

Looking inside the black box: what can realist approaches bring to evaluation?

We have discovered the programme theory black box. Now comes the hard part. We have to get into it.

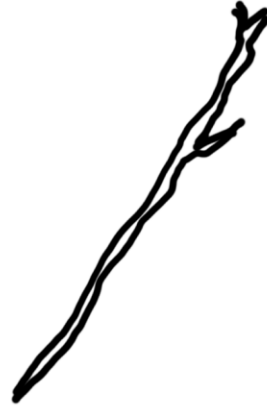


Dr. Alison Porter
Swansea University

Dr. Alison Cooper
Cardiff University



Carrot



Stick



Sermon



Rewards



Regulations

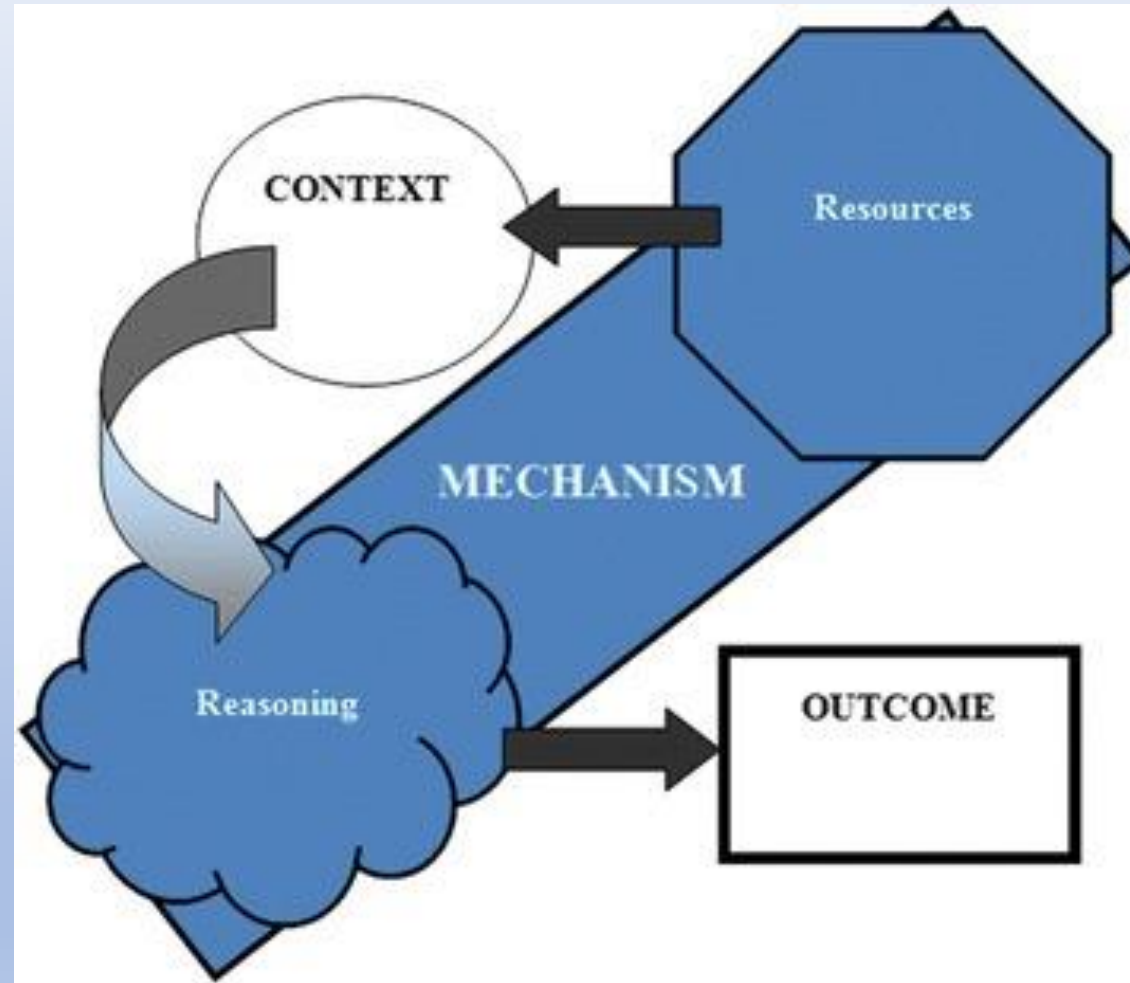


Information

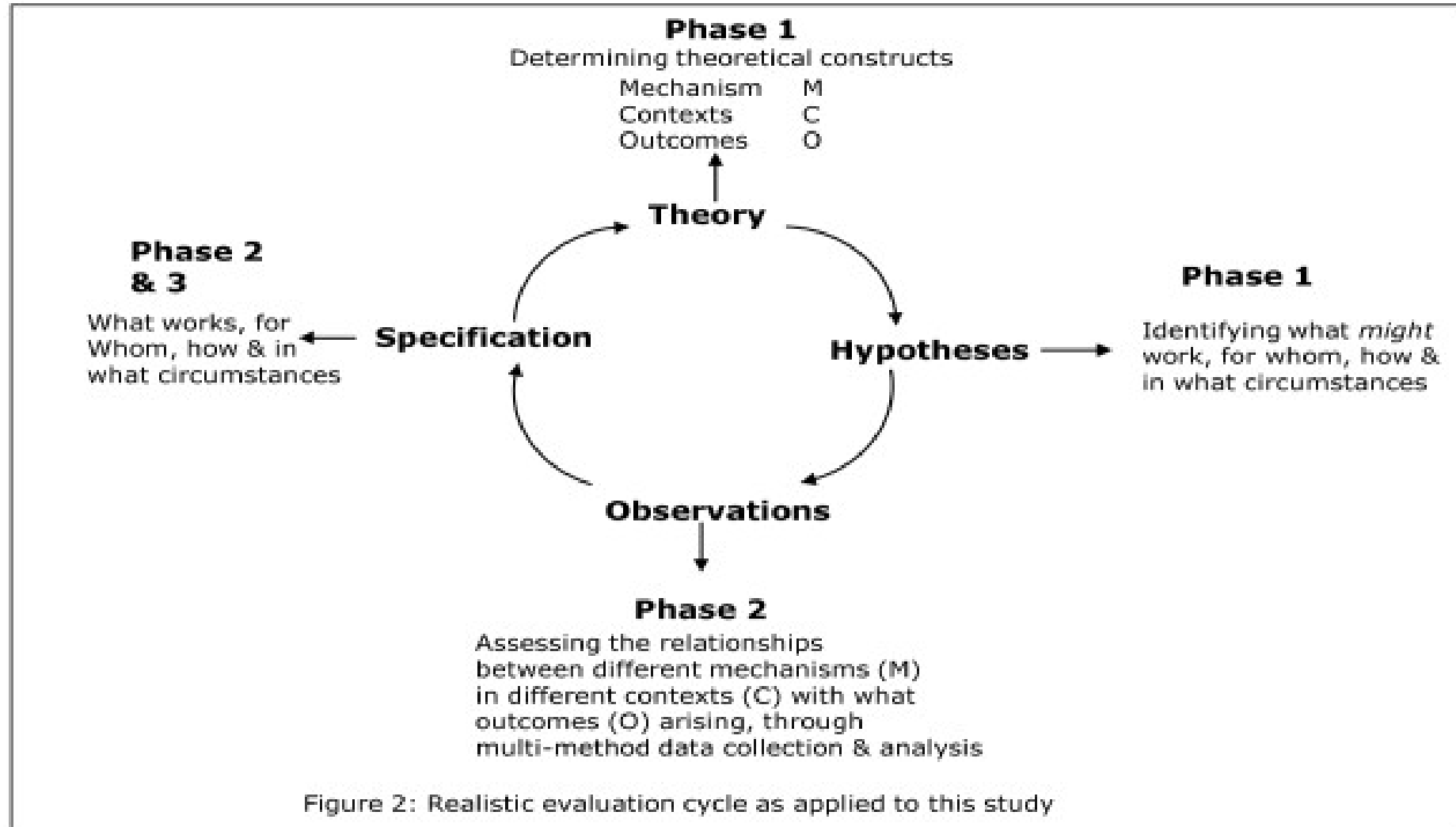
What works, for whom, how and in what circumstances?

