish tasks in real-world settings; and 2) how people think and approach their work - the why and how we do what we do (mental models), when working in cognitively complex environments.

We specifically used the knowledge audit method which draws on the recall and description of specific examples, in this case cirrhosis symptom management. It allows us to identify family physician's tacit knowledge including their care approached and decision making.

KEY FINDINGS

- Lack of formal structure and role clarity in cirrhosis care means family physicians work case by case, reacting to what patients present with or feel is most important at the time of the visit.
- As general practitioners, family physicians rebuild their knowledge and mental models of cirrhosis with each new patient, as such they need to access information when and as they need it, i.e. knowledge on demand.
- Timely guidance and opportunities to establish relationships with specialists are desired by family physicians and would act as a form of knowledge on demand/rebuilding of mental models.
- Helpful tools for knowledge on demand include Specialist Link, Cirrhosis Care Website (www.cirrhosiscare.ca).
- Palliative care principles are not clearly integrated in care due to a lack of guidance or structure, i.e. knowing the when and how to have these conversations.

Recommendations

- Work with and consider existing mental models and have formal supports for these elements, e.g. rebuilding mental models, planning for the unexpected, and considering the patient context.
- Recognise the need for knowledge on demand and develop, maintain and use tools that work with this, e.g. Specialist Link, Cirrhosis Care Website (www.cirrhosiscare.ca).
- Define clear roles and responsibilities for all providers involved in the patient's care.
- Create formal structure of programs and tools for cirrhosis, similar to what exist for other chronic illnesses.

REFERENCES

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