Draft QUALRIS Guidance Outline-6/23/2016-revised v3

1. Intro
   1. Background
   2. Purpose
2. How does implementation research differ from general health services research?
   * 1. Intent to bring about change
     2. what else? Implementation outcomes rather than patient/health outcomes
   1. What are implications for qualitative methods?
      1. What do we need qualitative methods to do in implementation? (what is required of qualitative methods?)
      2. How are quality and rigor of qualitative methods evaluated differently in implementation science? [Maybe they shouldn’t be evaluated differently. I’m still thinking about it, but thought we may want to consider this question.]
3. Specific requirements with case examples
   1. from literature or personal experience [what framework or categories should we use to organize these?]
4. What innovations are needed in qualitative methods?
5. How can qualitative methods catalyze implementation science and lead to different ways of thinking?
6. Recommendations
7. Next steps

This can be referenced and integrated into sections 1-4:

The nature of qualitative methods

* 1. Methods related to epistemology and theory
  2. Not probability-based hypothesis testing
  3. Intended to describe, explain, expand and delve deeper

General good practices