Cyberseminar Transcript

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Session: Behind the Scenes: Qualitative Analysis and Dissemination Tools

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Whitney: As we are just about at the top of the hour we’ll go ahead and get things started. I’d like to introduce today’s speaker, Dr. Ashley Mog, Qualitative Analyst and Research Health Science Specialist at the Seattle-Denver Center of Innovation for Veteran-Centered and Value-Driven Care. And Megan Moldestad, Qualitative Analyst and Research Health Science Specialist at the Seattle-Denver Center of Innovation for Veteran-Centered and Value-Driven Care. Meg can I turn things over to you.

Megan Moldestad: Yes. And actually Ashley’s going to speak just briefly before I do.

Whitney: Okay.

Dr. Ashley Mog: Yes. So welcome everyone. Thank you for attending today. We’re excited to talk to you about our process. So as we mentioned, today we’re talking about Timely and Effective Qualitative Analysis and Dissemination Tools. My name is Ashley Mog and my background is in women, gender, and sexuality studies. And I’m really interested in qualitative analysis in terms of looking at access to care. Meg.

Megan Moldestad: Thank you. And this is, yeah so I’m Megan Moldestad I go by Meg. And I use she, her pronouns. And I’m actually a Speech Pathologist by training and I’m also a Qualitative Analyst and Team Lead at the Seattle-Denver HSR&D COIN and I have a particular interest in human-centered design and engineering.

So just want to give a brief shout out to our funders and operational partners who made this work possible.

And so our first poll question is just to get a sense of who’s in the audience. What best describes your primary research role? So investigator, qualitative interviewer, qualitative analyst or methodologist, project coordinator, or other. And go ahead and write in if it is other.

Whitney: All right. And answers are coming in quite rapidly. We’ll just let that go for a few more seconds until things level off and then I will be able to share the results. Okay. We’re just about there. All right seems that the numbers are leveling off so I will go ahead and close the poll and share your results. So 28% said investigator, 10% qualitative interviewer, 23% said qualitative analyst/methodologist, 15% said project coordinator, and 24% wrote in QA, someone wrote in QA and operations. Go ahead and close the poll.

Megan Moldestad: Okay. Wonderful. Thank you, Whitney. So we have a nice spread today that’s awesome. So hopefully this, what we’re presenting on is applicable to most if not all of you otherwise I imagine you wouldn’t be here.

So we do want to start with a disclaimer. This, we are going to be presenting very briefly about our project team and a specific project mostly because that is what we use to create this webinar. And, but we’re really focusing on our analytic process especially around organization and dissemination. So we’re not going to be talking about the ins and outs of a specific project or a specific analytic method.

All right, I’m having some funky stuff on my screen. Okay. So this is just our agenda for today. So as I said we’ll talk briefly about who we are and then the meat of this presentation is really on our analytic process and our deliverables. And then we’ll finish with some lessons learned and then questions from the audience.

So we are, Ashley and I are part of a group called VACE, the VA Collaborative Evaluation Center. For those of you who don’t know us, so VACE is a highly collaborative VA virtual center. And it’s composed of quantitative, qualitative, and mixed methods evaluation experts. And what we do is we evaluate the implementation of VA quality improvement initiatives. And so what we’re trying to do is you know assess the effectiveness, barriers, facilitators to implementation, and obviously unattended consequences. And what we do is we work collaboratively with our operational partners you know to make sure that our evaluation outcomes are relevant and useful for whatever program improvements they’re trying to make and that they’re sustainable.

So some of VACE’s you know our primary goals is, are to have a direct impact on practice and policy. And so we are highly responsive to the needs of the program office and operational partners. And because we’re such a highly collaborative team we’re able to quickly address any emerging evaluation questions. And recently, probably in the last year especially we’ve really moved, we’ve been wanting to create more user-friendly deliverables. And what we mean by that we’ll get into more detail when we’re talking about deliverables. But essentially it’s, we’re trying to move beyond only doing sort of standard reports. And in terms of VACE there are currently nine evaluation projects. And the project that we’re going to be talking about today where we did this analytic process of deliverables is called V-IMPACT.

So just briefly, V-IMPACT is one of these nine evaluation projects within VACE. And V-IMPACT stands for Virtual Integrated Multisite PACT teams. So V-IMPACT you know provides coverage when sites are experiencing gaps in primary care. So, and it’s based on a hub and spoke model. So at the hub there is a provider so anyone from within a patient-aligned care team or PACT or what’s known as the primary care medical home in the non-VA setting. So at the hub there could be a primary care provider, a mental health provider, and a pharmacist. And then at the spoke site, which is where, sorry we’re going to make sure everyone can, okay good. Sorry I was getting a phone call. And then at the spoke site where the patient is actually going are the support staff within the PACT. So nurse, LPN or LVN, administrative assistant, scheduler. And so our, sorry I’m having a little bit of technical issues. There we go.

