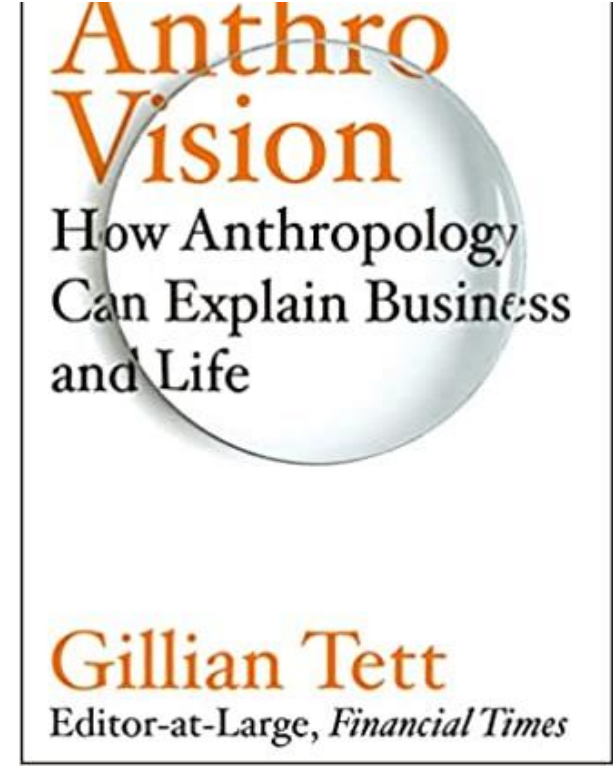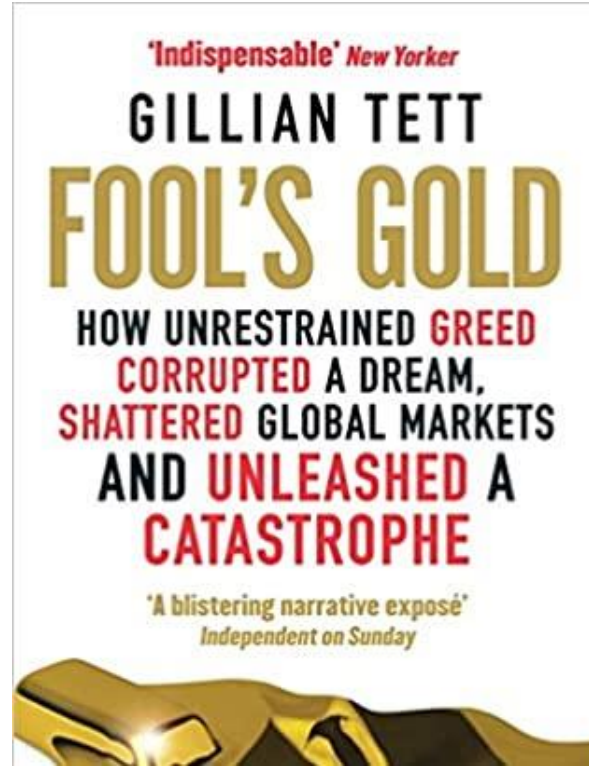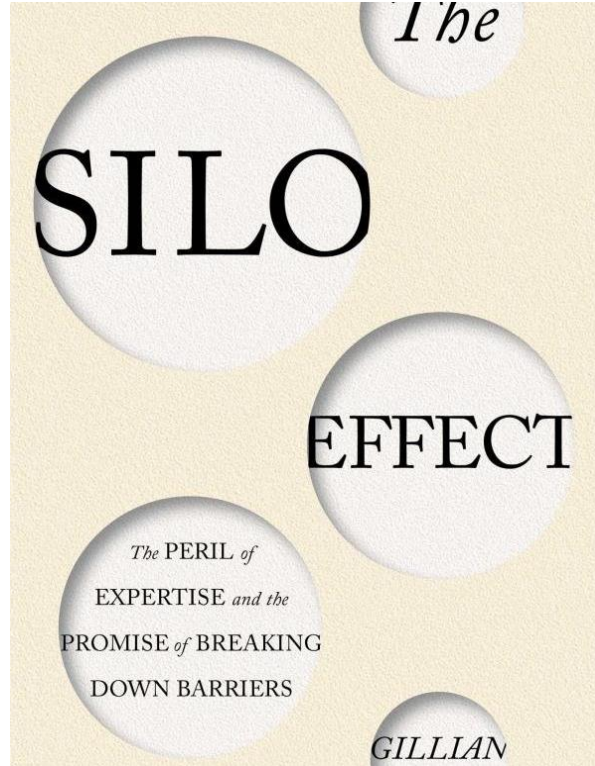Crash course on qualitative methods (SAMueL-2)

