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Session: Beyond Open-Ended Questions: Purposeful Interview Guide Development to Elicit Rich, Trustworthy Data

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Moderator: Joining us today we have Dr. George Sayre. He’s a qualitative research specialist and qualitative resources coordinator at VA Puget Sound Health Care system, the HSR&D Center of Innovation; also a clinical assistant professor at the University of Washington, School of Public Health, Department of Health Services. Joining him today is Jessica Young. She’s a qualitative team leader, also from the Seattle/Denver COIN located at Puget Sound. And at this time I would like to turn it over to you, Dr. Sayre.

Dr. George Sayre: Thank you and good morning to everyone. I guess good afternoon to those of you who are back east. And so thank you for taking some time to join us today. What we want to talk about is interview guide development, and a little back ground is this reflects some work we’ve been doing here at the Seattle/Denver COIN and our qualitative core around data collection, especially this is, mostly focuses on semi-structured interview guides. And we also, some of this could be applicable to focus groups. And the little bit of background is we’ve been working on how we do our data collections. And we've noticed that’s there a real gap in the literature in the area of exactly what it makes for quality interview guide data collection.

So let’s see, so let’s talk about our workshop goals for today. We’d like to first describe a rigorous framework for quality interview data collection. And you’ll be able to apply these core concepts for developing interview questions and guides and also understand the process of developing and refining interview questions and guides. I’m going to turn this over to Molly.

Moderator: Thank you. So we are going to launch our first poll question. So for our attendees, we would like to get an idea of which best describes your primary research or role. So please just select one option. Those answer options are Investigator, Interviewer, Qualitative Methodologist, Qualitative Analyst, or Project Coordinator. And the answers are streaming in. We’ve had about two-thirds of our audience respond so far. We’ll give people a few more seconds. All right, I’m going to go ahead and close this out and share those results. So as you can see, we have 30% of our respondents claiming Investigator, 17% Interviewer, 8% Qualitative Methodologist, and 17% Qualitative Analyst, 28% Project Coordinator. So thank you to those respondents. George, do you want to make any commentary or should I move on to the next poll?

Dr. George Sayre: You can move on.

Moderator: Excellent. So we do have another poll for our attendees. What best describes your experience developing qualitative interview guides? Is it a regular part of your primary work role; you have developed one or two as part of past projects; you have provided input and feedback on guides, but have not developed one yourself; you have used guides in conducting interviews, but have not developed one yourself; or you have not used or developed interview guides. And people are selecting their responses now. Again we’ll give people a little more time. Okay, going to go ahead and close out the poll and share those results: 28% of our respondents selected that it is a regular part of their primary work role. Also 28% have developed one or two as part of past projects, 16% have provided input and feedback but not developed one for themselves, 9% have used guides in conducting interviews but have not developed one themselves, and 20% of our audience or respondents have not used or developed interview guides. Thank you again for your responses, and I will turn it back to you, Dr. Sayre.

Dr. George Sayre: Thank you. So it sounds like a fair number of you have at least used interview guides and some of you have done some development of those. So hopefully I think what we’ll be presenting today will be of interest to those, and for those who haven’t actually done any interviewing or worked on interview guides development, I’m assuming the fact that you called in you have some interest in qualitative research so this should give you some insight into how we collect data and what we think is some moves towards collecting really high-quality data. And in our work and doing this, one of the things that we’ve run into that there is a bit of gap on the literature on what makes for high-quality interviewing processes. And so if you look at the definitions of rigor and qualitative research, there's an enormous amount leading up to the data collection process, there's a lot of stuff you do afterwards, but the middle can be a bit of black box.

And so one of the things we wanted to do is to inform ourselves of how we approach data collection. We wanted to articulate a criteria for what we considered good high-quality data collection and good high-quality data. And so these are the three criteria’s we have focused on and we try to hold ourselves to and work toward. And the first one most of you who are qualitative researchers will be really familiar with this, this notion of collecting rich and thick data. And basically that is data that reveals the complexities of what is being studied and reflects the depth of the phenomenon and its context in time, space, and environment. So the whole point of doing qualitative research is to have data that there can be some discovery in and also show some complexity. I do want to frame this as we do primarily, of course, help service this research. We work on things which some phenomenon are pretty provocative and there's a lot of human complexities in it. Some are pretty straightforward and as far as implementation science, but even there we want to understand what is the context of that. That’s the whole point of doing qualitative research rather than survey research.

Secondly, it’s important that the data is trustworthy, that it’s authentic and credible, that someone understands how you got, and there needs to be some transparency if someone were to be able to see your interview guild to have a strong sense of how the data was collected so they can interpret it. Secondly, it has to be minimally influenced by the researcher. And we all know not to ask leading questions, except how not to do that can be a pretty complicated process when you’re still trying to get open, do open interviews and get unstructured data.

And lastly, and this is one that’s not really in the literature, but we've decided, in our work we look at the data that’s useful and we have learned that this is a real key element of what makes for good high-quality data and that’s salience, the fact that the data not only is trustworthy and thick, but it reflects the participants' lived experience and is connected to the research objective. So we want to know how the participants frame, not only what is the content of their answers, but what do they think of [unintelligible 07:45] subject? What is the important focus? And we want that to reflect the patients' experience, or the participants' experience, excuse me. And also we need to make, simultaneously make sure that it's connected to the research objectives. And so that our criteria for what the guides, the work we’re going to describe today.

