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Session: Introducing the HSR&D Centralized Transcription Services Program (CTSP)

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Molly: At this time, I do want to introduce our speaker today. Joining us we have Dr. Susan Zickmund. She’s the director of the VA HSR&D Centralized Transcription Service Program and associate director at VA HSR&D Ideas 2.0 Center of Innovation at Salt Lake City Health Care System. She is also a professor of medicine and co-director of Qualitative Survey and Measurements Core, University of Utah, Salt Lake City, Utah. So at this time, I’m very pleased to introduce Dr. Susan Zickmund. And Susan, are you ready to share your screen?

Dr. Susan Zickmund: Yes, I am.

Molly: Excellent. So you should have that pop up now.

Dr. Susan Zickmund: Okay, so do I just click it or...

Molly: So click the dropdown arrow and hover over until you reach the PowerPoint line and go ahead and click on that.

Dr. Susan Zickmund: Okay, and did it work?

Molly: We are good to go. Thank you.

Dr. Susan Zickmund: Okay, wonderful. Well, it’s great to tell you a little bit about the Centralized Transcription Services Program, share with you our new logo that we’re very proud of. During this time what I’d like to do is to tell you a little bit about the history of how we came into existence, steps for using the CTSP. I thought it would be helpful to talk also about how to incorporate us into your merit or pilot proposal, give some hints and tips about how to improve audio recordings for studies that you might be doing, and then just share with you a little bit about our future services. And then I also want to make sure that there’s plenty of time for any questions that you might have.

So now I believe I’m going to be sharing this with Molly again because I’ve chosen to start with a poll. So really interested in understanding more about who you all are, and so I’m asking, first of all, are you currently using our service? Secondly, have you received a budget from us to use your service so you’re not yet a current client, or three, are you, potentially haven’t received a budget but you’re contemplating using our services?

If you can share that information, that’d be great.

Molly: Thank you. So for our attendees, just go ahead and click that circle right there on your screen next to your response. It looks like we’ve got a very responsive audience. That’s great. Already three-quarters of our audience has responded. I’m going to go ahead and close out the poll now and share those results. Looks like 18% currently are using the service, 28% have a budget from CTSP to use the service, and 55% do not have a budget but are contemplating using the service. So thank you to those respondents. And Susan, I’m going to turn it over to you one last time so you’ll go through the same process.

Dr. Susan Zickmund: Ah, Okay. I should be getting good at this by now.

Molly: Perfect. Thank you.

Dr. Susan Zickmund: Ok, wonderful. Everyone, I appreciate, that’s actually very helpful information. So let me start with a little bit of the history of the CTSP and particularly the rationale for why we exist. The information that was shared to me from Central Office is that I think we all know that contracting of any sort is difficult and investigators, we’re running into real contracting delays with transcription. And when the transcripts were held up, it was holding up the entire project, and it was resulting not only in delays but a substantial amount, I understand, of project modification.

And so one of the ways to help solve this is to try to bring services behind the VA’s firewall. And so therefore, there was an interest in creating a transcription service. Back in fiscal year '15, HSR&D funded a transcription and survey needs assessment with a goal of better understanding the field’s interests in having methodology services behind the VA firewall. That was a time when I was still at the VA Pittsburgh Center for Health Equity Research and Promotion, also known as CHERP, Center of Innovation. And a team of investigators in CHERP developed a survey and issued it to the field, specifically to 173 investigators and to 20 COIN AOs. And we asked the question about whether or not they’d be interested in a transcription service amongst other questions. And we were pleased to see that 80% of the participants thought that the idea of the Centralized Transcription Services Program was actually a good idea.

So around that same time, I had a very large qualitative core, highly trained in qualitative methods in Pittsburgh, 11 folks at the time. And I was interested in bringing transcription services in as sort of having a medley of different tasks. We were doing some very heavy coding work at the time, and so having transcription was a nice complement to the suite of tasks that the staff were doing. So I'd added that in and we were working on transcripts for three different COINs at that time. There was a call for a HSR&D transcription pilot award, and in the spring of 2016 I applied for that. And we, in fact, received funding for that pilot.

In the middle of that pilot I received and also moved to the VA Salt Lake City for the associate director position here in the Ideas COIN. And in the summer, that resulted in the, my fabulous Pittsburgh team moving on to other great investigators and doing wonderful work, but they had actually moved on. When I talk about staffing, this will be a light motif I return to. In the fall there was certainly a request for the National Central Transcription Services Program, which we applied for, and we’re ecstatic that we were selected. So the CTSP actually officially began on October 1st, 2016. And we began there in VA Salt Lake City to hire, to meet the needs of the field. So that’s a little bit of the history of us.

I also thought it might be helpful to have a few words about the services program model because we are the first HSR&D National Services Program. I’ve heard there may be interest in expanding that program to offer other services. It is a different model from a Resource Center. My sense, this is my own guess, but my sense is that Resource Centers are probably going to be more targeted to specific types of services. And I can share that at least with our services program there’s a limited amount of funding. In our case, we have three years of core support, and then the goal is for us to be self-sufficient and basically be sort of a startup or our own HSR&D business-oriented model and making sure that we are self-sufficient from then on. And I think, again, that’s a very different model than a Resource Center.