- **Outcome** – Intended and unintended consequences
- **Context** – Circumstances that enable or inhibit the intervention
- **Mechanisms** – Reasoning for *how* people react or respond to the resource (non-visible causal processes)

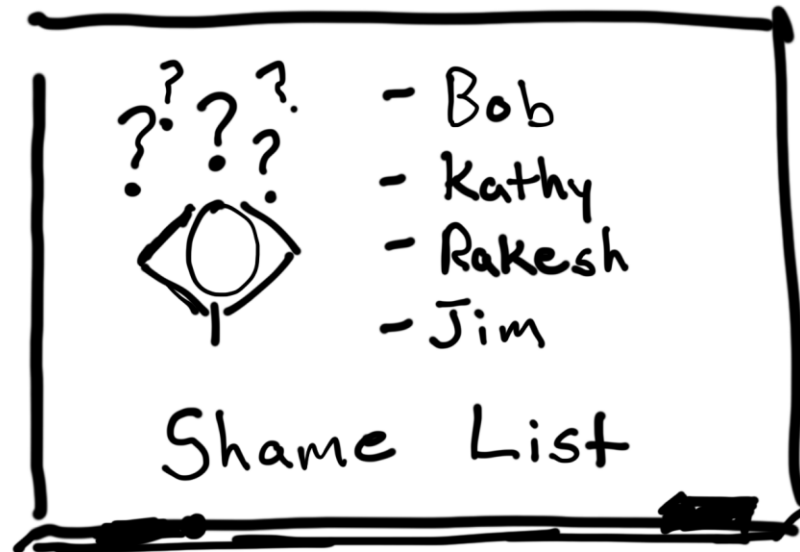
The aims of the realist researcher



The realist evaluation cycle



The following
people confused
Context,
outcome, and
mechanism.



What can you tell us about mechanisms?

I can tell you how they work in society.



Realist
Researcher

I can tell you how they work in your program.



Realist
Evaluator

I can tell you how similar ones work in similar programs.



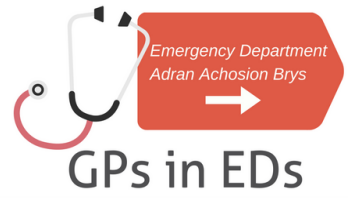
Realist
Reviewer

Project examples

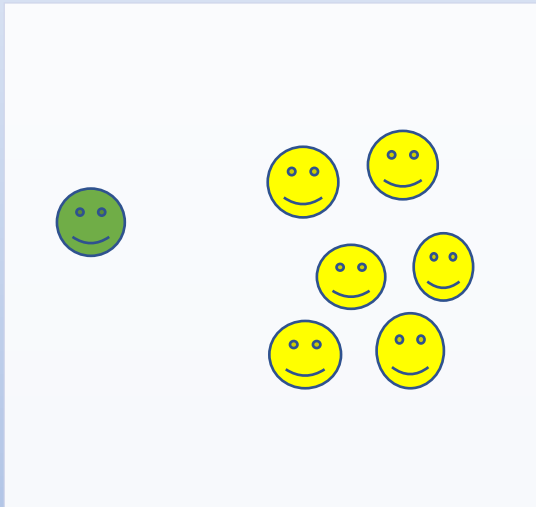
- Greenhalgh T, Humphrey C, Hughes J, Macfarlane F, Butler C, Pawson RA. How Do You modernize a health service? **A realist evaluation** of whole-scale transformation in London. The Milbank Quarterly. 2009 Jun 1;87(2):391-416.
- Implementation of safety checklists in surgery: A **realist synthesis** of evidence. Gillespie and Marshall. 2015. Implement Sci
- Key characteristics of successful quality improvement curricula in physician education: **A realist review**. Jones, Shipman, Ogrinc. 2015. BMJ Quality and Safety

NIHR HS&DR Project: 15/145/04

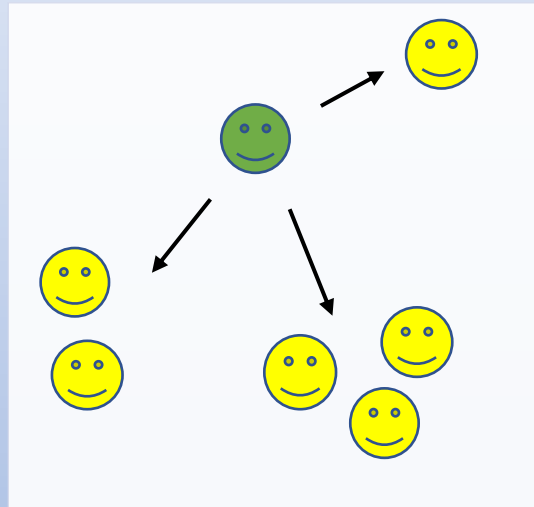
A realist evaluation of the effectiveness, safety, patient experience and system implications of different models of using GPs in or alongside Emergency Departments