Jessica Young: So we’ve developed what we consider to be some key strategies in terms of interview guide development in order to get the kind of data that George was just discussing about, data that is rich and thick, that’s trustworthy, that we know actually comes from the participant and not just from the researcher or the researcher's hypotheses, and then also data that's salient both to the participants' experience, it's important to them, it's key or central to them, and it's key and central to the actual research objectives and to the research team's interest as well. And you can see a list here of the key strategies we’ll be talking about today. We’re going to starting out talking about language. And I have to say I did a lot of interviewing before I came here to work in Seattle with George, and I think in all of my time of doing other qualitative work, we never spent so much time thinking about how we ask our questions, the language that we use, and how that opens and constrains what people can actually talk to you about.

We’re also going to be talking about purposeful sequencing of questions, what do you ask first, what do you ask later, how do you work that out. We’re going to talk about a concept we developed here called root questions. We’re going to talk about another concept thing that we use in Seattle and that’s the use of grounded probes to follow up on your big questions and to get more information from participants but that it’s still situated with their language and in their experience. We’re going to be talking a little bit about reflexivity throughout interview guide development and what that means and how that can be used. And then finally we’re going to talk about iterative testing and refinement, which is just the idea that we don’t just come up with one interview guide, get it approved by the IRB, and then we’re done. It’s much more of a dynamic process than that and we'll be giving you some ideas of what to include in that process.

Dr. George Sayre: So the first thing I want to talk about is that interview guides need to be linguistically intentional, and that’s kind of an academic phrase. We haven’t come up with anything a little more organic than that. But we want to keep in mind that the language you choose, that you use in an interview, both situates the interview in a way that both open and constrain a participant's responses. What we mean by that is that you frequently, if we were to ask questions, we'll go through some examples, you’re telling the participant here’s want we want you to talk about. You’re also saying here’s what we don’t want you to talk about. And so you have some limit on what you’re asking about. The participant is going to then work within that.

We always want to frame questions in a way that situates the participant in the most open manner that accurately reflects the stated research questions and theoretical framework. This is critical to getting salient data so that we’re not only asking them to tell us about X, we want to let them tell us about whatever is important to X, and we don’t want to frame it in a way that we’re cutting them off from telling us what is the real experience that we should be listening to. Okay? An important thing we do a lot here is that we consider how our interview guide questions limit our constrained responses as much, if not more, than we consider what they might elicit. And what we mean by that is typically when we’re writing an interview guide our first thought is we imagine what we are interested in. We always have some hypothesis, whether they're listed or not, and we tend to write questions that will get what we expect. And we really want to make sure we really criticize and go through and critique our interview guides to make sure, ask ourselves, well, what can people not talk about if we ask it that way.

So I want to walk through a couple of, a few examples about this. And these are all questions that could be used in a research study. They're all pretty, there's nothing wrong with any of these questions. But I want you to focus as we go through this on the differences of what you are, how you are situating the phenomena for the participant. So we can ask someone why did you choose to have your lungs screened. Okay, that is a pretty reasonable question. We could also ask them how they feel about having your lungs screened. One of the things important to keep in mind, these are not the same question. They are very different phenomena. If we ask the first one, we’ve situated this as a cognitive thing. We want to know about what you think. We’re also doing from a function that’s there's some active choosing going on, which may or may not be reality for the participant.

My background prior to, my non-research background is as a psychologist, and one thing we know is people don’t always make rational choices, and we know that sometimes people aren’t even choosing. If you ask about feeling, you said give me the aspect of experience of this, and you’re not asking about choices.

We could have a question that says tell me about your decision to have a lung screen. This assumes that there's active decision making going on. We could ask them to tell them about decision to have a cancer screen. This is also a really legitimate question, but now we’ve focused both on this kind of cognitive process we’re expecting and assuming people will have, and we’ve introduced the notion of cancer. People will answer these differently. How do you understand the risks and benefits from lung screen. This has a lot of assumptions in here, and it’s going to really narrow what they tell us about.

Tell me about your experience about lung screens, which is the most open one. Of course we run the risk that they may tell us things we’re not interested in, but they may only talk about someone else’s lung screen. Tell me about talking to your doctor about lung cancer screening. Again, another focus, another situation, and we can have people respond to that. Please share your thoughts about lung screen. This one, and we’re telling them we don’t want their feelings and we don’t want some other stuff, so all of these are different ways to ask this question. We spend a lot of time, we have qualitative consultation groups we run both in Denver and in Seattle, and we’d like to get a lot of feedback on which one of these questions is going to be closest to the research question. We want to situate it, so we want get data about the research question. In this case we’re wondering about how people, why people get lung screens, and also we want to collect information about how they interpret them and that came later in the interview. Okay? But this is looking at the reasons for people getting lung screens. Okay? And we, one thing we found is that getting multiple perspectives is really critical. If I write the interview guide, I know I bring my biases to it. I bring my assumptions. We have, as an investigator we have information we’re hoping for, we know the literature. It’s always good to get other people to read your interview guides to say, well, here’s what they won’t, if you ask them about this, if you ask them about the decision making, you may not get all the social influences and the other situations that may have something to do with lung screen and why they ended up getting that.

Jessica Young: Okay, so next, one too many, there we go. So George just talked about questions and about the, being very intentional about your use of language and forming questions for an interview guide, and now we’re just going to talk briefly about question sequencing. And this will be familiar to some of you. In general we want to, when we think about building an interview guide, we are usually not just asking one question. We usually have a series of topics or domains that we would like to ask about. And when you're building your guide usually you’re going to be sequencing your guide and your questions to maximize openness. And what we mean by that is that we want to start with questions that are the least constraining and give the participant the most opportunity to define what is important or salient to them about the phenomenon that you’re asking about.

And then if there's questions that we know, we’ve all been in situations where we need to ask some questions that maybe are more hypothesis driven, more leading, or that are simply demographic, honestly. If we are going to be doing that, the more biased that we are or the more that the questions are coming from the interviewer or from the interviewer [unintelligible 17:28] salient to the interviewer, we want to leave those to the end. So things like demographics, the closed questions, or just things that you want to check out but really is coming very much from literature or from my hypothesis and not so much just having a person describe what's important to them. And we have an example coming up here.