So let me share with you a little bit about our services and a little bit of information about myself. I am a qualitative researcher and I’ve been one for a good 20 years. And one of my passions has been to try to make certain that we improve the services for qualitative researchers, that we improve the high standards of qualitative research, which I think are very well represented here in HSR&D. We have awesome qualitative researchers. That there are services that qualitative researchers can reach out to and rely upon, so this very much fits the mission that I’ve had for a long time of really making qualitative research excellent within HSR&D.

So we try to offer services that the investigators need. Our bread and butter services are pretty much one-on-one interviews. That is the main request that our investigators ask. There’s been a few studies that have had multiple-person interviews where they have a couple interviewers, maybe a couple interviewees, maybe both. And so a service that we would offer is to transcribe those either tracked, and what I mean by tracked is that we have participant one and we have participant two that we know all the way through, who is saying what. Or untracked where we would just have, say P and whatever the participant, whoever it is saying, we just would transcribe that. So that’s untracked. Increasingly we’re doing focus groups as well and we offer the same services for individuals who have notetaker notes and want us to track whether it’s respondent one or two or three. We certainly offer the service of having it tracked. If not, then we would be letting the researcher know that this is a respondent and the moderator and that is what we refer to as untracked. We also have had a couple requests and transcribed projects that are observational recordings. So you might see these as more ethnographic where you bring a tape recorder sort of classically the doctor-patient interaction is recorded, and then we transcribe that.

So just some details about us and a little bit of a randomizer slide here. We currently have the Administrative Director, Kim Bloom, who has brought in incredible administrative experience to the table. And those of you who are current clients are most likely working with Kim, and she's a delight to work with and really providing the strong administrative support for us. We started out with a few projects and we’re now up to 41 projects. Also I will talk later about the fact that the field asks for budgets for us for their merits and their pilots as the grants recently went out the door. The awards went out the door. We had 85 individuals contact us for budgets and services to put into their proposal. So we’re definitely a service that is growing. Since we came into existence, we’ve done over 700 hours of verbatim transcription, of transcripts for the field. I know I said this is a bit of a random slide here. We do have a new centralized email address, which is [CTSP@va.gov](mailto:CTSP@va.gov). At this point, if you wrote us at that address, both myself and Kim would receive your email.

So I can tell you a little bit about the types of transcription, both of them are verbatim. These are the materials that when people contact us, we give fairly extensive information about this. But this is a little bit of information. We have something called naturalized transcription. I would say only maybe 2% of our clients request naturalized transcription. It is also a more expensive service. But this is the type of transcription where every utterance is captured in the transcript. The naturalized template includes all words, phrases, pauses. So if we hear it on the tape, we make sure that we incorporate that into that naturalized transcript. This is the kind of transcript that if you’re doing socio-linguistic work or if you’re doing doctor-patient communication and knowing that an individual might be giving back channel sounds while someone talks, like the uh-huhs and the ums, that’s the kind of transcript that you would most likely want to request.

Now most of the field, I would say 98%, is asking for the denaturalized. And again, everything is verbatim. But in this case, we strip out those back channel sounds, so the ums and the likes and the you knows, the stutters. The goal here in the verbatim transcripts is to make it as readable as possible. The type of qualitative work that I do, which is the more, I would say traditional somatic analysis, I very much enjoy working with denaturalized transcripts because I can zero in more on the content and less on the verbal ticks that our ears tend to just not hear when we’re talking to people but is very visible when you see it on the page. So these are the two different types of verbatim transcripts.

So I thought I’d walk you through a little bit of the process. So if you can envision now and some of you can easily do this because you’re working with us, what it would be like to start. And let me share first of all that all services are housed within the VA firewall. That’s the goal of the services program. The staff that we have working are all either VA employees or they’re university-based WOC employees. And these employees are then granted access to your local research drive, and you might wonder why. Just a little back story, when I began the transcription service, the informal one back at the VA CHERP in Pittsburgh, we put an IRB together. And there was a lot of concern about beta security and safety as there should be, which is appropriate. And what we discovered is that if we were given access to the local drive of that research project and we heard the audio and we transcribed and we left everything on that study site’s drive, then there was less sharing of this sensitive information. So that’s the reason that we do it in that way.

Happily I can share that the CTSP at the VA Salt Lake City IRB has been deemed not human subjects research. And this has been incredibly helpful for us. My experience, or the way that it worked at the VA in Pittsburgh when it wasn’t deemed not human subject research is that for every new project we had to put a modification in which could take from maybe a couple weeks if we were lucky, but up to a couple of projects, unfortunately, about three months before we were given the go-ahead to be able to work on a project. And we don’t have those kinds of delays, which is great. And I’ve also been told anecdotally from investigators that this has been helpful for them locally, which if that is the case, that is also great.

