Interview Guide

**Topic: Current vocational rehabilitation services delivered**

* Could you tell us what vocational rehabilitation options/services are provided by your organisation?
* Could you talk through the process you use to assist someone return to work with a brain injury?
* Tell me how clients are referred to you?
* How is a person’s readiness for work following brain injury determined and by whom?
* What specialized services are available in house?
* If none, what role do think specialized allied health providers may play in assisting a client with brain injury reach their vocational goals?

**Topic: Funding for vocational rehabilitation services delivered**

* What is your understanding of the funding models available for vocational support services for each given patient?
* How are your vocational rehabilitation services funded?
* Are there (or should there be) policies, procedures, and reward systems/incentives in place for those providing vocational rehabilitation interventions for persons with brain injury?

**Topic: resources used to deliver vocational rehabilitation services**

* What, in your experience, has proven to be the most effective strategy in achieving positive outcomes for brain injury clients?
* Could you explain the tools your service uses to determine the job readiness of a client?
* Would you say these tools are fit for purpose?
* How would you describe the quality and validity of the evidence supporting the available vocational rehabilitation interventions/services to achieve the desired outcomes?

**Topic: Communication between agencies**

* Which other stakeholders are involved in the RTW process?
* How does your service communicate with the person’s health care providers (e.g. TRS, ABIOS, Physio, OT, Insurer)?
* What is your experience communicating with health care providers?
* How would you describe the effectiveness of current communication processes?
* Ideally, what role should the vocational rehabilitation provider / health care provider have in assisting clients with brain injury to return to work?

**Topic: Barriers and Enables for delivering vocational rehabilitation in QLD**

* What do you see as the enablers and barriers to getting positive return to work outcomes for clients with brain injury in QLD?
* What would help you in achieving better outcomes for your brain injury clients?
* From your perspective, are there any gaps in the current model for delivering vocational rehabilitation services to persons with brain injury in QLD?
* If yes, where the gaps in are service delivery in the current model for delivering vocational rare the rehabilitation services to persons with brain injury in QLD.
* What changes, if any, should be made to the current model for delivery of vocational rehabilitation services in QLD? (Is a pilot trial required?)

**Topic: Closing questions**

* Is there anything about the return to work experience for your clients that we have not covered, and you would like to discuss?
* Is there anything else that we haven’t discussed that you like us to know?

**Table 1:** The Consolidated Framework for Implementation Research constructs and definitions

|  |  |
| --- | --- |
| CFIR domains and constructs | CFIR definition34 |
| Intervention Characteristics (the characteristics of the intervention as delivered by each organization. The intervention refers to the vocational rehabilitation as delivered by that organization) | |
| Intervention Source | Perception of stakeholders about whether VR is externally or internally developed |
| Evidence Strength & Quality | Stakeholders’ perception of the quality and validity of the evidence supporting the belief that the VR intervention will have the desired effect |
| Relative Advantage | Stakeholders’ perception of the benefit of implementing VR versus an alternative solution |
| Adaptability | The degree to which VR can be adapted, tailored, refined, or reinvented to meet client’s needs |
| Trialability | The ability to test the VR intervention on a small scale and to be able to reverse course if warranted |
| Complexity | Perceived difficulty of implementing VR reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement. |
| Design Quality & Packaging | Perceived excellence in how VR intervention is bundled, presented, and assembled. |
| Cost | Costs associated with implementing VR |
| Outer Setting (the external influences - economic, political and social context, on the implementation of VR and includes the interactions between different stakeholders involved in VR) | |
| Needs & Resources | The extent to which the needs of clients with brain injury, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the stakeholders |
| Cosmopolitanism | The degree to which the stakeholder groups is networked with other external organizations |
| Peer Pressure | The competitive pressure to implement a VR approach typically because most or other key peer or competing organizations have already implemented or are in a bid for a competitive edge. |
| External Policy & Incentives | External strategies (e.g. policy, regulations, guidelines and contracts) that influences VR provision |

