Qualitative Protocol Summary, Kathryn Azevedo, Draft 1: May 8, 2019

Summary

The qualitative workgroup strives to understand what clinical providers are experiencing in the clinic and how Modeling to Learn (MTL) can create transformative change. We use a participatory epistemology by engaging with partners and stakeholders to gain a new awareness of the dynamics related to the delivery of evidence-based practices (EBP). We have a theory of change and well as a model to explain the mechanism of change. These models offer unique qualitative categories and verbal construct mapping. Our team analyzes narrative text to grasp how MTL might work to create change. We analyze causal feedbacks, time, rates, and states of accumulation using RQDA, an R package for computer assisted qualitative data analysis. We strive to develop seminal practices from group modeling to understand determinants (facilitators, barriers) for improved EBP reach.

Theoretical Foundation

From the provider perspective we strive to clarify what teams are experiencing in the clinic and how the Modeling to Learn (MTL) can translate that. We use a participatory epistemology to guide our qualitative work. We have worked with partners and engaged stakeholders to gain a new understanding of the dynamics related to access to appointments for evidence-based treatment. We did not build models of the mental health service delivery problem. We have a theory of change and well as a mechanism of change. These models offer something unique, verbal construct mapping, and qualitative categories grounded in formal integral calculus algorithms- if this, then that. For us, two major logic models. Why we think MTL might work to create change. The culture strategy. For the mechanism of change we need to address causal feedbacks, time, rates, states of accumulation. Need to be understood and managed and this can be quantified.

Methods

The Team PSD qualitative workgroup formally began on October 17, 2017 with weekly meetings. Facilitated meeting field notes were written in real time, de-identified, and uploaded into RQDA. Each transcribed note consisted of a meeting with outpatient providers that lasted for about an hour. Meeting notes were obtained from 6 outpatient mental health teams. These meetings were not digitally recorded, but trained note takers followed standard guidelines to capture important aspects of facilitated meetings. Twenty percent of these meeting transcriptions were divided into a training dataset while eighty percent consisted of the testing dataset. An RQDA project was set up to qualitatively analyze meeting notes using a confirmatory coding technique. Two primary coders coded for the following: team lead vs facilitators; Question, Hypothesis, Findings, and Decisions; systems thinking concepts of complexity, feedback, behavior, and time; and CFIR constructs. For the CFIR construct of "implementation climate" we coded for: tension for change, compatibility, relative priority, organizational incentives and rewards, goals and feedback, and learning climate. For "readiness for implementation" in CFIR we coded for: leadership engagement, available resources,  
and access to knowledge and information.

Significance

Our purpose is to use seminal practices from group modeling (scripts) to understand determinants (facilitators, barriers) for improved EBP reach until saturation of dynamics. Map QHDF processes onto CFIR inner setting constructs. Planning, engaging, enacting, do. We strive to show how systems science moves the field forward. When we reach saturation of causal factors we are getting at a different meaning than most people mean. We are doing it in a way, where we address equifinality and multifinality. Equifinality: many paths to same outcome. Multifinality: same path different outcome. Systems dynamics addresses both equifinality and multifinaliy.