So you can consider these two different options on how to sequence questions. Again, this is about lung screening. So you could start at the top and starting with how soon after you wake up do you smoke your first cigarette? And that’s a closed question. They’re going to give you an answer in hours, days, whatever their answer is. And then can you describe any potential risks of screening? We wouldn’t just stop with yes or no, of course. We would say so please tell me about it. And then the most open of the questions was just tell me about having a lung screening. So you can see how that would feel. The other thing in this is that what you start with keys the participant to what the interview is about. And when you start with the most closed questions first or the most specific questions first, what you're keying them to is this. I’m going to be asking you closed or specific questions that I want an answer, this is something there is a very specific answer to. First is the bottom option where you're saying tell me about having a lung screening first. What you are keying is I want to hear about your experience. There’s a lot of different ways you can answer and I’m going to be interested in that and then I’ll follow up from there. And then you have the questions that are a little more constraining later so that they have their chance first and then you can still follow up with things that you need to ask about or that the research team really wants to ask about.

Dr. George Sayre: So another strategy we use here is we try to develop what we’re calling root questions. And this is an opening interview question that situates for the interview, the participant what this interview is about, what's the scope we’re talking about, but it’s also broad enough that it allows the participant to situate the interview for the researcher. They pick and determine what's important. This goes back to our interest in collecting salient data. So that if you look at those last ones, they were, the first example was from most constrained to most open, and we really like to start with the most open. And typically one that we could get almost all the data if we were to probe, that that question would answer most of our questions for the research project. Except, again, we may have some demographic stuff at the end, which we put towards the end. But we really like to start with a really open one that situates the interview.

Now interviews may have two or three of these root questions in that you may have two or three different phenomena you want to ask about. And so you have to maybe ask two or three questions that are really broad and say let’s turn our attention to this other aspect, tell me about this. Okay? But we want one that allows then to really start off by telling us, this is what’s important, this is what this interview is about, and then they can tell us within that scope, they tell us from a participant’s perspective what that is about.

So let me show you one we’re using. I pulled all these examples from a particular study on lung screening because it was a nice one. And so the question, you saw those earlier, we had a whole bunch of things we could ask. What we ended coming up with was do you recall talking to someone from the VA about lung screening? Okay? And if they said yes, we tell them tell me about the discussion. A little aside here is we sometimes, sometimes these questions are quote, unquote closed ended, I don’t, because you could get a yes or no answer to this. At the same time we tend to use theses as prompts, and then you’re going to then, have them unfold that yes, and we’ll say tell me more about that. So in asking this one, we wanted to make sure it was about talking to someone from the VA. We originally said doctor until when we were workshopping this interview and talking to other people, we heard a lot of, well, that may not be the person they talked to first. Nurses make phone calls. They may have talked more to the nurse. They may have talked to some other screening person, okay, who was engaged in this. And so we really, we decided to drop doctor because we wanted to someone, and we also wanted about the VA because we wanted to know, not about their experiences outside the VA. This was about how in the VA this happens. And we’ve put lung cancer screening because that’s what it called out there. Okay? And so that’s the material we want. So we thought that this really situated it pretty well. Okay?

And I want to walk through some of the data we collected from this. And in doing this I’m going to go back to our criteria that we talked about at the beginning about thick, trustworthy, and salient data. And so when we ask that first question, I’m not going to read through these, so as you read them I want to point out a few things. Okay? So the first person who said I started smoke, I was talking with my provider about Chantix, and when he brought up, immediately went to I started smoking when I was 25, I am up to a like pack and a half a day and I can’t seem to quit on my own. Okay? Asked the second person have you had a, you've had a conversation with someone at the VA. Yeah, the doctor has been badgering me about lung screening. I’d like him to stop badgering me if I did what he said. And then another person said smoking, I’ve been smoking for an extended period of time, I’m 61 years old. And then the last person, curious to know if there were nodules and stuff like that in my lungs, it’s scary. Okay?

One of the things we did not hear from participants is about risk and benefits. Okay? When we started with a margin of questions that’s open enough but still situated, all of this data is very pertinent to why these guys choose to get their lungs screened. None of them had to do with risk and benefit calculation, okay? In the whole interview we didn’t hear much about that until we asked about it. One of the things we learned from this study is that counting risk and benefit is not something people do when deciding, our Veterans, our participants, they don’t do that when they’re trying to decide if they get their lungs screened. It really wasn’t salient to them. It was really interesting to us how many people, the first thing they talked about is how long they had smoked and how hard it was to quit. Okay? And this failure to quit and the fact that you've smoked a long time and many have done damage to your lungs and you want to find out how much damage you’ve done, that was the most salient thing for all of our Veterans. Okay? We didn’t have anyone talk about risk and benefit without prompting.

Now if we go back, one of the things we’ve done is we have this, what has worked out to be a nice root question. By the way, you never know until you do them. We’ll talk about that. That’s why we do iterative development. But we situated it about someone, talking with someone, that narrowed it enough no one gave us irrelevant data, but also it was open enough that the participants could tell us when it comes to deciding to get a lung screen, here’s the things that are important: guilt, frustration, inability to quit, and try to make my doctor happy. Okay. Now importantly, none of that was in the literature in the background of the study. The literature in the background of the study was mostly focused on decision making. It was focused on how people weigh pros and cons. Okay? And it wasn’t in the literature about this kind of stuff, and so by opening it up we really captured stuff that was very salient to the research question but also salient to participants.