Anthropology: 3 key things:

- **Comparative Perspective**
- **Fieldwork / Participant Observation** (often referred to collectively as 'ethnography')

'Ethnography' is also the *product* of participant observation + analysis (I.e. what you write up)
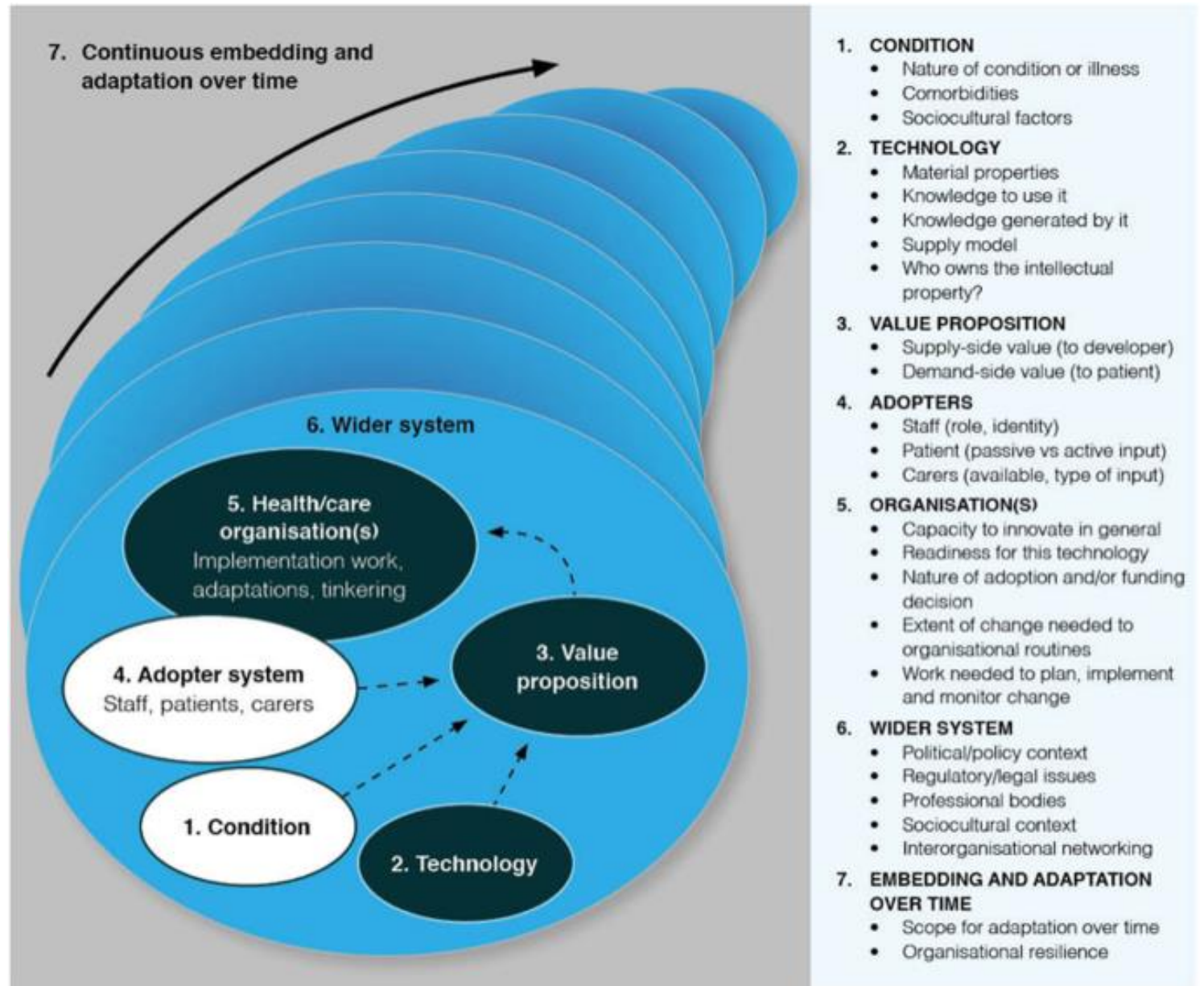
- **Holistic Perspective**