So our team, our qualitative team was evaluating the V-IMPACT program and we found out toward the end of last year, around September, that funding for our evaluation was going to end in December of 2019. So about four months later. So the project itself is still going but the V-IMPACT program its actually now gotten wrapped into something called clinical resource hubs. But as far as we’re concerned our funding was officially ending in December of last year to do what we needed to do. So part of what we want to talk about today is our process for how we responded quickly to that news that our funding was ending. And so we really did backwards planning. So we wanted to, we looked at December and we looked at who was on our team, who had the most bandwidth to work on analysis and our reports, and then what else we could do in that time especially around creating those user-friendly deliverables. So we did the bulk of our coding and preliminary analysis in September and October. And then moved into more formal analysis, working with our team members November through the first part of January. And during that time we were also working on our first deliverable that we’re going to talk about today. And then January into February something called an infographic which we’re also going to be talking about.

So now I will pass it over to Ashley.

Dr. Ashley Mog: Great. Thank you, Meg. So before we go to the next section we’d like to know a little more about how you structure your analysis process. So our second poll is, how would you describe your approach to data analysis especially when working in a team? I have no idea, my approach is unstructured and somehow we make it happen, my approach is somewhat structured but somewhat unclear at times, my approach is highly structured with an SOP for everything, or other fill in the blank.

Whitney: Great. And answers are coming in. Just like to leave it on for a few more seconds for things to start leveling off before I close the poll.

Dr. Ashley Mog: Great.

Whitney: And the numbers are still jumping so, we’ll hang on for a few more seconds. Okay it seems that things are leveling off so I will go ahead and close the poll and share your results. So let’s see, 8% said I have no idea, 9% said my approach is unstructured and somehow we make it happen, 69% said somewhat structured but somewhat unclear at times, and 13% said my approach is highly structured with an SOP for everything. And for other we have 3% with one person stating we have structure but keep it open to change as needed, it’s an integrative process.

Dr. Ashley Mog: Oh, great.

Whitney: All right.

Dr. Ashley Mog: Well this is, this is really interesting to see because this somewhat structured and somewhat unclear is kind of the sweet spot of what we’re trying to talk about today. Our approach in this project was, we would definitely call it highly structured and actually like the person who wrote in we did keep our process open to change even though it was highly structured. Next slide, please.

So as Meg mentioned one of VACE’s goals is timely and effective analysis. And we’re trying to be timely and effective to respond to operational partner needs. So for this project we, after doing the backward planning we figured out that we were on a six-week timeline to finish coding. And then we needed to turn around the analysis as quickly as possible to get the final report to our operational partners. And we felt like the data deserved a deep dive, so we needed to do this both fast and well. Next slide, please.

So we’re calling what we did efficient qualitative analysis. Because it was quick, and it was effective. And one note is that we didn’t do rapid analysis as in Alison Hamilton’s approach. We didn’t follow rapid analysis guidelines. Hamilton recommends teamwork which we did do but we didn’t use templates as she suggests. And as far as efficient qual analysis goes we think you could use this kind of analysis process for a variety of qualitative methods and approaches. Efficient isn’t a term in the literature it’s something that we came up with in hindsight and for this presentation. Because efficient here refers to the organization timeline and execution of steps. And as the definition suggests we wanted to achieve maximum productivity with minimum wasted effort or expense in the time that we had to work with. Next slide, please.

I want to provide a brief background about the data before I explain our steps. So for our qualitative data collection we had the larger qual team of six people this was recruitment and organization. And Meg was the project coordinator for that part of the project and this part was also highly structured. We had SOPs for all parts of the process. So we had SOPs for if Meg couldn’t make it in and somebody else had to organize the project we knew how the recruitment spreadsheet works, how, what to say when you called somebody and how that all worked. So each of the team members were given sets of 20 people to call for recruitment. And then when possible we interviewed the people that we recruited to try to streamline the process. And in the end we interviewed 48 Veterans through semi-structured phone interviews. There was also interview data from hub providers and spoke staff but for this stage of analysis we were just looking at the patient data. Next slide, please.

And we put the transcripts into qualitative data analysis software ATLAS.ti 8 and we were able to complete the coding in six weeks. We used deductive and inductive content analysis following Elo and Kyngäs’ approach which is using a combination of a priori codes and also open coding to categorize the data. Next slide, please.

So this image captures roughly the process that we followed each week while we were coding. So three analysts which were half of the qual team: Meg and I and then a third coder. We coded our assigned transcripts from the project managers, which I’m going to talk about next, organized and merged the project bundles and that usually happened the day before or the morning of the meeting. And then we had weekly team meetings where we, the three of us reconvened and discussed that week’s coding, refined the codebook, read memos, and established consensus on what we were seeing. Next slide, please.

So before we started the six-week coding process our team assigned data and project managers. And so that was Meg and I because we wanted to do this, together we volunteered because we wanted to learn. Neither of us have really ever managed a coding project like this before in ATLAS 8 so we thought it was a good opportunity to figure it out together. So we started by creating a folder structure for each of our ATLAS libraries and a folder for us to put weekly project bundles in for merging. And that’s the folder that you can see in the little box on the right that’s called for admins. That’s where each of us would export our project bundles at the end of each coding week. We also created a data log which I’m going to show you next. And then we created the master project bundle which we would work with for coding. Next slide, please.