Also, I reiterated this I think or I said it initially in the history, the CTSP requires no contracting. The way the funds are being distributed, this is sort of changing as we have moved from the pilot into the official CTSP. So Central Office distributes those funds to our site for the transcription services. Initially when we were still a pilot, we had done more VA-to-VA transfers. We have a few clients who have their own local money that they’re collecting pilot data and then we’re still working via a VA-to-VA transfer, but I think the goal is to centralize the distribution of funds.

So more in terms of the steps to using us. The project site creates a storage drive giving access to CTSP personnel. We provide a list of individuals who are needing access as far as staff, and we like to try to put as much as possible, all of our staff on a project because it allows us to have maximum flexibility in terms of finishing the work. Once the storage drive has been created, the project site sends the link to CTSP so we can check that we have access. And then we add a tracking sheet and other transcription folders to the drive.

When the project site uploads the audio, they will add the file names and the lengths to the tracking sheet and also alert CTSP that they’ve done so. And I can share that it is always really helpful when we have coordinators who let us know whether they’ve done that or if they’ve added new audio. We used to have, we started with a couple projects, pretty easy just to daily check and to see if there’s something that might have been added. But as we are moving toward 40 and probably then 60 and 80 projects, it’s really helpful when people let us know that they’ve added materials.

The transcriptionists then transcribe the audio and store their transcription in their individual folders that are on the site’s local drive, noting their progress on the tracking sheet. The transcript is then verified, and when complete, put in the verified folder. And then the transcripts in the verified folder are complete. So that’s the steps to using us.

I thought it might also be helpful to talk about the steps for including us in your HSR&D proposal. This is language almost verbatim taken from the HSR&D RFA, so if you go to the RFA, you will directly see this language. But I’ve had people ask questions about it, so I thought it might be helpful to bring it up and there might be questions that emerge at the end of this session that we can clarify it even further.

So the RFA says please contact the CTSP to receive a budget for services, and they ask all folks in the field who are submitting proposals to do so. If not using the service, provide "in the budget justification a brief summary of the reasons for not using the CTSP." They ask for you to include my bio sketch, so when the 85 folks from the field who have been contacting us in the month or so, Kim kindly sends back an all myriad of documents, and one of them is a bio sketch. There’s no need for another support document.

And so the next one, and I’ll share with you some of the language from the RFA and then just clarify the rationale. They say if the VA Salt Lake City is not a site added as an additional site to the budget with me listed as the site investigator who is responsible for the funds sent to and the work performed at Salt Lake City. My effort is listed as N/A and my salary is listed as contributed.

Just a little bit more here about this. And then they say if Salt Lake City is already a site, Dr. Zickmund need not be listed as a site investigator if one already exists. So let me take a moment to sort of unpack that. So my understanding is that the reason for doing this is that by having, making sure that Salt Lake City is connected to a project when using CTSP, that there’s probably other reasons Central Office is doing this, but my understanding is that one big driver is that it enables them to be able to send the funds for the transcription service to Salt Lake City. And so if Salt Lake City is already a site, there’s no reason to include me because it will work well. But if we’re not a site, then they need some linkage between that project and the funds for the CTSP, and then including me becomes that linkage. So that’s my understanding of the rationale for that.

They also say list the CTSP transcription services along with associated funds under the other direct costs on a summary budget worksheet. So always making sure your budget person has that language because they always know how to expertly put those documents together. They also say include a brief description of the CTSP quote in the written budget justification, and if not using a CTSP, include a brief summary of the reasons for not utilizing it. And then also just having initially, the first round, there’s two rounds we just have gone in as part of this process. The first round they asked everyone to include the budget quote as an appendix. And then for this cycle there was a change, and so specifically I let everyone know the CTSP budget does not need to be included as an appendix.

So that’s a little bit about the process, and again, if there are questions about that we can go through at the end of this talk.

Now the next three slides, my goal is not necessarily for you to have to dive into the real specific details. I’m trying to make sure that once these are archived, there’s some language that you can find about this. I will also talk about our website and these documents will also be uploaded on our website as well. So this is just a sample budget justification language for CTSP, and I just thought it might be helpful to have it, making sure people have access to this. We also share it if you email us.

Another sample budget justification language for myself. This was recently edited by Central Office, and so this is the way they would like the language to look. And again I’m not going to go through the details, but it’s just there. One more of these. There’s a lot of language here so you don’t have to read this. We do have some suggested IRB language. We always want to try to help out the field and facilitate working with our service, and so many, particularly research projects need to go through the IRB. And so this language, I’ve been told, has been helpful. So now you would know where to specifically find it. So it will be archived and available.

So I’d like to talk now about some of the strengths of CTSP and then some of the challenges that we’ve been facing. I think what we hear from the field, one of the real strengths in addition to the ease of using us and not having to do contracting is the quality of our work. So our staff are trained to understand the transcription needs of qualitative researchers, which is relatively unique if you think about transcription services out in the private sector. They’re probably more accustomed to doing medical notes or maybe even notes from lawyers as opposed to qualitative research. This process helps us to provide high-quality focus groups, interview transcripts, observational transcripts because we understand the needs, and again, I’m a qualitative researcher, and at our weekly lunch I try to talk about those aspects.

