



Virtual Research and Creative Collaborations: Doing Old Things in New Ways





The end of in - person qualitative research?

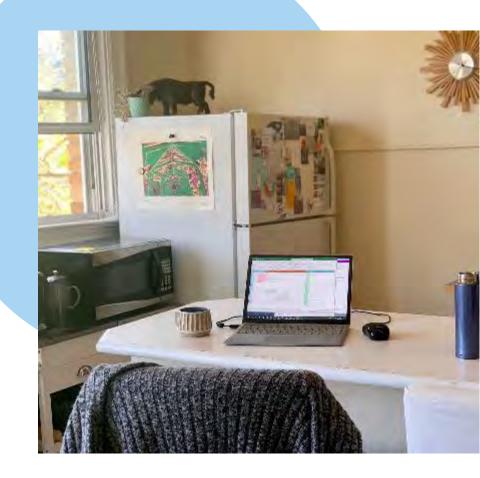


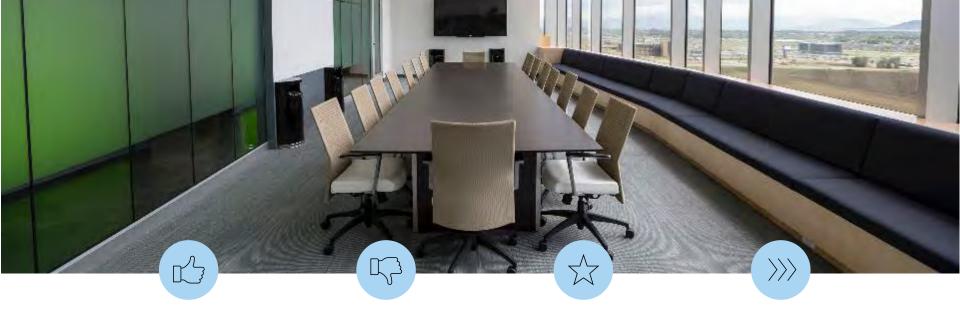


Alyssa Jordan

she/her

Health Communication Specialist, RTI International





What we've gained

What we've lost

Tips for success

What's next?







Peyton Williams, MPH

Claudia Squire, MPH

Doug Rupert, MPH







Kate Ferriola Bruckenstein, BA

Sarah Ray, MPH

Stephanie McInnis, MPH



What we've gained

Benefits of virtual data collection

Benefits



- Accessibility. For participants who experience challenges traveling to a traditional focus group facility (e.g., geography, mobility or health issues).
- Cost and time savings For researchers, clients, and participants (although preparation time can be just as long or longer).
- Reduced participant and moderator burden Easier to join with no travel.
- Participant diversity. No geographic limitations on recruitment (but clusters around recruitment firms).

Recruiting is actually easier in some ways, because we're not limited to trying to find people in a specific area that are available at this very specific time.





What we've lost

Pain points of virtual data collection

Pain Points



- Distractions and noise No control over participant environment, background noises, cross talk.
- Facilitation. Difficult to manage group dynamics and ensure all voices are heard.
- Privacy. Unable to discuss sensitive topics without a private location.
- Show rates This year we have experienced higher cancellation and no show rates.
- TECHNICAL DIFFICULTIES ternet connectivity, audio and video delay, screen sharing, etc.

I did interviews with folks who it was their first time using Zoom and we spent the first 15 minutes on technical difficulties, which makes your interview a lot shorter.

"

Stephanie McInnis, MPH



Tips for success

Strategies for virtual data collection

Tips



- No one size fits all Think creatively about what works best for the population you want to talk to.
- Anticipate needs Some participants and populations may have an easier time joining virtually than others (e.g., students, educators, older adults).
- Think small Smaller groups (46 participants) are better to hear from everyone and alleviate cross talk.
- Troubleshoot. Ask participants to join early and have a tech savvy person on the call to troubleshoot.
- Test everything Set up technology tests to anticipate problems and prepare solutions.

If you're using Zoom, it's better to have people connect from their computer for audio rather than phone, because otherwise there's a delay.

"

Peyton Williams, MPH



What's next?

The future of qualitative data collection

The future?



- Hybrid approach. A combination of virtual and in person data collection, with in-person as the preferred method for focus groups and usability testing. Or moderator is virtual, participants are gathered in person.
- Platform improvements. New tools for virtual data collection may resolve some pain points but create new challenges.
- Opportunities for innovation. Leverage the virtual "window" to investigate participants' experiences and behaviors.

Right now, we're treating the fact that we're in people's homes or workplaces as a disadvantage. But I don't think we leverage what an opportunity it is where [participants] are...

"Pick up your phone, let's go to where you smoke."

Doug Rupert, MPH



Happy moderating!