And so we needed a systematic way to track our process, so we created this data log. And you can see on the bottom of the side here. This is a screenshot of part of it. So the project managers Meg and I, we would update the red sections and then all of us who were coding would also update the green sections. And we used this again to do that backwards planning. We determined how many transcripts on average we needed to do each week to meet our goal and it was about three to four. And so each of us had the freedom to choose which of our transcripts we wanted to work on that week as long as we kept the average. And the data log notes the length of the file so we could each determine what we had time for. And in terms of our process with each transcript that’s what this data log helps us work with. So each of us did quality assurance on our assigned transcripts. So that’s making sure that the audio and the transcript match and paying special attention to parts that were marked inaudible because sometimes we can understand what the participant was saying because we were steeped in the language of the project. And then after we did that we uploaded it to our individual project bundles in ATLAS and then we coded them. And so we kept track of the status and the progress of all of those steps in this spreadsheet so that we all knew what was happening. Next slide, please.

And during the coding we had a clear process for before and after team meetings. So before each team meeting each week with the three of us coders Meg and I merged and cleaned up the data in ATLAS 8. Again using those project bundles that were in that for admin folder. So we merged obviously duplicate codes like any codes that had the same name that two of us had created. Then we created a new master project bundle to work with. And then we also created a memo group for the meeting with the date of that meeting. So we gathered all of the memos together, which I’m going to talk about next. And then after the meeting we exported the new master project bundle for the coders, for all of us to work with to import to start our next phase of coding. And those figures from the ATLAS.ti 8 teamwork manual, ATLAS is very prescriptive in terms of how you do the merging. I don’t know if that’s true of other QDA software but this image sort of describes the exact process for merging a project bundle and then putting it back out to the team members. So we wanted to make sure that we were doing that correctly, so we avoided any issues in the software. And we can talk about that at the end if people are interested. Next slide, please.

So our meeting had the same format each week. It was three of the six total team members, the three of us that were coding. We always reviewed new codes and code definitions to make sure that they made sense to all of us. And then we’d merge and split codes where needed. And then we’d discuss our memos. And something interesting that we also did was we kept an analytic memo for each weekly meeting which was kept in that memo group. And in this analytic memo we’d put notes about our discussions and notes about our decisions and all of that stuff. And we eventually used this to create code categories of emergent findings. So in the circle on the left of the slide you can see a screenshot of one of the memo groups. And we put all of our memos there to also document a clear trail of what happened at each meeting. So we’d go through each memo, talk about what was in it if we needed to, and then we’d put any notes in that memo and then document that process in the analytic one. And so we kept these weekly meetings very structured. But we also had a lot of room for discussing things as they emerged. Next slide, please.

So when we were done with coding we ended up with 21 code categories. And so we divided those up among the three of us. And then we started doing little mini-reports and summaries of our categories. And that process took about two weeks because we needed to provide the final analysis for the RE-AIM report to our operational partners. We had to do that kind of quickly. And as we worked on our category reports we found an overlap between many of the categories that we each had once we were sorting through. So when we finished the final report we came back to the larger qual group and discussed doing a slidedoc based on what was relevant for VA to hear. So both our operational partners’ interest which was access to care and our own interest, me particularly, found the parts about relational aspects of care really interesting as we were going through. And so this is how we started down the slidedoc path and we moved from the report that we got into the operational partners, to other deliverables.

Megan Moldestad: Okay. And this is Meg again. So I’m going to, we’re going to move to the next section. And we have our next poll question which is, do you disseminate your findings beyond traditional formats? And we consider traditional formats things like manuscripts, conference poster, or presentation or written internal report.

Whitney: All right. So answers are coming in. I’m just going to let the poll run for a few more seconds until it levels off and then I’ll close it for the results. It seems that the polls are leveling off, so I’ll go ahead and close the poll and share the results. So, 47% said yes and 53% said no.

Megan Moldestad: Okay. Wonderful. So split almost evenly. So you know for thinking, we really thought of this question because we’re thinking about our bascules of having timely and effective deliverables. And user-friendly deliverables. And it’s not that any of these ways to disseminate findings are not effective but they’re often not super timely. Obviously, a manuscript can take an incredibly long amount of time and you know many people it’s not kind of part of their regular job description so it’s easy to put it off. Conference posters, I don’t know how many people saw the sort of funny video that was circulating in the past few years about you know how effective or not effective conference posters actually are. But you know it's sort of arguable who they’re really, how many people they’re truly reaching. And then obviously written internal report for those people that do read them and do use them they may be highly effective, but I think those of us who write them sometimes question how much they truly get sort of digested.

And so then we have another question, poll four which is, who do you disseminate your findings to? So operational partners, the scientific community, participants, the general public, or other. And I realize we probably should’ve made this like a multi-option, but I guess who do you most often disseminate your findings to?

Whitney: All right. Answers are coming in rapidly. We’ll just let that run for a few more seconds just until things level off. So it has slowed down, so I’ll go ahead and close the poll and share the results. So we have 35% said operational partners, 47% said scientific community, 3% said participants, 10% said the general public, and 6% said other.