|  |  |
| --- | --- |
| **Inner Setting** (The degree of consistency and systems within an organization that support an intervention ie relationships within and between each health service providers eg between BIRU at PAH - ABIOS, ABITRS; external rehab providers) | |
| Structural Characteristics | The organization’s size, age and differentiation |
| Networks & Communications | The nature and quality of formal and informal communications within an organization |
| Culture | Norms, values, and assumptions of an organization |
| Implementation Climate | The receptiveness to implement VR and the extent to which implementation will be rewarded, supported and expected within their organization. |
| 1. Tension for change | The degree to which stakeholders perceive the current situation as intolerable or needing change |
| 1. Compatibility | The fit between meaning and values attached to VR by individuals and the organization’s norms, values, workflows and systems |
| 1. Relative Priority | Perception of the importance of implementing VR |
| 1. Organizational Incentives & Rewards | Extrinsic incentives such as awards, promotions, and raises in salary, and less tangible incentives such as increased stature or respect |
| 1. Goals & Feedback | The degree to which goals are communicated and feedback given in alignment to goals |
| 1. Learning Climate | A climate in which: 1. Leaders express fallibility and need for assistance 2. Team members’ efforts valued; 3. Psychologically safe to try new methods; and 4. Sufficient time and space for reflection |
| Readiness for Implementation | Tangible and specific indicators of the organization’s commitment to implement VR |
| 1. Leadership Engagement | Commitment, involvement, and accountability of leaders and management |
| 1. Available Resources | Resources dedicated for VR, including physical space and time |
| 1. Access to Knowledge & Information | Providers’ ease of access to digestible information and knowledge on VR implementation |
| **Characteristics of Individuals** (Knowledge and beliefs of individuals about vocational rehabilitation interventions) | |
| Knowledge & Beliefs about the Innovation | Attitude and understanding of VR for brain injury population |
| Self-efficacy | Belief in capability to achieve vocational goals for clients |
| Individual Stage of Change | Characterization of the phase an individual is in, as s/he progresses toward skilled, enthusiastic, and sustained use of the innovation |
| Individual Identification with Organization | Perceived relationship and degree of commitment to the organization |
| Other Personal Attributes | Include other personal traits relevant to VR provision |

34 Adapted from Damschroder L, Aron D, Keith R, et al. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science. 2009;4(1):50

NOTE: The constructs in grey text contained insufficient data for analysis.

**COREQ (COnsolidated criteria for REporting Qualitative research) Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Item No.** | **Guide Questions/Description** | **Reported on Page No.** |
| **Domain 1: Research team and reflexivity** |  |  |  |
| *Personal characteristics* |  |  |  |
| Interviewer/facilitator | 1 | Which author/s conducted the interview or focus group? | 5 |
| Credentials | 2 | What were the researcher’s credentials? E.g. PhD, MD | 5 |
| Occupation | 3 | What was their occupation at the time of the study? | 5 |
| Gender | 4 | Was the researcher male or female? | 5-6 |
| Experience and training | 5 | What experience or training did the researcher have? | 5 |
| *Relationship with participants* |  |  |  |
| Relationship established | 6 | Was a relationship established prior to study commencement? | 6 |
| Participant knowledge of the interviewer | 7 | What did the participants know about the researcher? e.g. personal goals, reasons for doing the research | 6 |
| Interviewer characteristics | 8 | What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic | 6 |
| **Domain 2: Study design** |  |  |  |
| *Theoretical framework* |  |  |  |
| Methodological orientation and Theory | 9 | What methodological orientation was stated to underpin the study? e.g.  grounded theory, discourse analysis, ethnography, phenomenology, content analysis | 6 |
| *Participant selection* |  |  |  |
| Sampling | 10 | How were participants selected? e.g. purposive, convenience, consecutive, snowball | 5 |
| Method of approach | 11 | How were participants approached? e.g. face-to-face, telephone, mail, email | 5 |
| Sample size | 12 | How many participants were in the study? | 5 |
| Non-participation | 13 | How many people refused to participate or dropped out? Reasons? | 5 |
| *Setting* |  |  |  |
| Setting of data collection | 14 | Where was the data collected? e.g. home, clinic, workplace | 5 |
| Presence of nonparticipants | 15 | Was anyone else present besides the participants and researchers? | 5 |
| Description of sample | 16 | What are the important characteristics of the sample? e.g. demographic data, date | Table 2 |
| *Data collection* |  |  |  |
| Interview guide | 17 | Were questions, prompts, guides provided by the authors? Was it pilot tested? | 6 |
| Repeat interviews | 18 | Were repeat inter views carried out? If yes, how many? | N/A |
| Audio/visual recording | 19 | Did the research use audio or visual recording to collect the data? | 6 |
| Field notes | 20 | Were field notes made during and/or after the inter view or focus group? | 5 |
| Duration | 21 | What was the duration of the inter views or focus group? | 5 |
| Data saturation | 22 | Was data saturation discussed? | No |
| Transcripts returned | 23 | Were transcripts returned to participants for comment and/or correction? | N0 |
| **Domain 3: analysis and findings** |  |  |  |
| *Data analysis* |  |  |  |
| Number of data coders | 24 | How many data coders coded the data? | 7 |
| Description of the coding tree | 25 | Did authors provide a description of the coding tree? | 7 |
| Derivation of themes | 26 | Were themes identified in advance or derived from the data? | no |
| Software | 27 | What software, if applicable, was used to manage the data? | 7 |
| Participant checking | 28 | Did participants provide feedback on the findings? | 7 |
| *Reporting* |  |  |  |
| Quotations presented | 29 | Were participant quotations presented to illustrate the themes/findings?  Was each quotation identified? e.g. participant number | Tables 3-5  YES |
| Data and findings consistent | 30 | Was there consistency between the data presented and the findings? | 15-18 |
| Clarity of major themes | 31 | Were major themes clearly presented in the findings? | 16 |
| Clarity of minor themes | 32 | Is there a description of diverse cases or discussion of minor themes? | 15-18 |

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357