

DESIGNING SEMI-STRUCTURED INTERVIEW GUIDES FOR RAPID TURNAROUND QUALITATIVE WORK

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Today's Objectives

Phases of preparing and iterating an interview guide:

- 1. Rationale and design
- 2. Drawing on existing knowledge
- 3. Formulating the preliminary interview guide
- 4. Using and refining the guide

Kallio H, Pietilä AM, Johnson M, Kangasniemi M. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. J Adv Nurs. 2016 May 25.



Rationale and Design

Designing a rapid qualitative study

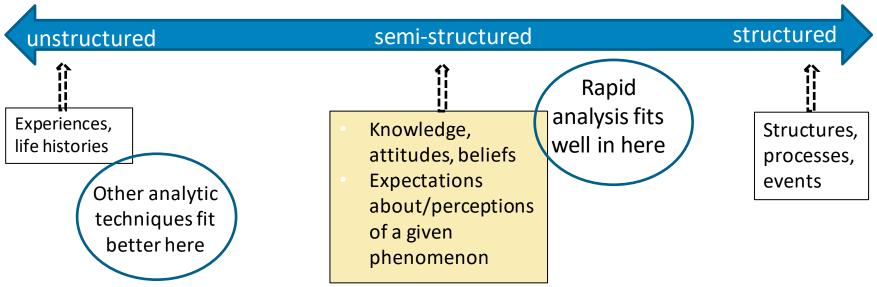
Why rapid?

- What are key research questions/specific aims?
- What guides your rapid study (theoretical/conceptual framework)?
- What will be your sources of data (i.e., what data will you collect, from whom)?
- When will you collect data (when in project, how often, logic behind timing)?
- Who will collect data (training of team, size of team)?
- How will you analyze the data (team-based approach, approach to data, timeframe for analysis)?
- Who will receive your results, when, and how?
- How will you tell the story/stories of your data?

Start with your research question!

Choosing your qualitative methods

Selecting the appropriate type(s) of interview



Your analytic options are shaped by your methods choices.

For rapid, consider incorporating some structure into your semi-structured data collection.

DRAWING ON EXISTING KNOWLEDGE

What kinds of existing knowledge?

In rapid turn-around research, we are not starting from zero knowledge...

- Previous studies
- Theories, models, frameworks
- Clinical/subject matter/partner expertise and lived experience
- Existing literature, reports, etc.

Common constructs

Practice/intervention-related characteristics:

- Perceptions of evidence
- Complexity
- Adaptability
- Relative advantage
- Cost

Your model will help you select domains/constructs to assess - i.e., what do you need to know?

Common constructs

Context:

- Culture/Climate
 - Readiness for change
 - Tension for change
- Leadership
- Structure and infrastructure
 - Electronic health record, space, resources

Common constructs

People:

- Knowledge, attitudes, & beliefs about practice
- Behaviors
- Relationships
- Self-efficacy
- Individual readiness, motivation
- Commitment to organizational mission
- Degree of burnout

FAQ: Theory

If I use a theory/model/framework, do I have to use every construct?

- NO, and it often isn't feasible or appropriate.
- Include constructs most likely to be relevant and highpriority for your project/setting.
- Aim for questions that invite participants to describe what matters most:
 - e.g., When you think about [XYZ practice], what do you think is most likely to get in the way of making that part of routine care?



FORMULATING THE PRELIMINARY GUIDE

Formulating the guide: project goals

- What are your core project aims/goals?
 - This orienting question informs all data collection/analysis decisions
- What is the overall goal of the semi-structured interview?
 - At each timepoint
 - Are there different goals for different roles?
- How do the questions in your interview guide assist you in achieving project goals?

Formulating the guide: participants

Who are your participants?

- Who has something at stake in this process/ problem?
 - Involved, oversight, or impacted
 - May be across multiple levels of the organization (need multiple guides)?
- Whose support is necessary for this implementation effort?
 - e.g., providers/clinicians, staff, patients, clients, family members, community-based organizations or partners
- What do you know about your participants up front?

Your sample impacts your interview guide(s)

Formulating the guide: participants (cont.)

- Who are you in relation to your participants?
 - Importance of reflexivity
- How does your knowledge of the participants inform questioning format and approach?
 - Think about status of participants and interviewing team

Formulating the guide: elements

- Approach the interview as a "friendly conversation"
- Importance of building rapport
 - Valid, useful data requires psychological safety: it needs to be ok to tell the truth
- Important elements (see Spradley 1979):
 - 1. Explicit purpose (audience: interviewing team)
 - 2. Explanation (audience: participants)

Formulating the guide: principles

Interview questions need to be **ALL** of the following:

- Inviting
 - —Interesting for the participant
- Accessible
 - -Familiar, not opaque or multivalent
- Analyzable
 - Useful in meeting your project goals and answering your research questions

AND

Geared toward the time available

See: Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: an introduction. *Psychiatry research*, 280, 112516.