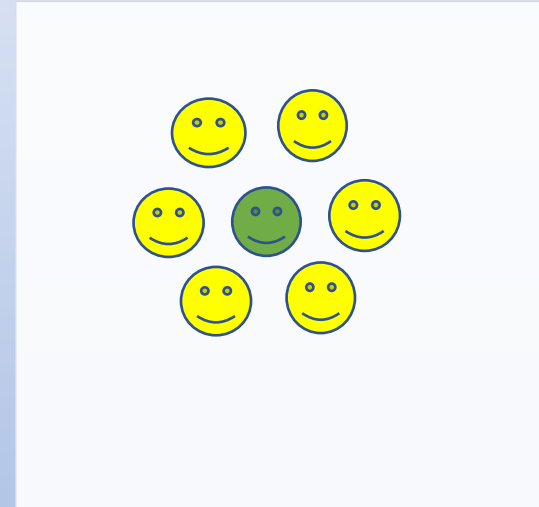
Co-located



Redirection

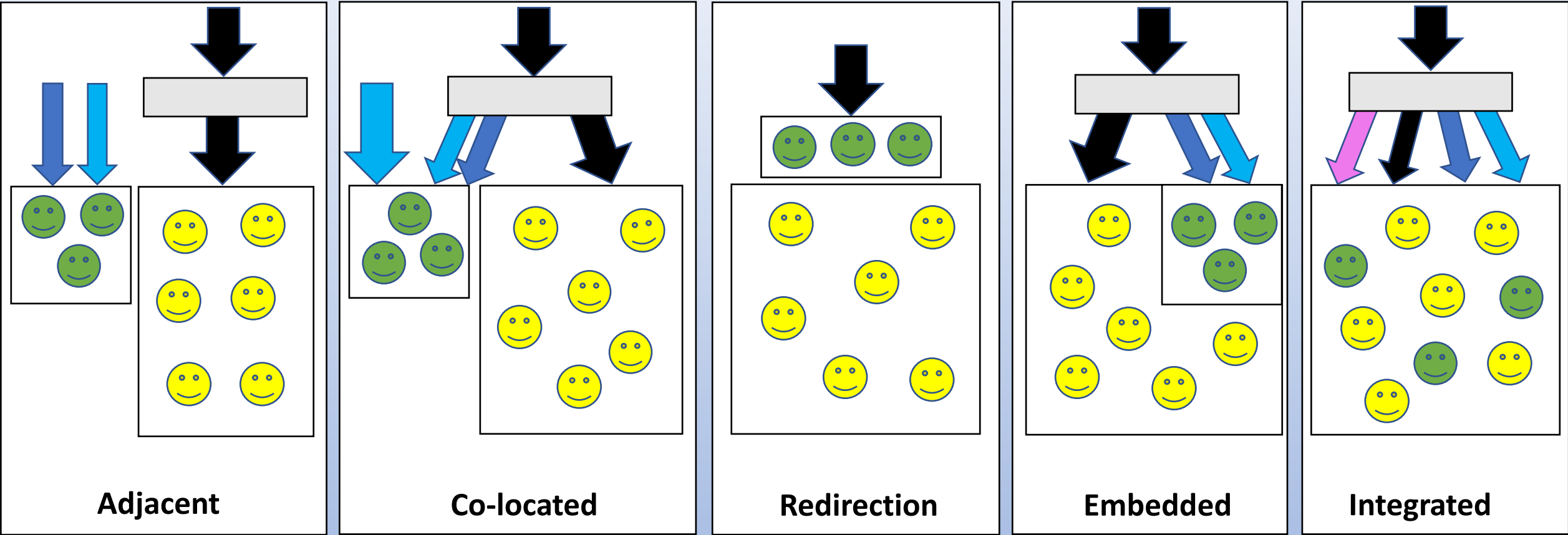


Fully
integrated



Original GP-ED Models – Primary Care Foundation

Patient groups seen by GPs in different GP-ED models



Key: GP
 ED staff
 Triage system

Undifferentiated patients
 Special patient groups e.g. paediatrics/frail elderly

Low acuity patients including minor trauma
 Patients with primary care type problems

To understand what works, for whom, how
and in what circumstances?



