Chapter 12
A User Friendly Guide to Successful Implementation of Care Mapping:
A Big Picture Tool

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ABSTRACT

The goal of care mapping in the clinical setting in undergraduate nursing education is to determine the student's ability to collect, present, and connect relevant data points in order to evaluate and understand the medical plan of care and to develop a priority based nursing plan of care. This same process can be utilized across all health science education programs. The purpose of this chapter is to share how the author has modified the traditional concept map tool to a more user friendly format and to present a process of implementation that may be used in the clinical setting as part of any undergraduate health science program. The benefits of such an implementation are that of more enriched learning to include the development of critical thinking skills, the use of a common sense approach, and the recognition of the patient as a holistic being.

INTRODUCTION

Concept mapping was formally introduced in 1972 by Joseph D. Novak through a research program at Cornell University after a 12 year longitudinal study that began by looking at young school age children's ability to grasp basic yet abstract scientific concepts (Novak & Canas, 2006). Since that time, it has been applied across many disciplines in many ways in order to enhance the connection between theoretical knowledge and practical application in the real world. This process is not new to undergraduate nursing education (Schuster, 2002); however, this tool can be poorly understood and underutilized in the clinical setting. The purpose of this chapter is to share how the author has applied its use in the form of a "Care-Map" in the clinical setting as part of undergraduate nursing education. In addition this tool can also be used to transform clinical education across the health sciences.

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BACKGROUND

I began working in the field of academia in the fall of 2010 after 19 years as a Registered Nurse (RN) with my professional experience split between bedside practice in the critical care setting and management at the unit level in an extremely busy, diverse, and high acuity Intensive Care Unit. My first exposure to concept mapping was in the spring of 2011 during my second semester functioning as a medical-surgical clinical instructor as part of an undergraduate nursing program. Little to no explanation was provided to me as to its construction and use in the clinical setting. The product was visually overwhelming and therefore difficult to follow. Please see Figure 1 for an example of a traditional concept map.

This, in turn, made it next to impossible to determine whether the students actually grasped "the big picture" of the patient's condition and plan of care. So, I began my quest to create a care map model that would better reflect the patient as a holistic being and allow for a more concise, detailed, organized, and systematic presentation of the patient data points and the students' prioritized plan of care.

The construction of this care mapping process was three years in the making utilizing a trial and error approach. At the end of each semester, I solicited student feedback on the formatting of the tool, understanding of expectations as it related to the construction of work product, ease of use, and its role in promoting critical thinking as they evaluated the patient as a holistic being and planned prioritized nursing care (Brooman, Darwent & Pimor, 2014). I believe I have developed a tool that is user friendly to both the student and instructor. Coupled with the ability to determine a student's utilization of common

Figure 1. Traditional concept map