Formulating the guide: principles

- Roughly 6-8 primary questions in individual interviews, 4-6 in focus group interviews
 - What are the key topics of inquiry?
 - What questions open conversation topics?
 - How do the questions map to the theory/model/framework?
- What do you ask participants, when, and why?
 - Think about order & logical flow
- When and how do you probe and ask for further detail and examples?
- Test questions before going into the field!

See: Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: an introduction. *Psychiatry research*, 280, 112516.

Formulating the guide: opening question

- What are ways to open the conversation appropriately and comfortably?
 - Main goal is to establish rapport, to put your participant at ease
- "Grand tour" question (Spradley 1979)
 - Verbal tour of something participants know well
 - Get participants talking in a focused way
- If appropriate, start by asking background characteristics
 - Can be expansive or specific [consider time available and goals]
- Often start with more general and move toward more specific questions

See: Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: an introduction. *Psychiatry research*, 280, 112516.

Writing questions: some basics

- 1. "Tell me about..." invites a story
- 2. Design primary questions with multiple prompts/probes
 - Primary questions: main topic [might be tied to conceptual model]
 - Probes capture important detail
 - Specify essential vs. optional probes
- 3. Be willing to adjust questions (within IRB parameters) and/or order of questions
- 4. Keep the interview succinct
 - Too many questions risks surface-level responses and/or gaps in the data
- 5. Practice saying the questions out loud

Jacob & Furgerson 2012, Dicicco-Bloom & Crabtree 2010

Useful types of questions

Question Type	Examples
Structural questions	 What types of services do you have for xyz?
Prioritizing questions	 What are the top three needs of [patient population] from your perspective and why? [baseline] (see Hamilton et al., 2013) Relative to your other priorities, how important is xyz?
Comparison questions (relative advantage)	 How is this new approach to xyz different from what you may have already been doing?
Hypothetical questions (use sparingly)	 If resources weren't an issue and you were in charge, what would be your ideal approach to xyz? (see Brunner et al., 2019)

Brunner, J., Cain, C. L., Yano, E. M., & Hamilton, A. B. (2019). Local Leaders' Perspectives on Women Veterans' Health Care: What Would Ideal Look Like?. *Women's Health Issues*, *29*(1), 64-71; Hamilton, A. B., Cohen, A. N., Glover, D. L., Whelan, F., Chemerinski, E., McNagny, K. P., ... & Young, A. S. (2013). Implementation of evidence-based employment services in specialty mental health. *Health services research*, *48*(6pt2), 2224-2244.

Longitudinal interviewing

Domain	Baseline	12-months
IMPLEMENTATION STRATEGIES: TRAINING	 What are your general expectations for the CTI training? PROBES: Do you anticipate any challenges in completing the training? How is the training going so far? How many sessions have you attended at this point? Are there things you like about the training? Are there gaps you see in the training or other improvements 	It has been a while now since the initial CTI training for your site – was that something you were able to attend? IF YES: a. After completing the training, how ready did you feel to use the CTI model in your case management? IF NO: a. Since you could not/did not attend, were you trained on CTI by anyone at your program? What did that look like?
	that could be made?	

Gabrielian, S., Finley, E.P., Ganz, D.A. *et al.* Comparing two implementation strategies for implementing and sustaining a case management practice serving homeless-experienced veterans: a protocol for a type 3 hybrid cluster-randomized trial. *Implementation Sci* **17**, 67 (2022). https://doi.org/10.1186/s13012-022-01236-1

Asking sensitive questions

- Establish rapport, possibly over multiple data collection episodes
- Wait to ask until the middle or toward the end of the interview
- Give the respondent time to answer
- Use nonjudgmental, nonthreatening wording
- Ask in ways that are appropriate and relevant to your participants

Closing the interview

How can you naturally and affirmatively reach the conclusion of the data collection episode?

- "Taking leave" (Spradley)
- Ask if anything remains unsaid, unaddressed
 - Is there anything I haven't covered that you thought we would discuss?
 - Is there anything else you'd like to add before we wrap up?
- Express appreciation
 - Interviewers may be seen as ambassadors for larger project
 - Small courtesies support collaborative relationships

Guide design: tips and tricks

- Tables can be helpful
 - What constructs need to be covered? What questions will cover each construct?
 - Can evolve to inform analysis
- Prioritize/highlight questions
 - Interview may be cut short, important to be prepared
 - Ensure consistent data collection
- Label questions
 - e.g., Can you walk me through how you would ordinarily check a patient into the clinic? [BASELINE PRACTICE]
- Test questions and do mock interviews within the team