Also one of the things is that we’re VA-centric. The team extensively researches VA terms and acronyms. I mean I’m always impressed at our weekly lunches that inevitably people start talking about how they Googled this term or they did the research to really try to make sure that they understand the terms that a particular project is using. We create sheets and we add onto that so that the new staff are trained on the terms that the VA uses. And is it capitalized, is it not, is that an acronym, is that a word? So we do have VA-specific expertise that we can bring to the table and it’s growing every time we do a new project.

We also include a 100% verification process that really helps to make sure that our transcripts are accurate. So we always get high scores on our quality.

Now I’m going to move to a busy slide, sort of a shock of multiple lines here that sort of give us an indication of the challenges that we have. Without any doubt, the biggest challenge that we’ve had has been staffing and hiring. I often say to people, really that we are Resource Center born of a Federal hiring freeze. If I can walk you through just a couple of these crazy spaghetti lines in this chart. If you look at the green line, that used to be 11, and there’s a precipitous drop. When I moved to VA Salt Lake City, my Pittsburgh-based team moved on, which is only appropriate, to other studies. We had enough work to continue throughout the fiscal year. And then we went down to, I think at one point I had a half-time person manning the CTSP.

Also waiting for classification to finish our GS-5 transcription position, so there wasn’t the capacity to hire. What I did during that time is I tried to make use of overtime VA employees. You can see that the purple bar is sort of in the winter of 2016/17 at its height. And that worked with relative success. Overtime is not mandatory, and so we're never sure week to week exactly how many hours. The big thing is it’s very expensive, and because we are moving toward a self-sufficiency model, we have, working with Rich Nelson here who is a health economist, we have pretty stringent economic modeling that we need to follow, and overtime was not fulfilling the needs that we have.

So we’ve been branching out to university employees, full and part-time, and then working to try to bring, which is my goal, more VA employees to the CTSP. We will be having our first experience soon with the DEU phase, that’s the national phase of hiring, and we’re keeping our fingers crossed that we can bring in many fine candidates. But this just gives you, this has definitely been the biggest challenge that we’ve had.

Molly: Susan?

Dr. Susan Zickmund: Yes?

Molly: I apologize for interrupting. Can you go back one slide? We had a clarification question for that one. One of our attendees would like to know what the different colors of the line graph mean.

Dr. Susan Zickmund: Sure, I’m happy to. So the green indicates a full-time VA, and the purple indicates overtime VA, and that’s the one that peaks in the winter. And then the sort of the pinkish bar is a part-time university, and the blue bar is the full-time university. So the various streams of staffing that I could bring to the table. An excellent question.

Molly: Thank you.

Dr. Susan Zickmund: Thank you so much. I appreciate it. So one conversation we can have if anyone in the field knows, I’m definitely open to having conversations about ways to augment VA staff. There may be creative ways to hire. And again, our transcription position is a 301 GS-5 series for those of you who are in the know on HR. So creativity has been one of the things that I’ve tried to maximize in the face of struggles on the VA hiring side. My goal would be to have a larger and also flexible staff. If it’s possible to have people who call on, who may not necessarily, picking up some extra hours would be great but they don't necessarily have to, so that we can have this flexible staff who could be tapped when demand spikes because, again, we have very specific economic models. We don’t want to bring in more people than there, outstrip the work, that we have people who don’t necessarily have tasks. But on the other hand, we do find that the field has certain peak times when everyone needs their transcripts and there can be some challenges trying to make sure that we meet the needs of the field, which is ultimately our goal.

So let me talk a little bit about turnaround time. And this also has to do with some of the ways that we organize. We organize transcription by the project. So the way that we’re currently doing it, and it’s an off-chute of the fact that we used to have a couple projects. A project must advance through the queue to be worked on. So with our current staffing level, it takes about two months for a project to move up the queue and to be worked on. So our goal is, I keep saying this, is to having a larger staff for quicker turnarounds. And as I had mentioned, we don’t want to exceed the work, but we want to find basically that perfect sweet spot that can work for delivering the services and then still meeting our economic model.

So our goal is to provide a two-week turnaround on audio files assuming that all of the administrative barriers of setting up the servers and getting access to the drives have been addressed. So that’s the goal that we have to provide to the field. So one of the things that we’re talking about doing now, and maybe I’m talking to our current clients who are on the call here, is to promote efficiency and fairness. So we’re in the process of transitioning from a project-based queue to an audio file-based queue.

So currently we work on the oldest projects, and once we’re in a project, we see the drive, we see what needs to be done, and we complete those audio files. And some of them, clearly, are old because this is one of the oldest projects. But most of our clients have projects that continue over three, five years. And so new audio files are periodically added, or perhaps also, on a regular basis. Inevitably, many of the files that we do are relatively new because we just, we finish that project, then we move on to the next.