I’d also point out that it’s real trustworthy. We did not ask any of them to talk about any of these things. Everything, if you know our interview guide, you know that we ask this question and this is what people chose to talk about. You could have done an interview where you talked about their failure to quit and then talk about it. You could have done an interview were they talked about fear, tell me about your fear, but is it, and guarantee everyone who’s going to do a lung screen, okay, if you ask them about fear, they’ll tell you. However, we don’t know if they brought up fear because you asked them to or if they brought up fear because it's salient. When this, we look at this data, it's highly trustworthy because they decided to tell us that it is a failure to stop smoking, how long they smoked, and how afraid they are, and how stupid to quit they are. That’s their data. We are really comfortable that it’s not ours. Plus it tells you the complexity. Having your lungs checked for cancer is a really human experience, and this is the kind of stuff people are bringing to us. Okay.

Jessica Young: Yeah, and I'd just like to say one thing on, that I love about this example that George is using is a lot of times when we workshop interview guides with research teams, the fear is that by starting with a more broad or more open root question that, well if what if they don’t talk about what I want them to talk about. And we’ll talk about that a little bit later in some of the grounded probes. But I think the point here is that part of it is they may not, but that may be really important. And the second thing is you can still ask about risks and benefits later once you’ve mined and followed up on what they want to talk about, what's salient to them. It doesn’t mean that later in your guide you can’t say, well, did you consider any risks, any benefits, tell me about risks and benefits. You can still ask, but George’s point is really true that if you start with that, they will , people like to tell you something. They want to please an interviewer. People will come up with stuff to say just to give you something, much like the person on the quote about stopping the badgering of the doctor. They want to give you something so you’ll move on. But you just won’t know if that was really the important thing they wanted to talk to you about, but you can always ask it later.

Dr. George Sayre: Mm–hmm. And also the slide, it's on this one, we actually did ask some risk-benefit questions later about, like we asked about did you remember any numbers in the cover. No one remembers the numbers and none of them really knew the risks and benefits for the most part. We had a few people did, but we did ask that later, and if you think about that, makes really nice data that when on their own [unintelligible 29:13] these are the themes they talked about. And then later in the interview when we asked about risk-benefit, they don’t have a lot to say, and when you ask about the numbers they can’t remember them at all. But numbers is mostly what we give them.

Jessica Young: So you’ve asked your expertly phased root questions and what then? We wanted to introduce this concept of grounded probes. And we call then grounded probes because these are strategies of a way to open up and get more rich, trustworthy data from participants by keeping it grounded in the participant’s language and in their experience. This goes a little bit more back to conducting an interview and skill in conducting an interview, but we wanted to include it here because in every one of our guides, after we have the text around the intro and consenting for an interview, we include this information about grounded probes with the idea that all of our interviewers are going to use these as follow-up on any open question that they ask because you’re not done. You don’t just ask the question, even if it’s a great one, and they give you something and then you move on to the next question. You often are trying to say tell me more, I’d like to know more about that, and you’re choosing which threads you want to pull to follow up on and you want to ask them more about.

What I’ve noticed, though, especially with newer interviewers, but very honestly even with myself sometimes, it’s really easy to get a step away from what the person is really telling you, and you have these questions in your mind and your trying to pick the right one and you’re thinking three questions ahead, using grounded probes allows you to stay really with the person in their experience. And it also really shows that you're listening to them and you know that it's trustworthy and salient data because, it’s trustworthy because you’re using their language. This is what they brought up. You’re asking them more. And it's salient because this is what they chose to bring up and you’re just trying to help unpack it more.

So here’s some examples of grounded probes. They're going to depend on your study somewhat. However, we almost always use as examples what you me by, blank. And blank is actually the person's language. So if they say it scared the heck out of me, it’s what do you mean by scared the heck out of me, not what do you mean you were scared, what do you mean by you didn’t like it, you were fearful. It’s using their language. And the thing about tell me more about the thing you just said or give me an example of, we often know that people can talk at a high level about concept, and then you ask them for an example and sometimes the real meat of it, what really happened doesn’t match what they think about it. So getting examples, tell me about a time when, you can see, oh yeah, that’s great. Good idea.

So in this example here that George just brought us back to, as an interviewer you’re choosing where you want to go with what they said, and there's a lot of choices you can make. George always says none of them are wrong because it’s actually situated in what they’re telling you about. But for example, basically my doctor has have been badgering me for years to quit smoking, you could say tell me more about badgering me to quit or what do you mean by badgering me to quit. You can choose but it’s still, it’s using their language and it’s just asking them to give you more about what they actually said. Do you have more you’d like to say about that, George?

Dr. George Sayre: Well, one thing I’d like to say is that part of this, again, for trustworthiness is credibility. When I submit papers, I always submit our interview guide as an appendix. I’m a little frustrated that those don’t get published more often, and the reason being is if I don’t know what the interview guide is, I see your data but I have no idea what questions you asked. I don’t know how trustworthy the data is. Did they talk about guilt or did they talk about failure to stop smoking, about how stupid they feel because they can’t quit because we asked them do you feel stupid for not smoking or because we said tell me about a lung screen. Those are radically different. We also don’t know the interview process when they do follow-up probes in semi-structured open interviews. Were they leading? Okay?

One of the things we want to do is to be able to publish data, disseminate data, that if you looked at our interview guide and you looked at that findings, exactly how it was gotten. One reason why I do tell our interviewers unless we're concerned that the data that you come out with is the participants' data than I am whether you got us the right data. I don’t want the right data. I want really trustworthy data. Another thing I tell interviewers there’s no single interviews that make or break, so if we don’t get it there we can go back and revisit interview data and work on it. But we really want to be trustworthy in the sense that you can look at our data and know exactly if a person talked about that, why did they talk about it, and was that theirs or was that something we brought to the interview guide. COREQ, for those of you who are familiar with COREQ, the qualitative publication standards, it doesn’t require that, and it's kind of my nitpicky thing for me that they really should require, I think, the publication of your interview guide so people know how the data was actually collected.