Megan Moldestad: I don’t know if anyone has included other, like your parents or friends. I know that’s definitely someone I disseminate findings to, not which they understand it always. But yeah, I think that sounds pretty close to how we typically, you know who we typically disseminate our findings to.

So again going back to those bascules. So Ashley talked about the analysis process that we did. The next section we’re going to talk about our dissemination with the focus on creating more user-friendly deliverables.

So as I mentioned at the start our deliverables were really thinking sort of beyond the internal report.

So in terms of you know we, so what were our goals in creating the deliverables that we did, that we’re going to be talking about today. So number one was to communicate findings to stakeholders. And so we really considered, we considered all stakeholders that we wanted to disseminate our findings to. So this included our operational partners which is similarly commonly reported to in base. Other VA staff and providers. We wanted a platform for them to be able to know our findings. And then we also wanted to disseminate to study participants. And so in this case, specifically Veterans. And I know from the poll that that’s a pretty, you know 3% that’s not super common it sounds like, at least in this group. And it’s not common in our group either. You know another goal is to create these user-friendly products. So this is not in lieu of a formal report this was in addition to a final report. So we did a final report, in addition to quarterly reports for the V-IMPACT project. So these deliverables were on top of that report. And on top of any other traditional formats like manuscripts or conference posters. We wanted to make sure that in creating these products that we used existing tools where possible. So things like a platform within PowerPoint which I’ll be talking about in a moment rather than trying to create things from scratch. You will see some examples of when we tried to do that, and it was not very good. And then we also wanted to think about accessibility. So things like text size, color contrast for those people that are familiar with 508 compliance we were trying to incorporate that wherever possible. You know another goal was to work smarter not harder within our iterative process. So we have become really big on working meetings. So, and actually in the context of COVID-19 it’s been really easy since we already had some of these platforms set up for meetings. So we can do a screen share and we can open up our PowerPoint, I mean that was a lot of how we developed this Cyberseminar is Ashley and I shared our screen and worked on things together. And then we always were giving what we had made back to the team for feedback. And then we were improving on it each time. And then finally going back again to our larger base goal which is to deliver information in a timely and effective way.

So the first deliverable we’re going to talk about is a slidedoc for our operational partners.

So for those of you who are not familiar with what a slidedoc is. So slidedocs were actually created by a woman named Nancy Duarte. She has this great slidedoc actually to tell you about slidedocs. And the difference between a slidedoc and a traditional presentation, so what we’re showing you today is a presentation. You know there’s minimal text on the screen, a lot of the information is coming from what we’re talking about. An internal report or manuscript is obviously something that you only read you wouldn’t present that to someone unless you were trying to help them fall asleep. And then a slidedoc is kind of that sweet spot in the middle. So it’s something that is meant to be read, it’s typically done in PowerPoint. And it can be read nonlinearly. So you can jump around between sections based on what you’re interested in and there’s hyperlinks built in so that you can get to the different sections. And you can present it, so it’s not that it can’t be presented but typically if you’re going to present a portion of a slidedoc you’re either presenting it to show people how to use it or you’re presenting it by sort of reducing the amount of text on the slide and then presenting that.

And so the slidedoc that we were going to share with operational partners, we created it using just Microsoft Office Suite. So we were in PowerPoint and design ideas. If anyone has [inaudible 30:44] computer it’s really fun. And obviously we tackled that with a lot of enthusiasm and creativity. It gets really fun to just start you know sort of fiddling with things. So you can create some really interesting impactful images. Even if you’re not a truly creative person it’s sort of built-in right there for you. So this is the use of an existing tool that I was referring to earlier. And our goal you know was to really create sort of a visually interesting representation of our data. And I will be showing you some examples of what that looks like.

So originally, so the last thing that Ashley talked about was the fact that we sort of divided our categories among analysts. And originally we decided that each analyst would be responsible for their own slidedoc. So one of us took on relational aspects of care, another person took on Veteran perceptions and experiences, and we realized once we started sharing these between each other that we could actually create a master slidedoc. And this is not the first time that slidedoc has been made within the VACE group. There’s another project that’s used slidedocs and it’s actually, it’s on VA Pulse and so it’s a highly interactive slidedoc between evaluators and users. But this was the first time we’d used it in the context of the V-IMPACT evaluation. So we ended up going through this process yet another part of this iterative process where we created separate slidedocs and then actually merged them into one to make a master Veteran data finding slidedoc.

And these next few slides are just to give you an idea of what it looked like. So these were the first few slides. You can see in the bottom left, so that slide three is our table of contents. And the table of contents isn’t linear. So those are all hyperlinks you can click on video versus in-person care and you can jump to that section to see what that’s about. And then you can jump to relational aspects of care. But you could also read it through linearly if that’s what you wanted to do.

And then this we just wanted to give you an example of what it looks like if you’re not familiar with slidedocs. So you can see especially on slides 23 and 26 that’s a lot of text. That would be a lot of text to present in a presentation. But if you’re wanting to present data that someone can read and have it be interesting, we think we sort of hit that balance with this. Obviously slide 24 you could easily present that in a presentation without much amendment. We just wanted to give you an example of what the slidedoc looked like.