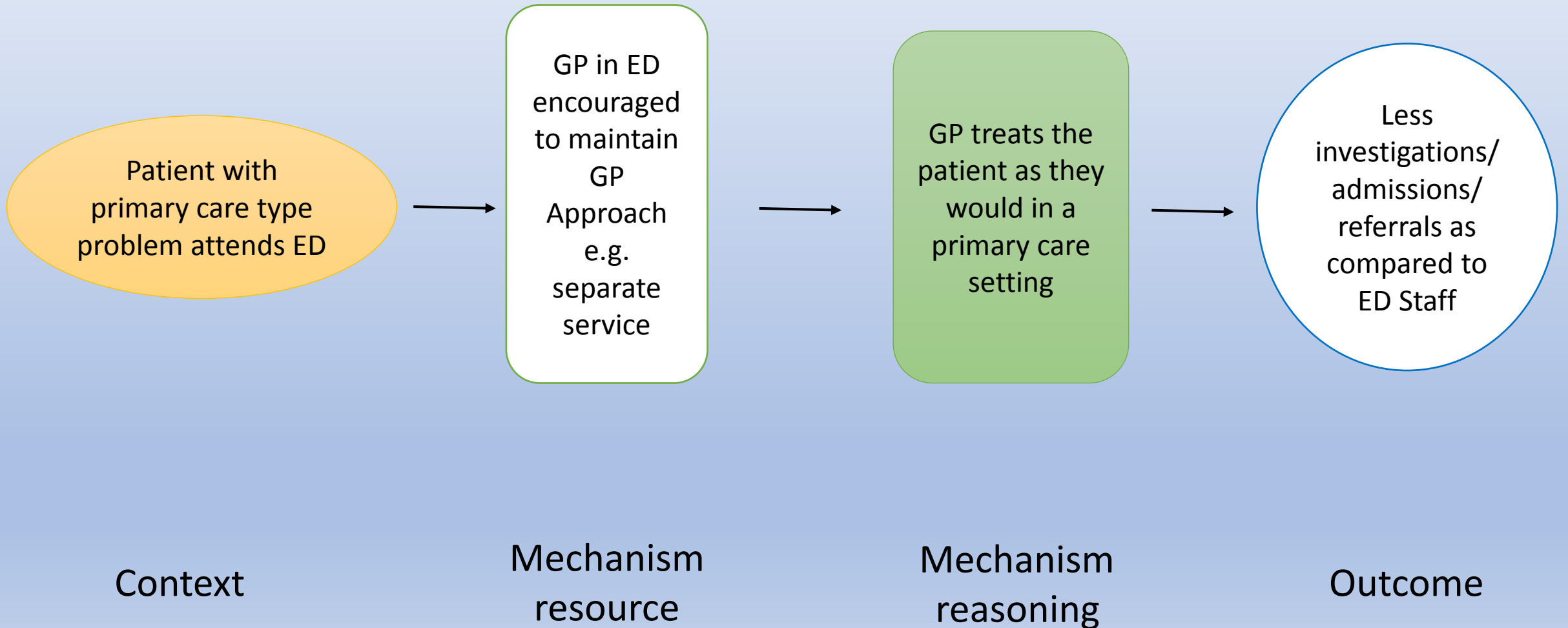
So, what
is a
programme
theory?