Jessica Young: I also just want to say as the last thing, I actually think using this approach is really freeing as an interviewer. It keeps you from having to come up with stuff on the fly, which is also much better in terms of methodology to not just be making up questions as you go along. It really allows you to attend to what the person is telling you rather than translating it into your own researcher language and then spinning it back to them. So it just allows you to stay close to it and it really allows you to not have all these other things on your mind. Between the questions that you have on your sheet and these, you shouldn’t be having to make anything up as you go along. You're just making choices on what to follow.

Dr. George Sayre: Yes, and I guess one last thing, and this is something that has formed our development of this, in projects I’ve been on we’ve been playing with this for over a decade. And one of the things I remember, it was actually an English professor I had that said once that there’s no such thing as a synonym. And so if someone says I found that really hard, oh man, that’s really hard to quit smoking, and I ask, oh, well, what makes it so difficult or what makes that, why is that such a problem, those are not the same thing. Now they may be for the person, hard and difficult may be synonymous but they may not be. Okay? Big, large, huge, massive, those are all, they have different qualitative experiences about them. And so we like to stick with the language because we don’t want to slowly tweak it. One of the things that we need to really think about that Jessica mentioned is participants are compliant. They want to give you the right answers. It’s very human to like do good at stuff, and they want to do a good interview. And if they tell you that something is a lot of work and we say, well, tell me about how hard that was to do that work, and we introduce the notion that a lot a work is hard, participants will kind of go along with that. It’s the rare participant that will push back and say, well, I didn’t say it was hard, I just said it was a lot of work. For the most part, they’ll find something that was hard about it. If we ask you, we’re interviewing you about your couples relationship and we ask and you mention a disagreement and we say, well, tell me about that fight, people may not push back. They’ll just go along with it and start describing a fight, even though that may not be salient to them. It may not be really indicative of the relationship. And then by time we go publish that, it now becomes a solid finding that no one has a way to know who brought that in. Okay?

And so we really want for the trustworthy data to stick very close to their language and not be, introduce in our own. This, by the way, for those of you who have a little background in phenomena, actually this is bringing what we call bracketing to the interview process.

Jessica Young: But one other thing I’ll say with this is that sometimes this approach also means that you have to change in the interview. You need to change the language of the questions that you have in the interview guide. For example, if you are asking someone about, in the interview guide it says tell me about your last COPD exacerbation and the participant says instead of, they never use that language, they say, oh, my bad breathing, you want to say bad breathing. You don’t want to keep on bringing it back to exacerbation, even in your future questions. The person basically signals you that doesn’t have any meaning to me, this is what I call it. It’s also just respectful. It’s respectful of people to be curious about what they’re saying, to listen, to show that you’re listening to what their saying, and to give then the chance to talk about the things that are important to them.

Dr. George Sayre: Reflexivity in interview guide development. So this reflexivity, for those of you who are in qualitative research should be familiar with this, this is really, we think, critical not just before you do the whole research project and aims but also during the interview guide development. So we touched on these and we’ll just do some repetition here a little bit, but one is it’s really critical to solicit multiple perspectives. And there's two areas for that. One is research teams. We really want to get the perspectives of people who are not qualitative researchers, ideally people who are members of that population. Our research team may have, if we have clinicians we’re interviewing, pulmonologists, we want to see how the pulmonologists understand these questions. Are we using language that makes sense. And also are we asking things that are really focusing or limiting. And we also want to get our qualitative colleagues.

One of the things we do here at Seattle and in Denver, we have ongoing qualitative core meetings where, maybe the thing we do the most is we workshop interview guides. We do a lot of other stuff, but one of the things is workshopping interview guides where you get a lot of people having a discussion about does this wok. I’ll give you an example that just still sticks in my head. One of our colleagues Mr. Callagari [phonetic], was investigating, wanted to do an investigation on reproductive life planning, which is what professionals call anything women do about reproduction with their doctors. One of the first thing realized is no one on earth other than a women's health researcher uses the phrase reproductive life planning. So then when we're going to ask the participants to talk about it, what do we, how do we even have them answer that. And some people said, well, let’s talk about contraceptives. Okay, that’s great. And then someone goes, well, how does that work for same sex couples, how does that work for people who are currently not engaged in a relationship to talk about that. Is it all about having babies or not having babies? Okay?

And so it was as extremely complicated thing and around the room were all these perspectives again asking not so much about how do you, what is a great question to get a lot of information, what will be a question that will cut people off. Okay? And so if we were to ask again about contraception, and if you talk to, at that point, for same sex, for couples in, at that point it’s really irrelevant now. You’ve kind of said you don’t have a lot to talk to us about. Okay? And so one of the things that we want to look at is the language, and we want to question our assumptions about the language. We need to question our assumptions about the population. Are the interview questions we're asking assuming things about the people we’re talking about? Okay? We really want to check for hypotheses. Are we probing and testing and trying to confirm something and get people to say something. And lastly it's just expectations. What about the literature? What do you kind of hope to hear? Why did you even do the research project in the first place? There's a curiosity, and it frequently comes not for a real open curiosity about I just wonder about Veterans, but it comes from an expectation, I have a hunch Veterans are like this, or I have a hunch this is what's happening during those lung screen conversations. So in a group we find it very helpful to go through and be very critical and get lots of different perspectives.