Email me:ajordan@rti.org



- Presentation template by Slides Carniva
- Photographs by Unsplash and Pexels

Further reading:

Rupert DJ, Poehlman JA, Hayes JJ, Ray SE, Moultrie RR. Virtual Versus In Person Focus Groups: Comparison of Costs, Recruitment, and Participant Logistics *J Med Internet Res* 20 17 Mar 22;19(3):e80. doi: 10.2196/jmir.6980



Quick definitions



Data collection

The period in which focus groups and/or interviews are conducted to obtain qualitative data (e.g., recordings, transcripts).

Virtual

Participants and/or research staff conduct data collection remotely via digital platforms including Zoom, WebEx, FocusVision etc.



Not Another Zoom Meeting Please! Conducting Human Centered Design Activities in a Virtual World.



National Conference on Health Communication, Marketing and Media

August 25, 2021

Olivia Burrus

Social Marketing and Digital Strategy Program Center for Communication Science

Where are You Calling in From?



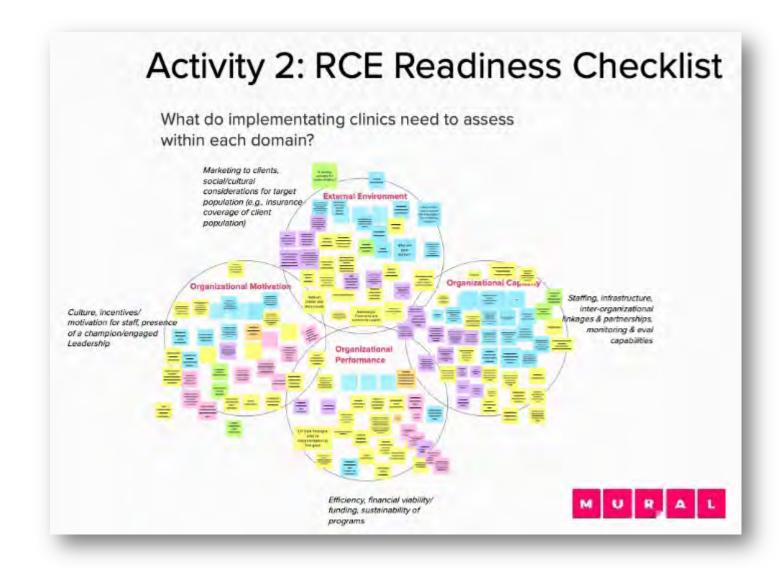


Virtual Collaboration Tools are Amazing! Embrace Them.





Develop, implement, and evaluate a toolkit to disseminate RCE, a patient-centered structural intervention that links people with HIV who are newly diagnosed or returning to care within 72 hours.



Help groups 'see and feel' emerging knowledge.

You CAN Keep People Engaged & Cultivate a Creative Mindset on Zoom!



Need Inspiration?



https://www.mural.co/blog/online-warm-ups-energizers#energizers

DARESAY

https://checkin.daresay.io

AGENDA

The goal of this mural board is for us to begin to better understand each audience segment, the context in wihch they work, as well as define key challenge(s) we are going to solve for each segment with regards to the interactive process

10 mins. Warm-Up: Just for fun, and to learn a little more about mural's functionality, participate in the warm-up activity below.

45 mins. 4-Ws: Add in key learnings under Who, What, When/Where, and Why for each audience segment based on what you heard in the stakeholder interviews you participated in. One idea per sticky note. Try to keep it brief. No need to write a novel.

Don't worry about the problem statement right now. We'll work on

10 mins.

BREAK

45 mins.

Context: Add in any thoughts related to the context in which our high level problem and project focus exists, specifically as it pertains to the 3 audience segments (Trainers, SDOs, and Researchers).

10 mins.

Wrap-up: Review key decisions and next steps 3-4 Hours Max
Visual Agenda
Time-Box Activities
Shorter Activities
Schedule Breaks
End on Time

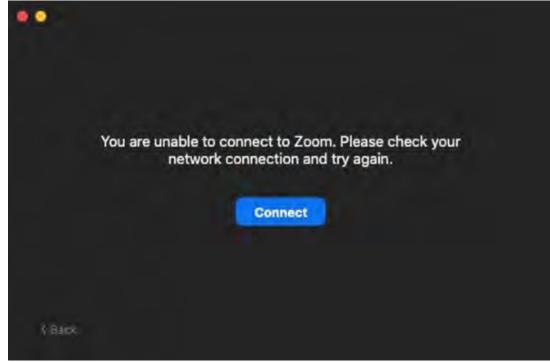
You're on Mute: Tech Strugglers & Limited Tech Access

"Alice, turn your video on. No, it's the button on the bottom. Not that one, over to your left Jan, you're on mute. UNMUTE YOURSELF!"