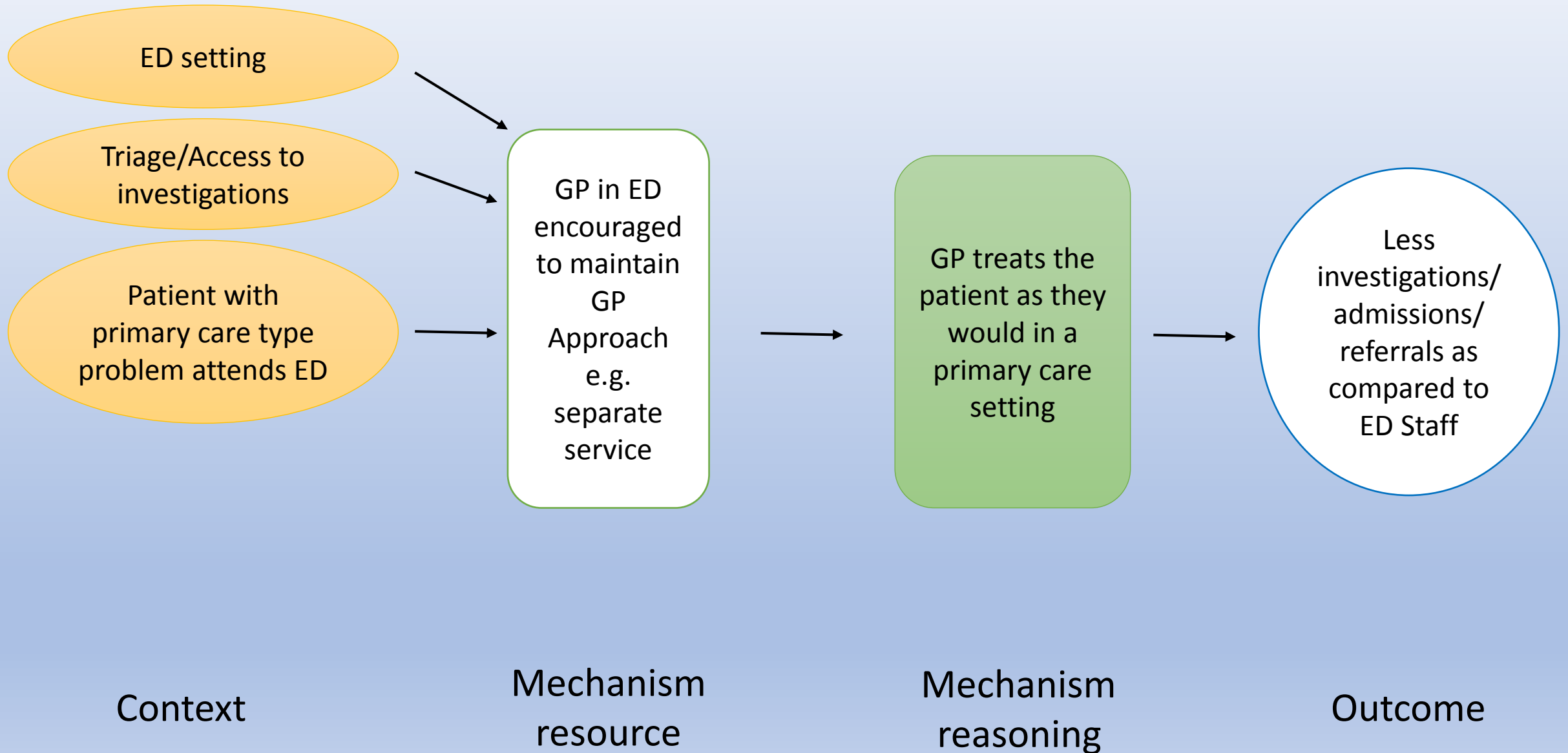
It's just how
and why you
think the
intervention will
work.