Jessica Young: And related to what George was just talking about is this idea that you don’t just create a guide, attach it to your grant or send it to the IRB and it's done. There really are a lot of opportunities to hone your guide and not just when things aren’t going well, not just when you aren’t getting the data that’s as rich as you thought or people aren’t talking about what you thought they would talk about, really having the idea of refinement as part of your actual research plan from the very beginning.

George has talked a little bit about pre-data collection when you're first forming your guide. And sometimes we do that a lot through pilot testing, right, or through this idea of also just even showing it to other eyes in the field, other eyes in the population or who work with the population that you are going to be talking to to get an idea of what language works. Are we going to get the, it’s really about finding the sweet spot, to me, about what's the best chance for us to hear about the phenomenon or the area of research that we want hear about, our research aims, but also to have our best chance to hear about the complexity and the totality of what people want to tell us about. To be surprised, not just to hear about this little slice that we pre- defined, but a little bit more about the conceptuality of the experience so that we can hear something new, maybe something that was unexpected.

So we try to do that beforehand in all sorts of ways, but really the rubber hits the road once you start using the guide. And some big questions that come up is, is the guide eliciting meaningful data. And part of the question is meaningful to who. But it’s still, I think, meaningful to the research team. Is it useful? Is it interesting? Does it add anything to the field? And then also is it meaningful or salient to the participants? Are they having the opportunity to tell us about the part of this phenomenon that’s actually interesting to them. And I think sometimes some of the ways that we know that maybe there's a miss is that the questions don’t really seem to resonate, people don’t really understand what you’re asking, or they're saying do you mean this. There's a lot of well, uhms, and silences. Sometimes silence is good and silence is just indicative that it’s a thoughtful, something that people need to think about or consider. Sometimes it’s because, and if it’s a well, uh, maybe, I guess, I mean I don’t know, and sometimes that is a sign that we may be asking about something in a way that either the language or the way we’re phrasing it just doesn’t work [unintelligible 45:18].

And then also about, that George said in the very beginning, how much is the guide limiting or constraining what people tend to talk about? Another example of that is that you ask what you think the big question is, and they said, well, yeah, I mean I guess, but really the real thing I want to talk to you is about this. Now sometimes you really don’t want to know about this. We already know how bad transportation is in Seattle. We already know how bad parking is at the VA. We already know that the Choice program is not everybody’s favorite. We may not care, but it also, it may be that it's so salient to the person that we need to go there a little bit or it may offer us a chance to understand that what we’re asking about really just isn’t, maybe there's a different way, maybe there's a different frame, maybe there's different place to enter this conversation that allows people to talk about something that is important to them. It’s just a chance to go back and look and say is it us, is it the questions we’re asking, is it how, is it where we’re starting, is it what we’re assuming? So it's just a chance to continually throughout the data collection process look at what we’re getting and then trying to reflect on, not are we getting what we want to get, but are we asking questions in a way that is allowing us to hear about this phenomenon and it seems to also be resonating with participants.

Dr. George Sayre: Yeah, two things on that. One is I really want to emphasize what Jessica just said about it’s not about refining to get what you want, it’s refining to make sure that you’re getting what you need from trustworthy data from the participants. You don’t want to make changes in order to get what your hypothesis is. So in those first couple interviews I showed you are, if we'd done the first couple about the lung screen, we could’ve had an investigator who said, oh, they're not talking about statistics enough. We really want to hear about statistics, so let’s make the first question do you remember any statistics. That would be refining it, but it would be in order to limit and to tell you what it’s really about. And one of the key findings is that people don’t care about statistics too much and they don’t remember them and when they do they tend not to understand them. And so we didn’t want to refine it for that reason. We want to refine it because it’s just not working; it’s not allowing the participant to tell us what they need to tell us within the scope we need.

The other thing I want to point out about this is some of this refinement may not actually be changing the interview guide, but there also is feedback that drives the data collection in more just a focused way. So you notice that we talked about how we used grounded probes here. Those can be, we can probe on anything that we’re curious about. And frequently with the investigators we try to do pretty rapid feedback about here’s what we’re hearing in the interviews, and they tend to tell us that this part is useful. They might sometimes say, yeah, we know that, the literature is full of that, but this other thing they said, the participants telling is really interesting, which allows us to not, we don’t necessarily have to change the interview guide, but when that comes up with an interviewer we can probe on it. For example, frequently in the VA when you study barriers and facilitators to implementation, staffing can be an issue in the VA. i’m sure some of you have heard this in your interviews. And we tend not to be that fascinated with that unless they tell us something new about staffing, but we’ve done so many implementation studies that we realize that's a barrier to pretty much everything that exists in the VA.

On the other hand, we may probe more when people mention something that’s more critical or more unique or a finding that really is informing us but there's not any data in the literature, there's not a lot of understanding, or we don’t quite get why they’re telling us that. So this iterative refinement can be not just the actual interview guide but also the focus you bring to the interviews.

Jessica Young: Yeah, and that’s a great point.

Dr. George Sayre: And on that note, I think we’re ready for questions.

Jessica Young: Yep.

Moderator: Thank you both very much. So for our audience members we do have time for some Q&A now. To submit your question or comment, please use the GoToWebinar control panel located on the right-hand side of your screen. Down towards the bottom you’ll see a question section. Go ahead and click the arrow on the word question. That will expand the dialog box and you can submit your question or comment there. The first question we received: how much time during your research project to you devote to pre-testing an interview guide and root questions? Is this time explicit in your grant application and Gantt chart?