And so actually this is very timely. We just presented to some of our operational partners last week. It was more of a discussion about how we can continue to disseminate. And really the conversation centered around internal and external dissemination. And you know sort of which of our deliverables are most appropriate for which audiences. And we did get to show them sort of a sneak peek of what this looked like. We’re so excited to get feedback from them about you know really what they think of it and how useful it is. But yeah we just met with them last week.

And now I will turn it over to Ashley.

Dr. Ashley Mog: Thank you. So the second deliverable that we created in this process is an infographic what we called a one-pager for the Veterans who participated in our study. Next slide, please.

And so why did we do this? Because Veterans were asking, and we figured out a way to make it happen. We talked a lot about this in our team that Veterans ask for the results of the studies that they’re a part of and for various reasons it doesn’t always work out to share that. Especially depending on the nature of the data. But in this case the PI and the operational partners were okay with us sharing results and we were really excited about it. So we came up with a way to share the results through the medium of an infographic. Next slide, please.

So in case you’re not familiar and infographic is a collection of imagery, charts, and often minimal text that gives an easy to understand overview of a topic. So you can see them in everyday practical use. Maybe you’ve seen some related to COVID-19. They’re often an effective way to present information that you want, or you need other people to know about a subject and they’re hopefully an interesting way to receive that information. Next slide, please.

So to create this infographic we ended up using a program called Adobe Spark. But we went through a variety of options that I’m going to talk you through next. And we were really again, as Meg mentioned with the slidedoc, we were really excited about this and we wanted to find a creative way to present what we found in the study and what the Veterans talked to us about. Next slide, please.

So this slide shows the evolution of the creation of our infographic. Meg and I worked on these documents in working meetings until we had the content and structure we wanted. So we started in PowerPoint which you can see at the top left of the slide. And also as you can see we couldn’t really figure out how to make it look sophisticated enough. It looked a little bit basic and it wasn’t very interesting. So then we moved to a program called Venngage because a team member suggested a template from this program. And that’s the blue one in the middle. We tried to work with it in Publisher, but it didn’t end up working out because it’s a premium program, so you had to pay to do very much with the infographic. So then we ended up with Adobe Spark which is, we started with this dark blue one that you can see on the right. So this program allows you to work with it for free. And you can remove the Adobe branding once in the free version. And so our team liked this general layout of the infographic, but we wanted to figure out how to make it more accessible. Because the darker background made it hard to read for some of our team members. And I just want to make a note that Adobe Spark is not really an ideal long-term option because you can only use some functionality in the free version. And you can only remove the Adobe branding one time. So longer-term we’ve been talking about how it could be good to invest in programs or build up our expertise with existing tools like Publisher to make exciting infographics. But we did what we could with the resources we had access to. And we ended up being quite happy with what we created. Neither of us really have a background in any kind of design like this. So it was kind of a fun process to figure out. Next slide, please.

So after we worked on the infographic we thought a lot about accessibility. So the first thing we did was translate our findings into plain language. So for example, the name of the project is V-IMPACT but that doesn’t really mean much to the Veterans who participated in this study. They really were thinking about their experience with video care at the VA. So that’s what we changed the name of the infographic to. We also wanted to make sure the text size was big enough to read in the printed version. And we tried to find a good color contrast between the text and the background. And all of these are part of those 508 guidelines for accessibility that Meg mentioned, 508 standards are there to help address accessibility to information for people with and without disabilities. And so we went to the 508-website to look for the guidelines and it wasn’t super easy to navigate. But we found information that helped us through kind of reading through the materials on there and also Googling and seeing what other people were talking about. And then another thing we worked on was having the right depth of information. So we started with a lot less than what ended up in the final version that you’ll see on the next slide. We had more general findings, but our PI was very, very helpfully pointed out that we should give some more specifics. So the final version has a few short quotes and more context for what we’re offering which has more information on it than standard infographics, but it works for our purpose. Next slide, please.

So here’s our final infographic and the letter that we sent to accompany it. So as you can see in the infographic on the right there’s a good amount of text on this. But we ended up feeling that that was important to give enough context for the findings and all of the text was big enough when it’s printed to be read. And then we, so we sent this to Veterans with this more traditional letter that you can see on the left which is on VA letterhead and it’s signed by the PI. We wanted to orient Veterans to what we were talking about with this letter. And also remind them of the study and give basic information like number of participants. Because a couple had explicitly asked us for this kind of results dissemination. And so we just recently in the last month sent both of these to the Veterans who participated in our study which we were really excited about. Next slide, please.

So for a little bit of levity we just wanted to ask you, are you still with us? Yes, no, partially, or maybe you’re not sure.

Whitney: All right. Answers are coming in.

Dr. Ashley Mog: Oh good! That’s a good sign.

Megan Moldestad: Everyone is still living.

Whitney: All right. We’re just going to let that run for a few more seconds. All right I’m going to go ahead and close the poll and share your results. So 88% said yes, 10% said partially, and 2% not sure.