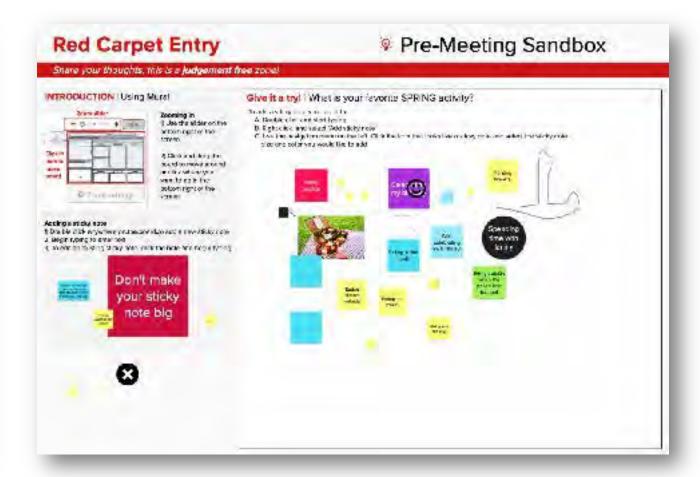




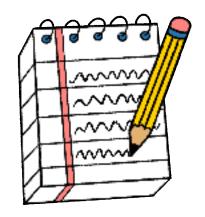


Give Participants Access to the Tech in Advance





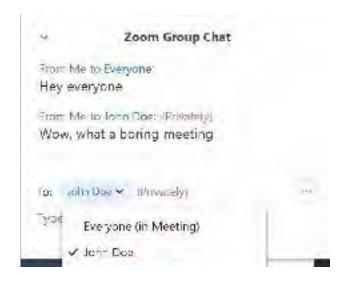
Always Have a Backup Plan!



Individual Brainstorm on Paper

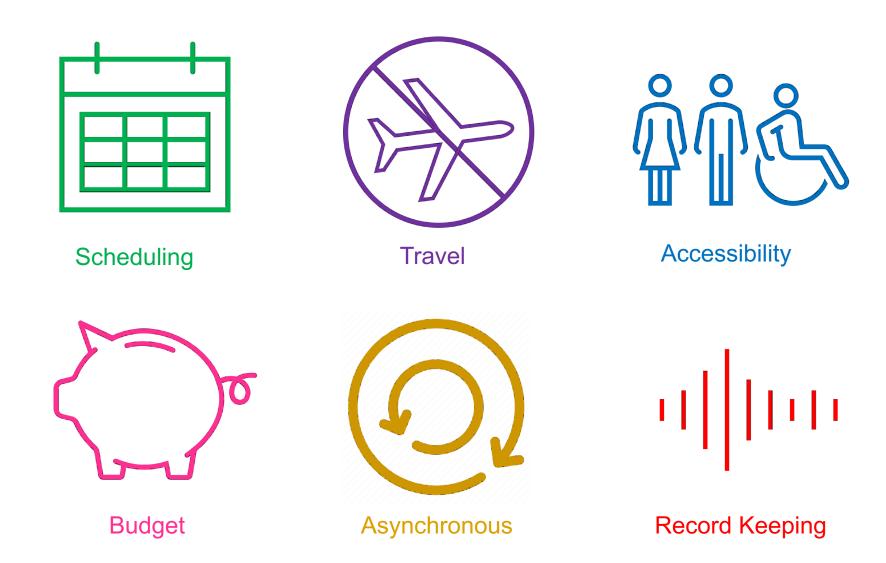


One (tech comfortable) Person Records Thoughts & Discussion on Virtual Whiteboard



Dot Vote Using Zoom Chat

Don't Forget, It's Not ALL Bad





Virtual Research and Creative Collaborations: Doing Old Things in New Ways

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CONFRONTING HEALTH MISINFORMATION

The U.S. Surgeon General's Advisory on Building a Healthy Information Environment

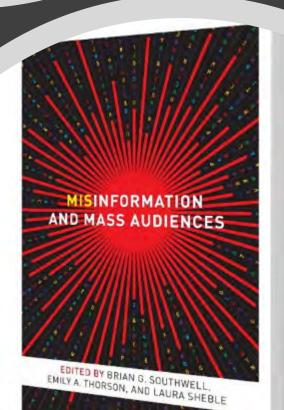


What COVID-19 Misinformation Says About All of Us

BY BRIDGE SOUTHWELL

Coronavirus myths reveal ourselves—our hopes, dreams, and fears. When someone shares such falsehoods, we should at least listen to their needs.

We need more focus on building trust and less on blaming those who do not trust us.





Clinician workshop at Duke University:

Why Patients Encounter, Believe, and

Share Medical Misinformation,

and What to Do about It

Made possible by



Craig Newmark Philanthropies

Virtual training program for healthcare professionals

The Duke Program on Medical Misinformation

Guiding Principles for Partnering with Patients



https://www.hsq.dukehealth.org/medmis/

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