Dr. George Sayre: It would be in a Gantt chart in that we do have prep time for that. We don’t budget for it, per se, or anything, but we definitely allow time. And to be honest it frequently depends on the complexity of the issue and how much we’ve done. So in our implementation projects we have a, the VA collaborative evaluation center we have here, and we tend to trial some of that, sections of that less because we have a lot more experience than another. Then with something like the reproductive planning one, reproductive life planning I think it was, they spent a lot of time on that. So you can’t always predict how complicated it will be to get a question. That one also required several tweaks to just make sure it’s working right and how do we ask these questions. So it tends to vary but we always build it in. And it is part of that prep planning. The other thing is I try to start working with investigators really early in the process. And the first place we do our, the iterative, planning is, I work on a guide, I submit it to interviewers because want them to know will this work in the way we, you got to ask the question and also the PI very quickly. So we start that really early in the grant writing process. When we submit grants, I like to have the interview guide right in them, that we’ve already worked out some of it, but once its funded we have to work on it some more, and then we start to trial it with Veterans or providers, whoever it is that’s the audience.

Jessica Young: I think the other part of that is I’d just say is that one thing I‘ve really learned through the years also is that when you’re doing your project planning time I would assume, I just always build in now that after the first however many interviews, handful, enough to get some data so you’re not just looking at one, then I plan that we’re going to take a little bit of a break in terms of recruitment and interviewing so that we have a chance to do this iterative process to feed some data back to the team to find out and really talk about, okay, what's working, what's not, and what are we finding. Is there anything we either want to focus in more on, do we need to change the way we’re entering this conversation. So I just plan it. And that does require some constant kind of communication with the entire team because sometimes you don’t have the same peoples scheduling, people have different pressures. So I think it is, but if you, as long as you set it up from the beginning that this is the way we’re doing it and it's part of our timeline, then I've never had a problem with that.

Dr. George Sayre: Yeah, and that’s the nicest example, and we can hop off this, but a project we’re on right now we have three types of different sites doing this project called the V-IMPACT, which is virtual PACT teams, and there's three different kinds. And so we’re starting our spoke interviews shortly, and we decided let’s do three, one of each kind, and then we’ll review that data before we do another one because we want to make sure it’s working. We have no idea what these spokes are like. Let’s make sure it works after three interviews. So we built that time into our process.

Moderator: Thank you both. The next question: how does the technique of the root question relate to grand tour questions that are often used in in-depth interviews?

Dr. George Sayre: I think they’re similar in that that gives kind of, the grand tour questions give broad overviews and has you walk through something. They’re a little less instructive and so they tend to be a little more open that the person can kind of answer any way they want. They’re not dissimilar.

Jessica Young: I think, though, it’s just, again, about that constraint and focus. I mean I think sometimes grand tour questions are to get kind of a lay of the land or a lay of the participants' experience, and that may be what you want to do in your root question, but it may be more focused than that but still open enough to get a complex experience. It may not be what your history of the illness, your illness, or tell me about walking into the VA, telling me, tell me what step by step unfolds in a doctor’s visit. It may be more, it may be\_

Dr. George Sayre: Yeah, and I’d say it’s more open in the sense that the grand tour questions really do situate it in a linear manner. And they may not experience it in a linear manner. And so I mean to use a nice, we’ll go back to the lung screen one. If we said tell me from the beginning, I want to know about your conversation with the doctor, walk me through that, they may not have mentioned how long they've smoked. And so for them, what's interesting because if you think about the temporality of that interview, a grand tour really situates your, say I want you to talk from point A to point B, Z , in a finite time. But what the Veterans want to talk about is this happened 61 years ago when they started smoking. And so I think grand tours are more structured than that question. So I think, on the other hand you do, with the grand tour you are saying within this time, they get to talk about whatever they want. They could talk, if you said tell me about from the time you walked through the door and the time you had your colonoscopy, tell me everything that happened. And they can talk about the carpet if they want. So now when there's an openness to grand tour questions that’s similar.

Moderator: Thank you. The next question: do you routinely record interviews? Do you have two researchers conduct interviews so that one can do questions and the other can take notes?

Dr. George Sayer: We do routinely record. We don’t always have a note taker. It kind of depends on the project. Frankly it depends on the budget. It also depends on whether there is a consensus piece engaged in that, so if we’re doing something where we’re going to be doing actual rating quality for something, you definitely need two people on it. So the note taker thing really it kind of varies, but we always record when participants let us. And part of the real important reason is because, I’m real big on, during the interview you’re not trying to comprehend and understand what people are, you’re trying to get the data. Analysis is separate, and so you need that data verbatim in order to start to think about it.

Jessica Young: Mm-hmm. And I think that’s the point. I think yes, whenever we can we record interviews. And sometimes that can have to do with the logistics or it can have to do with the IRB. But the reason also is that we want to capture what people actually said, and any distraction from that, even in note taking, I am a excellent note taker, I’m like a shorthand queen, but at the same time there is a risk. You’re still distracting, you’re choosing what exactly to write down. Unless you’re doing verbatim transcription during an interview, there's things you leave out that later on you may think are important that were just a change in language. They said scared, I said feared. They said angry, I said mad. There is a difference there. And so I think whenever you can record it’s a good idea. And then also depending on your methodology and what you've proposed in terms of your analytic plan. You may be working from, you may want to be working from a recording or a transcript in doing your analysis.

Moderator: Thank you. So we do you have two more questions. When you are refining your interview guide in the iterative manner you described, do you typically capture that in some form, analytic memo, field notes, et cetera?

Jessica Young: Yes.

Dr. George Sayre: Yes.

Jessica Young: Yes. You should really be keeping both, I suggest keeping both versions of interview guides as well as any notes from conversations. If it was a team conversation, notes from that conversation or notes, your own notes on both what's making you, what are you thinking about, what's prompting you to want to talk about this if it’s not just a scheduled meeting, and then what is it that you've discussed and then what was decided. And then what are the next steps, too. Are we going to try this on three or four more and come back? What's the plan as well.