Dr. Ashley Mog: Oh great! So just a few comedians in the group. Thank you. Over to you Meg.

Megan Moldestad: All right. So yes glad you’re still with us. We are going to go over lessons learned now for the next few minutes and then we will open it up to questions and comments.

So really the more we thought about our lessons learned I think first we had like 10 lessons learned. And the more we thought about it, we thought most if not all of them could come down to this one which is be strategic from the start. You know and this is not to suggest that none of us are strategic from the start when we’re planning projects, but you know as we were reflecting we realized that a lot of planning goes into what happens before the analysis and product development stage. Like recruitment is super structured, data collection is really structured, and it sounds like for some people the analytic process is really structured. But I know that I’ve been on projects certainly where you get to this point and it’s like whew we got here and now how do we move forward from here. So we really wanted to think about being strategic in this analytic and dissemination phase. So the first sort of area of strategy was around team dynamics. So as we mentioned there was a larger team of analysts. We talked about who was going to be on the analysis team just for this Veteran data. And what we found is that the three of us worked super well together. So we do think part of our success in being able to get this done quickly and to do it well was because of our team dynamic. But that doesn’t always happen. You don’t always get like this perfect sort of cohesion from the start. And so you really want to work to each person’s strengths. And be honest at every step of the project. So you know not, so both Ashley and I and our other coder are all very vocal, we feel confident expressing sort of dissenting views with each other. But that’s not always going to be the case. And so we think it’s important to be creative about how you share ideas with each other. Like maybe you open it up, maybe you have a chatbox option so that people who don’t want to speak out loud on calls can chat something. Or ask for ideas before meeting starts and have the project manager or team leader read through those ideas. And then another thing is having either too many or too few cooks in the kitchen. Sometimes you know it really makes sense to have everyone on the team be a part of the analytic process and other times it really doesn’t. We were really looking at bandwidth when we were, and the time that we had to complete our analysis. And that’s partially how we decided to have three of us working on it. And we kept going back to the larger team and giving them our findings and discussing findings with them but for the sort of nitty-gritty weekly meeting part we found that three was a really nice number. And then you know as we talked about backward planning was really helpful. So really looking at like okay we have this much time so what do we need to complete in each week to be able to meet that goal. And then finally it would absolutely be easier to make your deliverables 508 compliant from the start. We were sort of fitting that in after the fact and we found that that took up a lot of time and energy. So if you know that you’re going to be creating these sort of non-traditional deliverables to be thinking about things like text size and color contrast and the amount of text right from the start. It just makes it a lot easier. Ashley.

Dr. Ashley Mog: Yeah. And our next lesson which is also a part of being strategic honestly is to explore innovative approaches. So have honest conversations with stakeholders upfront about what kind of deliverables they actually want. So like what will work from them, what do they want to read, and where they want that information to eventually go. We wanted to think about questions of do 20-page all text reports still work or could slidedocs replace traditional reports? These are the questions to think about when you’re starting a project because then you can do that backward planning and sort of make these things happen as you go. Meg.

Megan Moldestad: All right. And then our final lesson is that participants are stakeholders too. And I don’t think we often think of them that way, but they absolutely are people that are part of the evaluation process and who provide a lot of obviously beneficial information. And who often want to know about results. And so we feel strongly that you know writing in participants’ dissemination as a deliverable right from the start is a great idea. And then that way you can plan as you go. So you sort of, you always have this eye towards you know a report if that’s what you’re doing and a slidedoc if that’s what you’re doing, and you know a letter for Veterans or whatever it may be that you’re disseminating. But really keeping in mind that you know our participants likely want to know what the results are as well. Ashley.

Dr. Ashley Mog: Okay. Okay, well thank you all for listening. So we now want to open it up for your questions and comments.

Rob: Hi everyone, this is Rob. I’m taking over doing questions for Whitney. And we do have quite a few queued up. But audience members\_

Dr. Ashley Mog: Oh, great!

Rob: \_if you’d like to submit a question you can use that questions section in the GoToWebinar dashboard. So Meg and Ashley I’ll just launch right in. Excuse me. The first one, I use In Vivo and am not familiar with exactly what the project bundle is. Is that unique to ATLAS?

Dr. Ashley Mog: Oh yeah. I’ve not used In Vivo very much but it’s essentially, the project bundle is essentially the project that you’re working within your software. So it has all of your transcripts in it and it has like your codes and essentially the thing you’re working with for the project. So it’s the project encapsulated into a file. Is there something I missed Meg? Does that make sense?

Megan Moldestad: Yeah. I think that’s great.

Dr. Ashley Mog: Yeah. I’m not sure what they’re called in In Vivo, but.

Rob: Thank you. Can you define the terms, for example, project bundle and memos?

Dr. Ashley Mog: Yeah, so project bundle is the file for your project, which we just talked about. And then memos are essentially your notes throughout the process. So when you’re coding your transcripts if something, if you have a thought about the transcripts or you have a question. In ATLAST, at least, there’s the function called memos where you can write notes and you can attach it to the transcript so that you can see which transcript you’re talking about. And it’s essentially just like your notes throughout the process.