So as a result, it may be that we’re doing a transcript that was uploaded the week before, so it’s very new, but it’s part of an old project. At the same time, there are projects in the queue that are not the oldest, but they may have audio files that have been added a month before, two months before. So they’re older files but they haven’t yet become part of the queue because we use a project-based system.

So our goal is now to transition from focusing on projects and instead trying to find what is the oldest audio file in our entire queue and to complete that and then go to the second oldest and so forth. So that way, that when someone uploads it, they’re going to make sure that regardless of where their project might be in the queue, we’re getting their files done. That just seems fair to everyone because an old file will definitely be moving up regardless where that particular project is in the queue. So this may take us a little bit. We have to build the system to be able to do it, but it’s one of the goals that we have because we think it’s more efficient and it’s fairer.

So I can tell you a little bit about our new website. We’re working with CIDER to develop their official HSR&D CTSP website. Our goal is to be able to have all forms, including our request form, available on the website. And then those requests can be emailed from that site, and also CIDER will be developing a database for us so they can upload all the information into a database, which we definitely welcome as an improvement to the system.

Also, a request that Central Office has recently shared with us is whether it’s possible to provide a budget calculator so that investigators can work through various budget scenarios to determine the transcription budget that works for them. And we know, and this is usually something that is on Kim’s desk or Pete Taber, who was the administrative director before. Now he is, I think he just got his PhD, and now he’s a post doc. Investigators would send a request, I’d like to have 60 interviews, and then we share the cost, and then there’s another email. Well, what about 45, and then we share the cost. Well, what if it’s not an hour? What if it’s a half an hour? So clearly, many people in the field are trying to back into a certain dollar amount, and it would be helpful if people could have the calculator and be able to figure out the cost themselves. Then obviously we would continue to work with them on those budgets.

Now I’d like to make a transition and provide some suggestions for clearer audio recordings. Poor audio recordings lead not only to lost data because there’s oftentimes stretches where no one can here and so the data is then lost. It’s also more expensive because if a file is very difficult for us to hear, it can take us twice or three times the amount of time to be able to do the transcription. So from our hundreds of hours of transcription and talking to the team at our lunches, we've put together some tips for improving audio quality.

I think the most important tip that I can give, although it does have a price tag associated, is to get a high-quality audio recorder because they produce better audio files. They’re expensive and maybe it’s shocking for folks to know that a high-end recorder is about $500. My qualitative core, we just purchased two of them, so I understand the pain of that. But those files can be transcribed more easily and therefore result in lower cost. So if, let’s just say a recorder at the center level where many individuals will use it or an investigator is involved in a lot of qualitative projects, investing in a high-quality audio recorder may definitely be worth it in terms of ease, sanity, but also economically.

One of the things I also really would like to emphasize is to pilot test the interviews or the focus groups or whatever type of data that you’re collecting. Listen to the piloted interviews to see, can you hear both the interviewer and the interviewee? That’s something we frequently talk about at our lunches, that the tape recorder is right next to the interviewer and we can’t hear or vice versa. So we can only hear one person. Also, and I know it probably goes without saying, but we still receive these from the field, really think about how to avoid loud settings. Really try to avoid establishments like restaurants and bars where there’s loud music, large crowds, children. We’ve had audio files where it’s pretty clear the interviews are being done in, say, restaurants, and I do understand going, as a qualitative researcher, going to participants. I do think that’s important. But we’ve had a few files that were done, probably, it sounded like bars where there’s like a band in the background, and that certainly is very difficult to transcribe. One we speculated perhaps it was a McDonald's because there were, with one of those play stations because there were a lot of children in the background. And I understand, again, as a qualitative researcher, you need to do what you need to do. But if there are alternatives, just think and problem solve as a team about the best way to think about the quality of the audio recording.

Also, and this is something we experience much more, those are relatively rare, problems of sounds within probably VA offices it’s our guess. We have very echoey rooms. If you pilot and you hear an echo, try to bring in soft surfaces. Try to bring in throw rugs or a blanket or something to kind of absorb those sounds. Or traffic noises or construction. We’ve had some studies where it’s clear that there’s construction in the background, there’s jackhammers and the interviews are still occurring. Is it possible to move that office, to go to a different side of the building? It will just really lead to clearer audio files.

Make certain if you’re doing in-person interviews to place the recorder, if you have to choose, and ideally, it would be great if you don’t have to, closer to the participant than to the interviewer because unless you’re using more of a phenomenological approach with very idiosyncratic interviews, there’s typically a script. And if you’re going to lose any certain participant in this dialogue, it would be better to make sure they capture the actual participant as opposed to the interviewer. Ideally, coming up with that sweet spot where we can hear both is best.

Also really as investigators and people who manage teams, make sure that the interviewers are trained to project their voices and to speak clearly. We’ve had studies where we’ve had very soft spoken interviewers throughout a project, and it makes transcription, really, much harder, and we lose, there’s more inaudible because of that.

