

CONCEPT MAPS: AN EDUCATIONAL TOOL FOR TEENAGERS WITH HAEMOPHILIA ?

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INTRODUCTION

Many factors influence the patient's ability to cope with a chronic disease and to manage his treatment by therapeutic education : quality of relationships with caregivers, the way they understand him with his needs, his desires, his experiences. So a reliable educational diagnosis is necessary.

OBJECTIVES

The first objective of concept mapping is to **study the nature of individual knowledge and its organization**, starting from a central concept (of the disease).

We believe that it is very important for haemophiliac teenagers not to have a school relationship with the nurse like they do with their teachers.

Concept maps **avoid the situation for the patients to be affected by a set of questions** they can't answer and even put them in a failure situation.

This educational tool allows adolescent patients to express what they want to tell us. **There is no good or bad answer**; there is only what they believe in, or what they know.

It's **important to explain two things** to make them comfortable before starting constructing this map:

- It's only cartography for us to see and to take account of their emotional state, experience and representations of the disease and its treatment,
- The most important : the skills they already have developed, help us to adapt at best the content of education sessions.

METHOD

- Patient and nurse sit side by side
- On a large sheet of paper the nurse writes a "Central Concept", here, for example, the word "HAEMOPHILIA"
- The caregiver (the nurse) invites the patient to free-associate on this specific word, producing other words or ideas suggested by "Haemophilia"
- Patient replies are transcribed on the paper by the patient himself or by the interviewer
- The patient is asked about the nature of the links he makes between "Haemophilia" and the words he has chosen.
- The interviewer faithfully writes these links and all new concepts or links brought to light by the patient . Map takes shape.
- The interviewer is not allowed to make a judgment or to influence the patient with his own knowledge. He can help the patient to clarify his knowledge.
- LENGTH OF THE INTERVIEW**: around 45 minutes

RESULTS

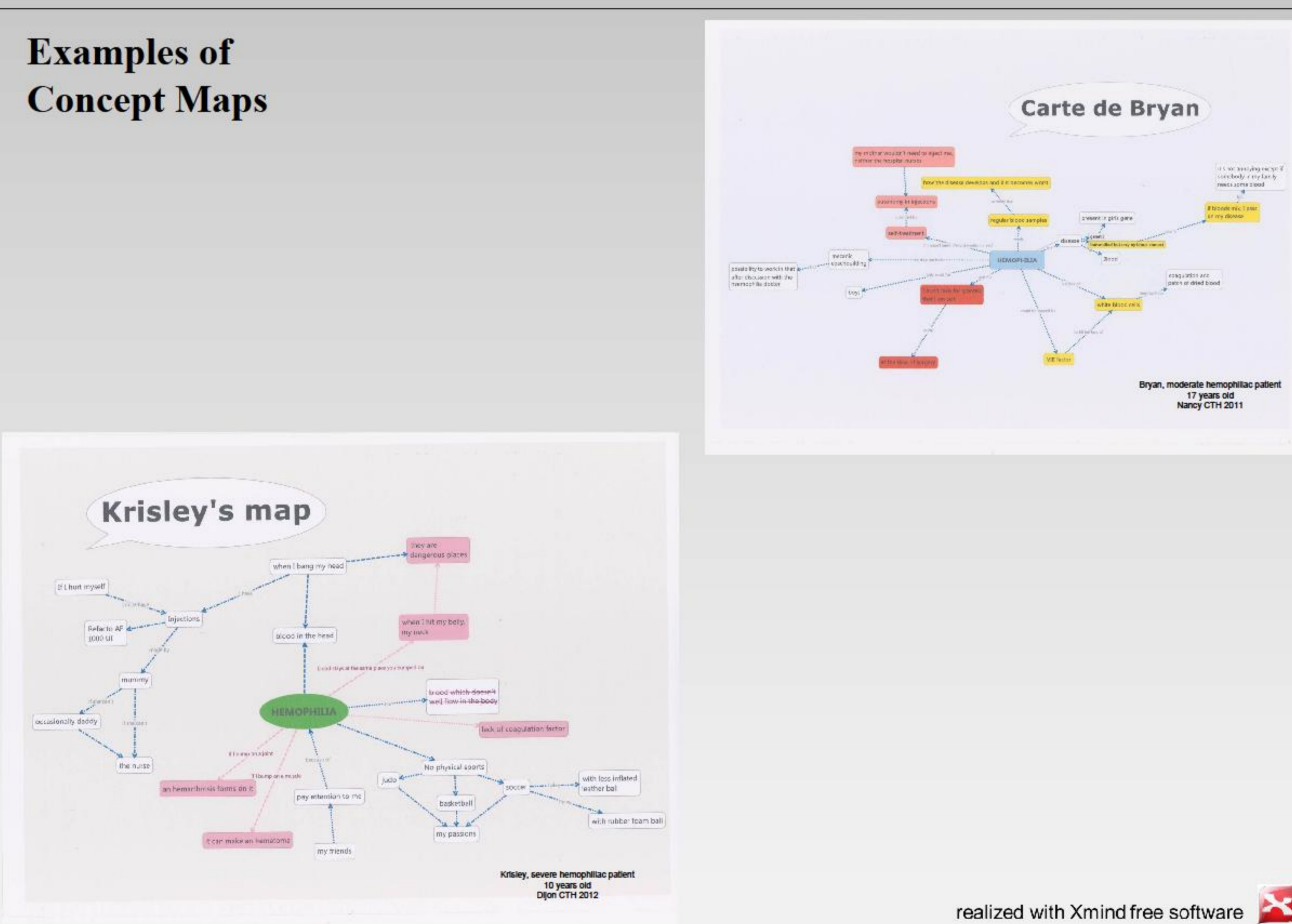
Despite the inherent limits to the concept-mapping method (a diagram compiled by the interviewer, in a limited time, from the patient's words), our experience has shown that concept maps give real information about the patient's knowledge.

Sometimes, it can be necessary to use other tools to investigate patient's knowledge about important notions he doesn't speak about. Indeed, absence of disease field on a concept map doesn't necessarily mean a lack of knowledge in the subjects. Teenager could simply forget to talk about it.

➤ In this opposite frame we can make out different kinds of propositions: true (in white), incomplete or erroneous (in yellow) around the plan of Bryan of self-treatment (in pink).

➤ The concept map also allows an evaluation of acquired knowledge during educational sessions and shows the links to his haemophilia. Indeed, on Krisley's map, after a few educational sessions, asking him to comment and correct what he had done, he realizes by himself his mistakes. As well he wished to complete his concept map. There, Krisley appropriates this educational tool.

Examples of Concept Maps



CONCLUSION

The concept map technique can be used to discover how the adolescent patient speaks spontaneously on his haemophilia while respecting their mode of expression and vocabulary. It is a "patient centred" concept.

In this information exchange with teenagers, we create a real partnership between him and us. They are frequently proud of their "disease drawing" and sometimes ask to show it to their mother after the interview.

In fact, this map analysis is to make the educational assessment of the teenager patient, in order to establish a good way personalized educated patient profile.

The concept map can be used as a tool for educational diagnosis and as an assessment tool in the educational background of the patient.

CITATION:

"The most important single factor influencing learning is what the learner already knows: ascertain this, and teach him or her accordingly"
Ausubel, D., Novak J-D., Hanesian H. Educational Psychology: A Cognitive View. Holt, Rinehart & Winston, New York. 1978, 73p.

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