Rob: Okay, thank you. This one is, it’s not long but I’ll read slowly. How did the process of merging documents to make a master bundle impact the coding sections across people? Did you lose any data? For example, what happened if two people coded a section differently. That was it.

Dr. Ashley Mog: Yeah, we actually were very lucky with this particular project because some other people, some of our other colleagues have like had some issues with co-coding. Like, so coding the same transcript. But no there’s this function in ATLAS where you can see who coded which section. So we coded the first, I’m forgetting how many, the first few to see, to make sure that we were all on the same page and understanding our process in a similar way. And so essentially when we merged the bundles then each of our codes showed up and we could see who coded which, because there’s little color icons. Yeah, but we were lucky we didn’t, we got worried about losing data because sometimes big wheelsy [phonetic] projects you can lose data or there can be problems with the file. But we tried to follow a very prescriptive process learning from other peoples’ struggles. And we’re very lucky in our center to have an ATLAS.ti trainer who’s certified in ATLAS.ti. So if we had any issues she’d be a resource for us. Did I miss anything Meg?

Megan Moldestad: No. Not at all. Not logistically. I don’t know if the question was more about the logistics of it or sort of a, like how did you deal with it as a team. And I think that’s what part of that really structured process was for our team meetings. So we spent the first part of each meeting talking about codes and codes to merge. And often what happened is we would just, we’d come to consensus and again that’s where it doesn’t always work out among team members. But we were fortunate to have team members that all said well I think that works but I’m not really sure that works or why don’t we make it like a hybrid code of the two different code names and that seemed to work as well.

Dr. Ashley Mog: Yeah and that’s another place where our memos came in handy. If like you weren’t, if one of us wasn’t sure how to code a part of the transcript we’d make a little note in our memo about that and then we’d discuss it in the meeting. So that we were able to make sure that we were all on the same page.

Rob: Thank you. Is it accurate that all transcripts were double coded separately then the two-coded versions of each transcript merged and then you reconciled differences in the merged version?

Megan Moldestad: No. Each person, so we only did consensus coding, so where we each coded the same transcript at the beginning. So I think we coded two or three transcripts, we were each responsible for, sorry so there’d be like one transcript we would each code it separately and then we’d come discuss it at the meeting. After that point we would each have our own set of three or four transcripts. And that is what would get merged prior to the meeting each week. And then we would discuss any questions or comments that we had during the meeting. So if, you know one example that comes to mind is I was coding a transcript where the Veteran started talking extensively about his history with the VA. And I just didn’t really think it needed to be coded. So I brought that up with the team and said like how should we address stuff like this because it doesn’t seem relevant to the project. But you know am I wrong. So that’s, that’s how we handled that sort of thing. Ashley I don’t know if you have anything to add.

Dr. Ashley Mog: Nope. Nope, that’s, yeah we each had our own sets of ones that we did that weren’t for consensus but that we talked about each week. So there was like an element of consensus at each meeting.

Rob: Okay. Thank you. For the six-week coding slash analysis period what percentage of the main analysts’ time was spent on this process? Was it basically their full-time job for those six weeks?

Megan Moldestad: That’s a great question. We could probably both answer it.

Dr. Ashley Mog: Yeah that is a great\_

Megan Moldestad: I think for me, I think at that point I was, I mean it took longer to code a document at the start then it did towards the end, once I became more familiar with the codebook. But I’d say I probably devoted like half a day to a day each week doing it. But I’m someone who definitely like I work better on that sort of thing in blocks of time rather than doing small portions. So I would like block off an entire morning and early afternoon to work on it. Ashley I don’t know about you.

Dr. Ashley Mog: Yeah. No, that’s exactly what I did as well. So it wasn’t, so I wasn’t doing like a little bit every day because it was harder to get into the flow of going through this. The coding and the transcripts that, yeah I’d block off a day and just try to get through that. And then if I had extra, if I needed to do another transcript then I’d block it off. And by block it off I mean I literally put in my calendar like a meeting for myself so that I couldn’t be booked into other meetings, so that I could have that time to just focus on the coding.

Megan Moldestad: Likewise. And that’s a separate webinar I would love to do at some point. I think especially given my background as a speech pathologist, is like really maximizing the time when you’re most efficient for that kind of heavy thinking or anything that requires a lot of mental energy. I would also block time off and if I woke up that day and it wasn’t going to work for me I would just move that appointment to another day.

Dr. Ashley Mog: Mm-hmm.

Megan Moldestad: And I also like I wouldn’t open email, I wouldn’t, like everything else was just gone. Like I was only working on coding.

Dr. Ashley Mog: Yeah. It wasn’t like a multitasking time while coding. Because we had, it was, it’s detail-oriented and we needed to get it done quickly.

Megan Moldestad: Yes.

Rob: I wonder which Cyberseminar series that Cyberseminar should go under? But off the top\_

Megan Moldestad: Let me know if you think of it.

Rob: I’m sure there’s one. There’s a few questions or comments about the infographic. This first one is, I love the infographic! About how much time in hours per week did it take to make?