Also, if you’re doing telephone interviews, and I do them, I’m a big advocate for using the telephone to decrease participant burden, make sure to purchase an audio recorder phone jack. I’ve talked to people sometimes and they didn’t realize that those existed. Usually this is like $10. You can pick them up. I’m sure there are many fine establishments, I’m not recommending anyone, but I know Radio Shack has had phone jacks. I think you can get them through Amazon. So they’re readily available and they’re inexpensive and they really improve the quality of the sound.

And in general try to make sure that you listen to the recording to avoid systematic problems. There’s times when we’ve come on board to do transcription, the study is largely done, and then we found there’s this huge hum in the back of all of their audio and sharing with the team but they didn’t know. So those are the kinds of things just by periodically listening to the audio file you can catch those problems and make changes.

Also for focus groups, of which I do many of these in my own work, make sure to use two audio recorders. I think that’s ideal. One at each end of the table because then you can make sure that you can hear each of the participants well, ideally. Also try and make sure you avoid ordering food that’s loud. I know that may sound like a trivial little thing, but for example, we did a focus group here where it was with providers and we had limited time. So there were boxed lunches that were given to them at the table, and it was like the worst case scenario in terms of sounds. And I didn’t order this food. I’m the methodologist that was coming to do the focus group. The investigator had ordered soda, so pop cans were popping during the course of the focus group. This particular bakery, the sandwiches were wrapped in cellophane, which seems to be the loudest substance known to man. And not only were there crinkling sounds, I discovered later that one of the participants had laid the cellophane over the tape recorder and of course there were bags of chips. So go for soft food, or ideally, make sure people come early enough, eat before the focus group starts. But those are the kinds of things that will make your life easier and also ours as well.

So related, in terms of audio recorders, let me just share with you something that’s occurring now in various VISNs and maybe is starting to occur across the nation, some data security issues with the audio recorders. So there’s new IT security standards that may block the downloading of audio files. Talking to various qualitative researchers, they’re collecting the data, and then because audio recorders involve USBs to upload the files, they’re being blocked. And as a result, they can’t download any of the files, and then they’re keeping their qualitative data on an audio recorder, which to me is terrifying as a qualitative researcher, so easy to tape over your own work. We’ve been told that a waiver from your local ISO to use your digital recorder may help you to address this. Also the recorders are supposed to be FIPS-140-2 compliant and that having that level of compliance is likely to help. I know our very expensive, I believe, Olympian recorders that we just bought, they are compliant.

And I heard, I don’t know if I’m completely accurate on this, so I’m hoping I’m not spreading rumors, but that part of the issue is that the idea of encryption and security is evolving, and so older recorders that might have been compliant before are not compliant currently. So newer ones, more expensive ones are more likely to be compliant, which is hard if you spend $500 on a recorder a couple years ago and there are some issues.

I am not the local guru who has taken up this issue to try to address. We really want to give a shout out to Kristin Mattocks who has drawn this to our attention and scheduled a meeting between qualitative researchers and Central Office. And I asked Kristin would she mind if I included her name on this slide, and she said she’d be happy to answer questions. So if you have questions about this, certainly feel free to contact Kristin. And thanks, Kristin, for your willingness to do this and to advocate follow-up.

So let me share a little bit about services and future directions that we would like to explore. So right now we’re still trying to make sure that we hire. That’s the most important thing and moving toward that two-week turnaround. That’s our primary goal. But there are advances, innovative resources that the CTSP can bring to the HSR&D community, and I just want to share a little bit with you.

One of the things we can easily do, well, not easily but we can do, is a qualitative scan. So CTSP can capture the frequency of qualitative work being conducted within HSR&D. Because all submitted awards must contact our office for a budget even if they don’t chose to use us, and certainly our clients are, we have the ability to share with HSR&D Central Office, or others if they were interested, the amount of qualitative work that is being accomplished in the field. And so, for example, the call that Kristin developed about the audio recording, there was a question, we’re trying to move it up in its priority and show that this is important. And the question from Central Office is, well, how much qualitative work is being done? And we have a table of the work, at least of our current clients, and I was able to share that with Central Office and hopefully help to show the exigency of this issue. So that’s one thing that’s unique about CTSP and a potential resource.

Another is a qualitative repository. I gave about a half an hour talk on this at a pre-course [unintelligible 43:42] put together for Society for Medical Decision making in October, so there’s a lot more to say about this, and there are many slides about logistical issues that would need to be addressed. But it’s possible that CTSP could develop, could reach out to, with permission of the investigators, to the transcripts that we have and create a repository of qualitative work. A repository of this nature, particularly if it was possible to incorporate codes and be indexed, could really help facilitate secondary qualitative data analyses and meta-analyses. I’ve often said that one of my own personal goals, again, harkening back to that idea of promoting qualitative research in HSR&D, is we don’t have a qualitative VINCI. The quantitative researchers do, and so the more that we can help advance access to data, I think that that could be really powerful.

So for example, given the size of HSR&D qualitative research, such a repository could promote robust qualitative analyses as well as facilitating the analysis of rare populations where an individual study might not be able to achieve thematic saturation, but a very large repository might be able to do just that. And of course, again, the logistical aspects would need to involve the permission of the investigators and working out authorship on secondary data analyses so there are a lot of logistical aspects, but there is the possibility of this.