Anthropologists look at systems; how they connect; how they interact with wider forces and often make connections others might find hard to see. Anthropological tools and methods can be applied on both small and large scales

Qualitative methods in SAMueL 2: key aims & question

- To generate empirically and theoretically informed knowledge about how thrombolysis is currently delivered, centred on physicians' views, understandings, and practices.

- To learn more about how stroke physicians' and staff think and feel about SNAAP and about the use of machine-learning in improving clinical practice.

- To combine what we learn from 1 and 2, and use this knowledge, alongside contributions from stakeholders, to develop and refine the application of ML to national audit data.

- **What should a machine-learning model based on SNAAP data look like, do, and deliver, if it is to optimise improvement, and reduce unwarranted variation, in thrombolysis?**
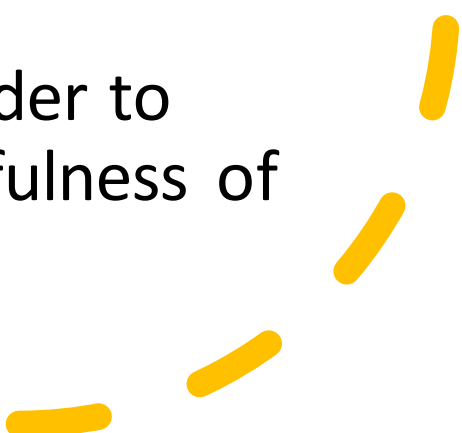
NASSS Framework

7. Continuous embedding and adaptation over time

6. Wider system

5. Health/care organisation(s)
Implementation work, adaptations, tinkering

4. Adopter system
Staff, patients, carers

3. Value proposition

1. Condition

2. Technology

1. **CONDITION**
   - Nature of condition or illness
   - Comorbidities
   - Sociocultural factors

2. **TECHNOLOGY**
   - Material properties
   - Knowledge to use it
   - Knowledge generated by it
   - Supply model
   - Who owns the intellectual property?

3. **VALUE PROPOSITION**
   - Supply-side value (to developer)
   - Demand-side value (to patient)

4. **ADOPTERS**
   - Staff (role, identity)
   - Patient (passive vs active input)
   - Carers (available, type of input)

5. **ORGANISATION(S)**
   - Capacity to innovate in general
   - Readiness for this technology
   - Nature of adoption and/or funding decision
   - Extent of change needed to organisational routines
   - Work needed to plan, implement and monitor change

6. **WIDER SYSTEM**
   - Political/policy context
   - Regulatory/legal issues
   - Professional bodies
   - Sociocultural context
   - Interorganisational networking

7. **EMBEDDING AND ADAPTATION OVER TIME**
   - Scope for adaptation over time
   - Organisational resilience

3 work packages:

WP1 Study of context to refine our ML approach

WP2 To improve our understanding of physicians' and stroke care staffs' attitudes and interpretations of information from the national stroke audit and to the use of ML to improve clinical decision-making

WP3 ML testing and learning in order to understand the feasibility and usefulness of ML

References:

- Atkinson P. *Medical talk, medical work.* London: Sage Publications; 1995.
- Pope C. Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *BMJ.* 1995;311:42–45.
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