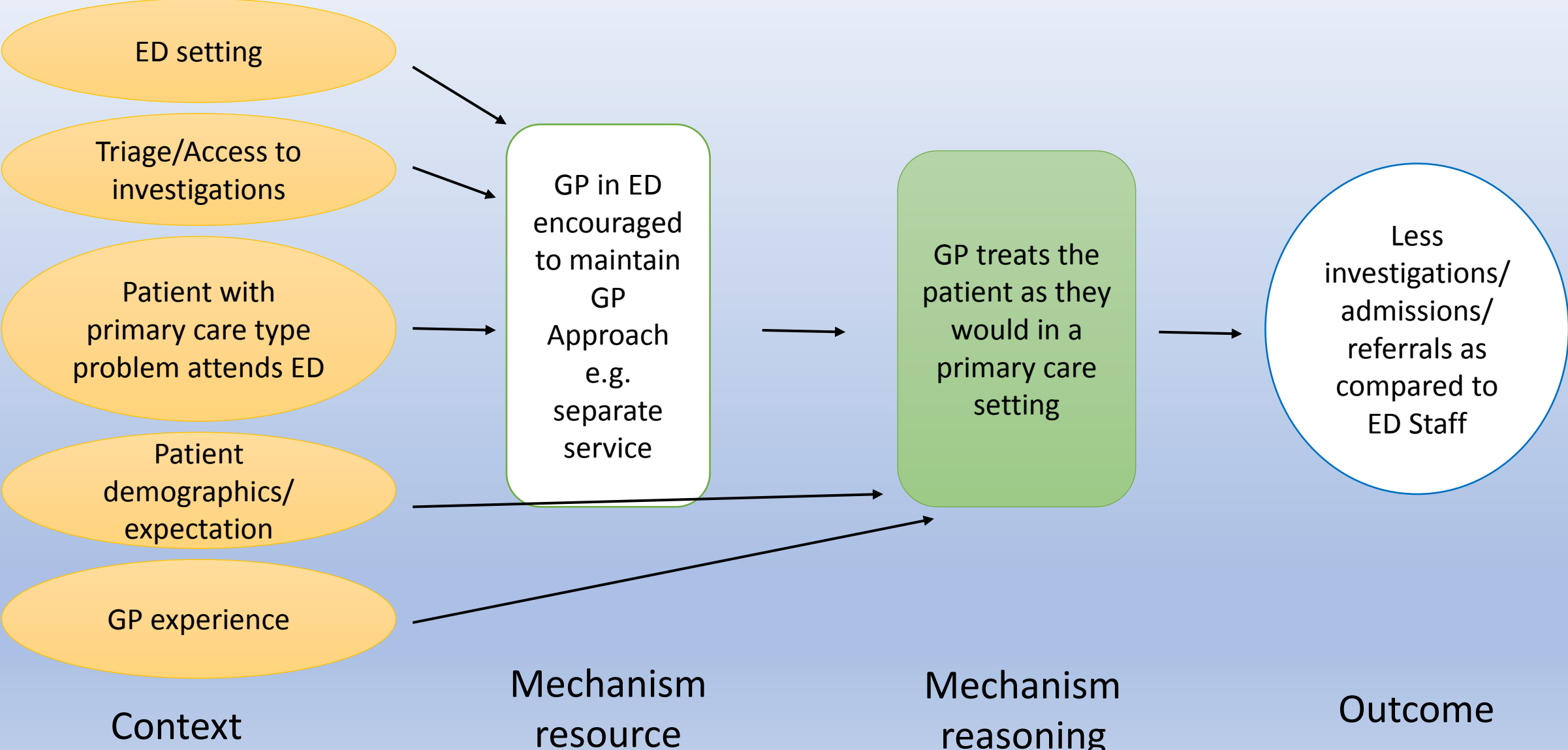
Initial programme theory: GP Approach



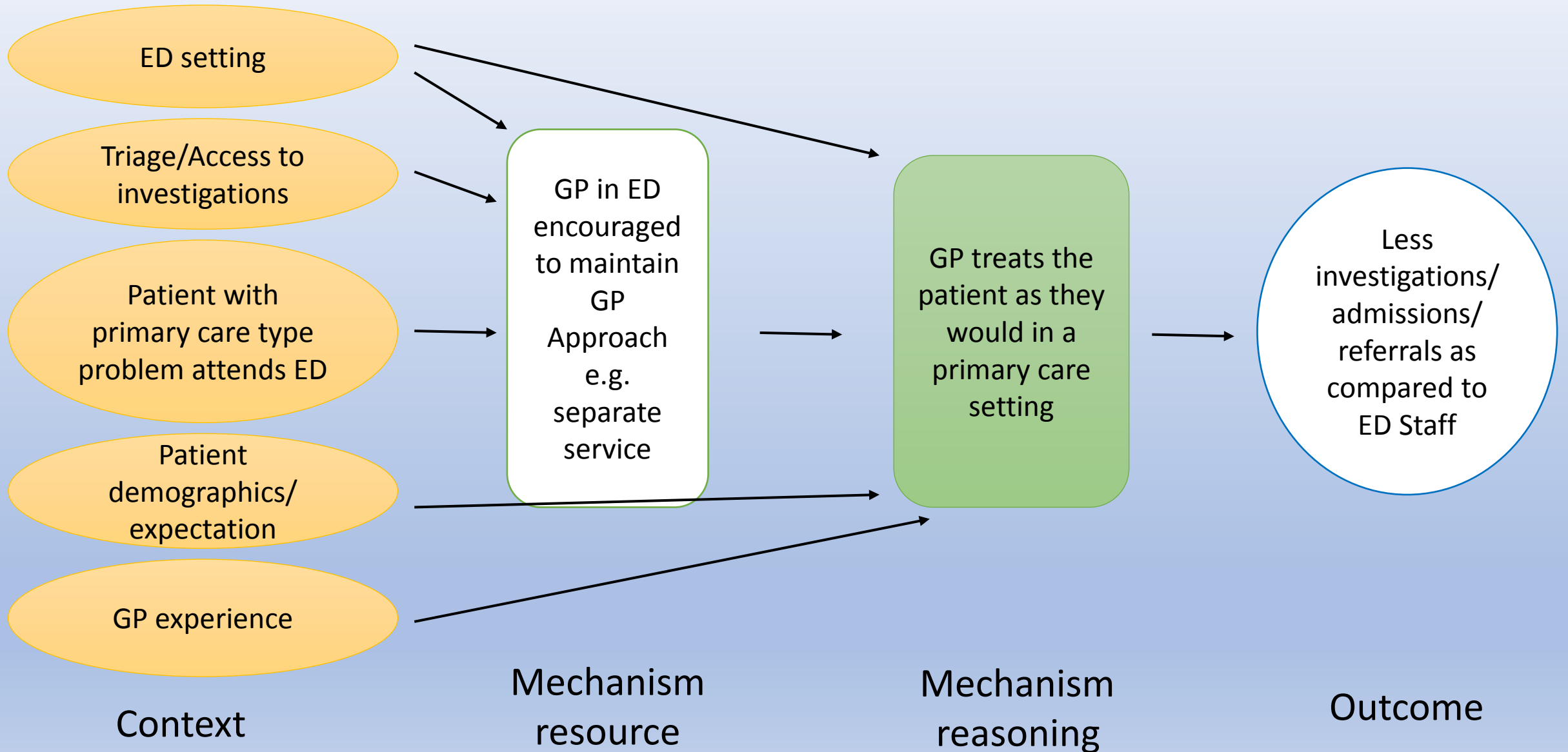