Also something that I would like eventually to offer is a rapid turnaround service. So once staffing is fully achieved, the CTSP could offer studies with pressing needs rapid turnaround services. It would be critical that other studies do not have greater than a two-week turnaround period, also because we wouldn’t want to penalize anybody else. But professional services in the private sector offer a variety of such rapid turnaround services for different prices, and it strikes me that this would be really helpful for the field.

Another thing that I’m in the process of doing is building a qualitative core, and these are different staff members who have PhDs and MAs, trained in qualitative analyses. They do help the CTSP when we’re in a crunch and help with some transcription so they’re working, particularly currently, locally on projects. But I do talk to a lot of people in the field and I hear people say I don’t know what to do with this data that I’m collecting. Maybe I can get an RA and they’ve never done qualitative work. And they ask, are there services, can we reach out and potentially work with experts? And so that’s something that we’re in the process of trying to see if we can offer qualitative coding and analyses, particularly if we already have the data.

So in conclusion, the CTSP is a new national HSR&D service that does not require contracting outside of the VA and avoids data security issues by having all transcriptions completed behind the VA firewall and multiple types of services to help support qualitative research.

I share our Christmas card or holiday card that we just snapped yesterday. So this is some of the members of our team glowing largely in red. It’s a great group. I think they’re sitting in the conference right now listening. Transcription is a hard thing and you really need a strong work ethic. You need to make sure you keep your brain fresh because it’s a very difficult thing to do, to do transcription. And I’m really proud of the team that we’ve put together, that are working on your data and honored to have a chance to work on your data. I really appreciate that. So I’m now open to any questions.

Molly: Thank you. We do have several pending questions. For the attendees that joined us after the top of the hour, just use your control panel to submit any questions or comments you may have. Just click the arrow next to the word questions. That will expand the dialogue box and you can submit them there. The first one that came in: Is there a price difference for tracked/untracked or verbatim versus denaturalized transcription? What is the price structure for the transcription?

Dr. Susan Zickmund: Sure. So there’s differences, and let me emphasize that everything is verbatim. We don’t, denaturalizing just takes out the ums and the uhs, and naturalized includes all of those. Yeah, so there is a difference between the denaturalized, which the unit we use is an hour. We always charge basically by the minute and the seconds, but in terms of giving the price, we explain something as an hour. It’s $145 an hour for a denaturalized interview versus a naturalized interview is $186. And so for things that would require tracking, whether it’s a focus group or interview with multiple people, an untracked is $197 an hour and a tracked is $240. It takes a long time to do a tracked recording, and for tracked we need note-taker notes to be able to do that.

Molly: Thank you for that reply. The next question we have. Oh, this is a comment, and this came in from VA Central Office. So when you were mentioning how to submit for funding, they wrote in and said yes, that is the correct method for sending funds.

Dr. Susan Zickmund: Oh, good, good. I’m afraid I’m spreading rumors.

Molly: Nope. One correction. Kristin Mattocks, I believe, is spelled with an i, Kristin.

Dr. Susan Zickmund: Oh, it is. Thank you, thank you.

Molly: No problem. This person wonders is in NVivo available to use on VINCI?

Dr. Susan Zickmund: That’s a very good question. I’m not sure. I know there was talk about having, at one point several years ago, ATLAS.ti on VINCI. In my qualitative core we just, we purchased it and we put it on our machines, so I’m not quite certain about that.

Molly: No problem. The VINCI email address is simply [vinci@va.gov](mailto:vinci@va.gov). So the person is welcome to email there and get a direct answer. This is a comment that came in. Just a note about data security and audio recording. Telephone interviews can be conducted and recorded through Skype, and the recording can be automatically saved from behind the VA firewall, greatly minimizing the security issues and saving money and improving efficiency. Thank you for that tip.

Dr. Susan Zickmund: Okay, great. Thank you.

Molly: Do you have a sense of when you will make the switch to prioritizing oldest transcripts over projects?

Dr. Susan Zickmund: So that’s a really good question, and it’s a conversation we’re having with CIDER. Some of it is we need to build the system before we make a transition. And I don’t know the level of complexity because I wouldn’t. I’m a qualitative person and not a person who builds software. I’m assuming this would not occur with, maybe the next quarter, maybe three months from now, but that’s a guesstimation on my part.

Molly: Thank you. The next question we have. Can you tell us what the average turnaround from your service receiving the transcript until it is ready for review? Is it possible to request an expedited turnaround? And is there an added cost to do that? If so, how much does that differ from the regular cost?

Dr. Susan Zickmund: So I can share, and I’m just going to ask Kim, so I'll just tell you in advance she's sitting with me and looked suddenly shocked. The question is what is the average time it takes from when the file is uploaded for us to finish that file? Once someone submits it, how long does it take us to complete it? So it two months to get it through the queue, okay.

Molly: Thank you. And they asked if it is possible to request expedited service, and if so, would there be an added cost to that?