Dr. George Sayre: And that’s really important because when we submit interview guides for the, as part of research plan IRB, we always want to use the language that will be revised iteratively, but we give some reason for that, not just, oh, if we don’t like the data we’re getting we’ll try it again. We usually put the language that'll be iteratively based on the research team's review of the data so that if we do want to tweak it, it’s based on the data, so you really want to document that.

Moderator: Thank you. How do you manage time if the first open ended question goes on and on and may even get to, off into another subject? Do you redirect to more directed questions?

Jessica Young: I wouldn’t say that you necessarily redirect to more directed questions, but remember that you are picking which threads to follow up on. They may have just gone on and on about transportation, and you might either say, okay well, in addition to transportation what, but are some other things, what else as a way to kind of move on. Or you may just pick up on the thread that you’re interested in. So tell me more about that you were really upset about your doctor, what they did really pissed you off, and you go back to the thing you’re interested in. There is a fear, and I’m not saying it never happens where you get a talker, you ask something open, and you’re like, oh, my God. Now if that happens again and again and again, then it is probably that you’re opening question is not constrained enough or it is not bringing people in. You‘ve asked them to tell you everything about having cancer and actually what you’ve realized is really what we want to know about is this one piece of it, so we need to refine it a little bit.

Dr. George Sayre: Yes. And actually one of the things we find that grounded probes for, it's a very respectful way to bring people back. You’re bringing them back to something they said. So if they start talking about, they have a hard time getting there because they don’t have anyone to help them and they have to park on their own, and then they tell you about parking, and then they tell you about how big their car is, they tell you about their old car. And at some point we don’t want to hear about cars anymore because it’s not salient to the research question, we can mention, earlier you, you could have a probe like earlier you mentioned you don’t have anyone. Can you tell me more about not having anyone. We bring it back to their relevant data and people, participants like that better because it shows you’re listening.

Moderator: Thank you. We just have one last question. It is the top of the hour, so if any of the attendees have to drop off, that’s fine. When you exit the session please wait just a moment while the feedback survey populates on your screen. It’s just a few questions, but we look very closely at your responses. It helps us to improve the program. So the last question: I think I heard that you provide consultation to researchers. Do you provide consultation to program offices conducting qualitative interviews or focus groups for operational purposes?

Dr. George Sayre: Boy, I’m really afraid to say yes to that. I do that sometimes, just due to workload. We have done some of that. It's not, we’re not budgeted for that, but we have done some of that.

Jessica Young: We can offer\_

Dr. George Sayre: [Unintelligible 1:01:57].

Jessica Young: Yeah, that’s it. I would say we also have worked with other departments or other VAs to set up their own qualitative consultation group that’s based within their division or at their site. I’ve given them my ideas on how to get that going. Yeah, well, we did put our VA emails in the slide decks so you can always contact us.

Dr. George Sayre: Yeah.

Moderator: Thank you. We do have just one more that came in. You all mentioned earlier that you usually leave questions such as demographic questions or closed ended questions at the end, but what if the closed ended questions help to determine which questions to skip? For example, they aren’t going to do a particular method or use a particular guideline what your first set of questions are about, if they aren’t using them, then you’re able to skip that set of questions.

Dr. George Sayre: Well, you sometimes, there are definitely screening questions, so like if you notice from the root question we asked first was did you talk to someone at the VA about lung cancer screening, and so we did want to, that did two things. One is it situated them. It was also a screening question. So first off, if you’ve got those screening questions, it's nice to use them to situate. We sometimes ask questions in the very beginning like what's your role at the VA or tell me about your role in your clinic. And that’s partly to find out who the interview guides with et cetera. We may have different questions for different team members, but also to situate them. We do want to know about your work here. Don’t, you know, we’re going to ask a broad question and we don’t want you talk about your home life.

So screening questions, sometimes they are necessary. You just want to be really careful how provocative that are and how much they’re going to situate it. So if we were to say, a nice example is the study on mindfulness-based stress reduction, and there were some questions about PTSD that had inclusion or not, but I didn’t want to start the interview guide with PTSD questions because that would, then when we asked tell me about the benefits of mindfulness-based stress reduction or has it helped you in any way, they’re going to think about PTSD. And what was interesting even though it was a PTSD, a group for PTSD, we had people telling us things that had nothing to do with PTSD symptomatology. We had people telling us that they were better fathers because of MDSR, they were more patient with their kids. And so sometimes you go ahead and do the interview and you catch that stuff at the end. Lastly I know, if you can know as much about participants ahead of time in your sampling so that you don’t have to ask, I’ve seen some interviews guides that have demographic questions, which you could have got ahead of time and you didn’t even need to ask, so I like to keep that stuff out.] But they are a necessary evil sometimes [unintelligible 1:04:52] move on the interview, yeah.

Moderator: Thank you. Well, that is our final pending question, but I’d like to give you guys the opportunity to make any concluding comments that you’d like. So in no particular order, I’ll let you go for that.

Dr. George Sayre: Well, I just thank you for taking the time, and we hope this was helpful.

Moderator: Okay. Well, thank you two for coming on and lending your expertise to the field and thank you to our attendees for joining us. Thanks also to Brin Jones [phonetic] for organizing this monthly PACT Cyberseminar which occurs every third Wednesday of the month at noon Eastern, so keep an eye out on your emails for the next one. With that, I’m going to close out the session, and so for our attendees, once again, please hold tight while a feedback survey populates on your screen and take just a moment to fill out those responses. Thank you all for joining us today. And this does conclude our HSR&D Cyberseminar. Thank you George. Thank you Jessica.

Dr. George Sayre: Thank you Molly.

Jessica Young: Thank you so much.

[ END OF AUDIO ]