Pilot testing

Goal: Ensure that questions are relevant and aligned with project goals

- 1. Internal testing (among researchers; mock interviewing)
- 2. Expert assessment (by specialists outside the research team; could affect wording, content, and/or order of questions)
- 3. Field-testing (by potential study participants; assess intelligibility, relevance)

Make sure to budget time for pilot testing and follow-up

Example: EMPOWER 2.0

Pre-Implementation Interview Guide

EMPOWER 2.0 QUERI

Pre-Implementation Key Stakeholder Interview Guide

EBPs: Diabetes Prevention Program (DPP) and Reach Out, Stay Strong Essentials (ROSE)

Stakeholders:

Women's Health/ROSE: WVPM, WH Director, PCPs who see women (DWHPs), Maternity Care Coordinators, WMH Champions, WH Outreach Specialist, WH Heart Coordinator, WH MH Coordinators, etc.

TLC/DPP: PC Director, PACT RN, LVN, health tech, health coach/HPDP, nutrition, pharmacy, front office staff (MSAs), WVPM, WH Director, PCPs who see women

Facility: local roles for telehealth and/or rural health including rural veteral coordinators, telehealth coordinators

VISN: VISN-level/field-based WVPM, PC lead, CMO, CQO or equivalent Leadership: Medical center director, WHMD, VISN leaders

[Introduce self, and if applicable, introd	luce additional interviewer(s) by name.]
Hi my name is	and I am a member of the EMPOWEI	R team based at
the VA Greater Los Angeles. This is/the	ese are my colleague(s)	S/he is/They
are with me today to help ensure that I	cover all the bases and to take notes.	

Thank you for taking the time to meet with me/us today.

Before we begin, let me review some general information. This interview is part of a implementation effort focused on virtual care options for women veterans, and is expected to last no more than one hour.

VETERANS HEALTH ADMINISTRATION

EMPOWER 2.0 (cont.)

Pre-Implementation Interview Guide

COLOR KEY:
Participant role prompts
High-priority questions

Individual and Site Characteristics

- 1. Before we get into more specific questions, can you tell me a little about yourself? What is your role within the VA? How long have you been in this role?
 - a. Do you have any additional roles, or roles that extend to the VISN level?
 - b. How long you have been with the VA?
- 2. In thinking about women veterans at this facility [and at this VISN if applicable], from your perspective what would you say are their main healthcare needs let's say their top three healthcare needs?
 - a. To what extent do you think those needs you just identified are being met here [at this facility/VISN]?
 - b. What are women veterans non-healthcare needs (e.g., housing, food insecurity, employment, transportation, childcare, etc.)? To what extent are they being met at this facility?
 - c. What additional services would you like the facility/VISN to provide, if any?
 - d. [If relevant/appropriate] What is your sense of why these services are not being provided at this time?
- 3. Can you give us a quick lay of the land of how women's health care is delivered here (probe on models, etc.)?
 - a. Is facility leadership supportive of women's health? For example, has facility leadership supported any efforts to make changes in women's health? If so, please describe.

USING AND REFINING THE GUIDE

Using the guide: build in instructions

- Use transitional statements:
 - "Now I'm going to ask you a different question."
 - "Now we're going to shift gears."
- Keep your participant aware of how the interview is flowing
 - "We have two questions left."
 - "We're almost done. Do you have time for one more question?"
- Silence is useful and often important
 - Let your participant think
 - Let yourself breathe

Refining the guide

When and why do you make adjustments to the written guide?

- Major adjustments: adding topic of inquiry (be careful)
- Minor adjustments: changing the wording
- Document and communicate changes!
 - Use track changes; keep all versions

When and how do you make adjustments "on the fly," as you use the guide?

- Prompts/probes
 - Planned, i.e., included in interview guide
 - Informal, i.e., unscripted; could be encouraging, confirming, inquiring, non-verbal

Iterating the guide

How do you track and understand the evolution of your interview guide?

- Debrief by yourself or with your team
 - Document interview flow, surprises, mis-steps
- If substantive changes are made, assess potential need for IRB review
- Ensure that team discusses evolution
- Periodically assess extent to which interview flow continues to map to your project's aims

Working with challenges

Juggling competing priorities on large projects

- Build in time (weeks/months) to develop and iterate the guide, discuss how to balance team member priorities (in relation to project goals!)
- Involve project leadership in the development of the guide

Ensuring consistency in team-based interviewing

- Co-develop and test the guide
- Check in regularly during interviewing phases
- Discuss challenges and adaptations
- Check summaries/analysis for gaps or inconsistencies

Additional readings

- Dicicco-Bloom B, Crabtree BF. The qualitative research interview. Med Educ. 2006 Apr;40(4):314-21.
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- Spradley, James. The Ethnographic Interview. Harcourt, Brace, Jovanovich, 1979 (reissued, 2016).

Workshop on designing guides for implementation research: https://youtu.be/vMgS0laHXtg?si=UZaOKmfWhylK UN8

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