Dr. Susan Zickmund: So two-ish months, I would say at this point, is the best answer, and yes. So right now we’ve discussed this. We feel that the field is patiently waiting for their transcripts. It would not be fair for us to be trying to have an expedited service because everyone’s waiting. So our goal is to get to the point where we have reliably that two-week turnaround period so that no one is penalized. Because if we brought in a project that had pressing needs and paid more that would make somebody wait. And we feel that doesn’t feel like justice to the field, so currently we don’t have it. But it’s our goal, and if we have an effective DEU hiring and are able to bring in three or four more people within a quarter, we might be able to get there. But we need some successful hires.

Molly: Thank you. The next question: Is there the possibility that you will be able to hire staff who may be rated at a higher GS level? I ask because I wonder how many staff would be willing to do this work at a relatively low rate of pay when they might be able to offer their services to non-VA customers.

Dr. Susan Zickmund: Right. I do understand that and it’s an excellent question. It’s one we wrangle with on a regular basis. So again, we have this economic model. Transcription has, because transcription in the private sector, which often involves sending outside of the U.S. borders, is actually, it has fairly low cost. So there’s a lot of pressure to try to bring down the cost that we have. And so if we were to bring people at higher GS levels in, we would probably instead have pressures to increase our costs. And I know we would like to basically have the sweet spot that makes everything work. So I mean one of the things that I’m definitely committed to is to increasing the steps regularly for all my employees, and I want to make sure that, again, we have social justice and a living wage and that’s really important to me. But our economic model is that we really are supposed to stay with the PD that we have, which in my center, making sure that people work on their PDs, and the transcription position is a GS-5. So it’s a complicated answer. In an ideal world where there was more, an ability to raise costs up, I would love to be able to do that. But currently, particularly with a self-sufficiency model, that’s sort of where we find ourselves.

Molly: Thank you. That is actually a great segue into the next question. How do you envision CTSP becoming self-sustaining after three years?

Dr. Susan Zickmund: That’s a great question and that’s why we have these models. So what we need to make sure that we do is we charge appropriately so that, and the way the cost structure for CTSP is that there was a larger bolus the first year, fairly similar, with just a little bit of a drop-off the second year. Third year there will be a fairly substantial drop-off and then no funds. And we need to have a model that enables Kim’s time, for example, to be folded into the prices that we bring in, a little bit of my time. If there’s other services that, if we need, for example, somebody to help us with computers or budgets, ultimately, right now we are receiving those services without having to pay. We need to figure out to make sure our costs are such that we can be sustainable, and that’s why I think about sustainability on a regular basis.

So efficiency is part of it. It’s tricky to become efficient when you’re hiring new people, but when I do hire folks and they’ve been working for us for awhile, they become very good at transcription and I really appreciate that. And then we also think about things such as if we can’t hear a file, then we need to pass some of those costs on to our client. So feasibility, sustainability, these are things that we grapple with on a daily basis.

Molly: Thank you. The next person writes if there is NIH funding for a VA-based study rather than HSR&D funding, can our team use CTSP services?

Dr. Susan Zickmund: So it’s a really good question, and right now because we’re trying to meet the needs of the field and not yet meeting that two weeks period of time, we’re really focusing on HSR&D investigators. I will say that I do run a qualitative core, a qualitative survey and measurement core on the university side, and we do projects on that side and we transcribe for those projects and I have some university folks who do work. And so right now all of our efforts go into daily trying to meet the needs of the investigators, but our goal is to hire so that we don’t have such intense pressures on the CTSP front. And then we would definitely be open to growing the services on the university side. I recognize that if they’re collecting VA data, it is university versus VA gets a little complicated, but the answer would be once we have sufficient staffing, we’re very open to working with NIH or PCORI investigators on their projects. I mean that’s a real goal that we have.

Molly: Thank you. Well, we have just enough time to get any concluding comments that you’d like to share with the audience.

Dr. Susan Zickmund: Oh, sure. Thank you. I mean it really is an incredible honor to be able to work with so many different investigators. The projects are fascinating. The conversations that we have at our Wednesday lunches about the breadth of research that’s being done across the field is really amazing. And so this is, while the hiring is stressful, and I’m sure Kim is nodding behind me, it’s a lot of fun. And it’s great to work with people and to offer these services. So I really want to thank all the customers, the clients that we’ve currently worked with. I look forward to working with other people as well, and again staffing, and increase in our turnaround time for the field.

Molly: Wonderful. Well, I’d like to thank you very much for coming on and lending your expertise to the field as well as thank you to your team. Thank you as well to our attendees for joining us. This session has been recorded, and you will receive a follow-up email with a link leading directly to the recording so you can pass that on to any colleagues you feel might be interested in this service. With that, I am going to close out the session now. So for our attendees, please stick around for just a second while the feedback survey populates on your screen. We do look very closely at your responses, and it helps us to improve individual presentations as well as the program as a whole. So thank you again, Susan, and have a great rest of the day, everyone.

[ END OF AUDIO ]