Megan Moldestad: I feel, we worked on it over about two weeks because we’d distilled down some of the information already in the slidedoc. So I think that we worked on it like a few days a week for a few weeks. But the part that took the longest in a way was the formatting. Because we had all the information and we’d translated it into plain language but fiddling with the infographic template like it took a little while to get used to that. So that’s like the extra time that I probably, I think I did spend a whole day trying to figure that out. Because things would move in a weird way and then I’d have to bring in the logos and then they wouldn’t be in the right place. So some of that fiddling took up time, I would say. But the, in terms of the content that didn’t take too long because we’d been so steeped in it and we did this iterative process with our group where we said we want to put this in and then people would say well what about this, how do we, can we explain this a little more. So, yeah that took a few weeks I’d say.

Rob: Okay. We have a few more questions and we’re starting to run out of time. Let me just read this comment and then comment slash question. We’ve also used infographics for the sites in our study to share the results, accomplishments, in implementing a clinical program. We use infographics too. We call them visual abstracts. Did you share findings with operational partners in infographic form?

Megan Moldestad: We, yeah we did we actually just did.

Dr. Ashley Mog: Yeah.

Megan Moldestad: At the meeting last week. I mean I think they had already seen it because our operational partners wanted to approve anything that we were going to be disseminating. And actually, Ashley you and I haven’t talked about this but I, they were especially, they really liked the infographic and were thinking, so I talked just briefly about internal and external dissemination. So they’re really thinking of the slidedoc as more of an internal dissemination tool.

Dr. Ashley Mog: Mm-hmm.

Megan Moldestad: And the infographic as an external dissemination tool. Especially in the context of COVID with so many more people doing telehealth appointments.

Dr. Ashley Mog: Yeah. So we’re actually in the process of getting that ready to go out to potentially a wider audience which is exciting.

Rob: It’s now 12:58 in Eastern Standard Time. We probably will go over by a minute or two, but I just want to take the opportunity to let audience members know, if you do have to leave right at the top of the hour please stick around and provide answers to the short survey that pops up when you leave. You mentioned Publisher cord, excuse me I’m sorry, you Publisher could be used for infographics. Did you say it’s difficult to learn?

Megan Moldestad: We didn’t quite have, it looked a little bit difficult to learn. There are some templates. We started to work with it and then we realized that it was going to take more time than we had. But I think if we had planned to do it from the start we could’ve played around with the tools a little more. Just neither of us were actually familiar with working with Publisher and I think it seems like it could be a great tool.

Rob: Are policymakers or other decision-makers especially at the upper levels of the VA among the stakeholders you provide results to? And what is your strategy for that?

Megan Moldestad: Can you repeat the two, the two groups that you referred to?

Rob: Certainly. Are policymakers or other decision-makers especially at the upper levels of the VA among the stakeholders you provide results to? And what is your strategy for that?

Megan Moldestad: I’d say absolutely. I think typically, usually it’s not us communicating with them it’s someone sort of higher up within our team is communicating with them. I was going to say lots of prodding emails, poking, and prodding emails for response. But yeah.

Dr. Ashley Mog: Like keep being persistent.

Megan Moldestad: Being persistent. I know our supervisor has presented, I don’t know how like high up in the chain he’s gone to presenting but I know he’s presented slidedoc, like the slidedocs we did for this other project, to some high-level stakeholders. I mean that’s our eventual goal is to keep you know, keep kind of moving up the chain. Because often when we share, well I’ll leave it at that. I’ll leave it at that. And I did\_

Rob: Go ahead.

Megan Moldestad: \_if people are still looking at the screen I did put our emails up there so that if you have any other questions we are happy to answer them.

Dr. Ashley Mog: Yeah, please feel free to email us if you have more questions or thoughts about our process.

Rob: Okay. Before I turn it back over to Whitney just let me read this comment. Some on our team like to use Canvas to create dissemination material. I prefer a PowerPoint for maximum flexibility, also Noun Project for icons is great.

Megan Moldestad: Oh interesting.

Rob: So with that\_

Megan Moldestad: If you fill out the surveys through those in there. That would be awesome, thank you.

Dr. Ashley Mog: Yeah. That’s great.

Rob: Well there you go. Throw those in if you fill out the survey. Whitney over to you.

Megan Moldestad: Thank you, Rob.

Dr. Ashley Mog: Thank you.

Whitney: Thank you, Rob. Ashley, Megan thank you so much for putting this together and presenting for us today.

Megan Moldestad: Sure thing.

Whitney: Do you guys have any other closing comments?

Megan Moldestad: Thank you for listening.

Dr. Ashley Mog: Thank you for having us it was really exciting.

Megan Moldestad: Yeah.

Dr. Ashley Mog: Yes.

Whitney: It was great to have you guys, thank you. So attendees when I close the meeting momentarily you will be prompt with a feedback form. Please take a few minutes to complete the form. We really do appreciate and count on your feedback to continue to deliver high-quality Cyberseminars. Thank you everyone for joining us for today’s HSR&D Cyberseminars and we look forward to seeing you at a future session. With that, have a great day everyone.

[ END OF AUDIO ]