Initial programme theory: GP Approach



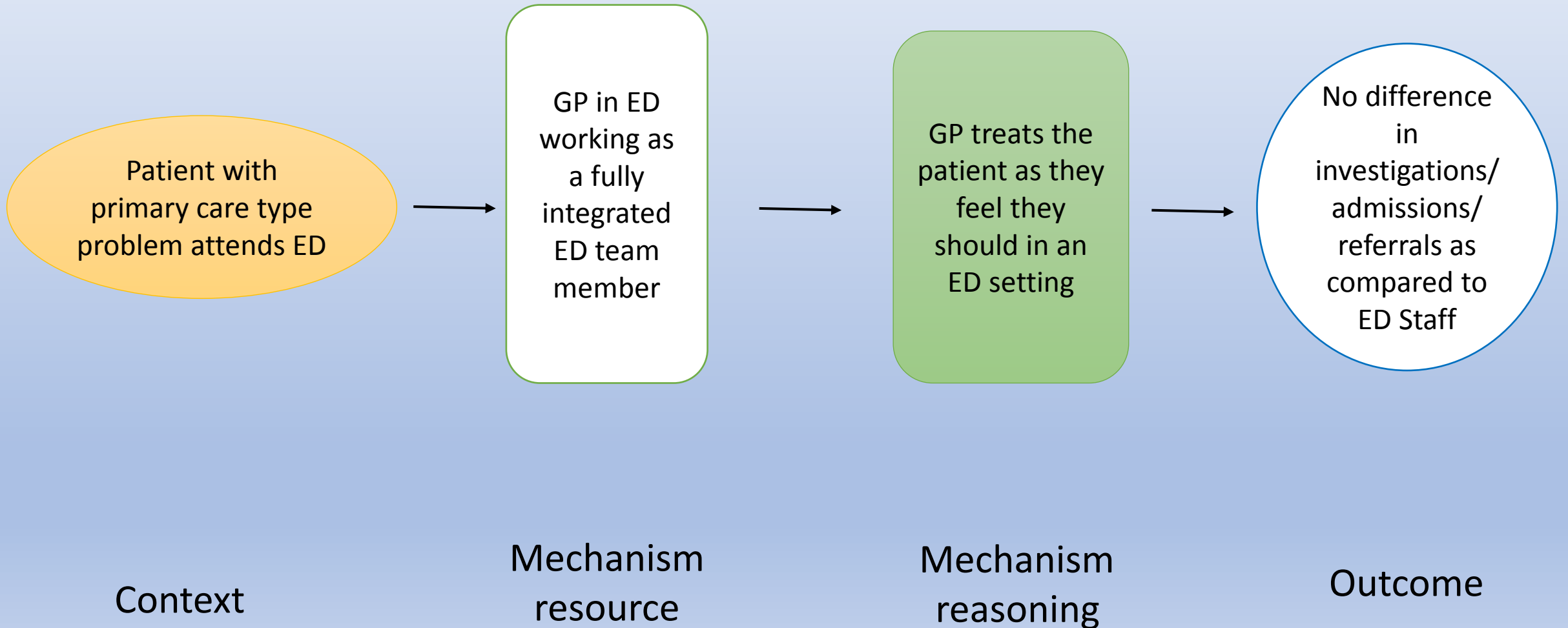
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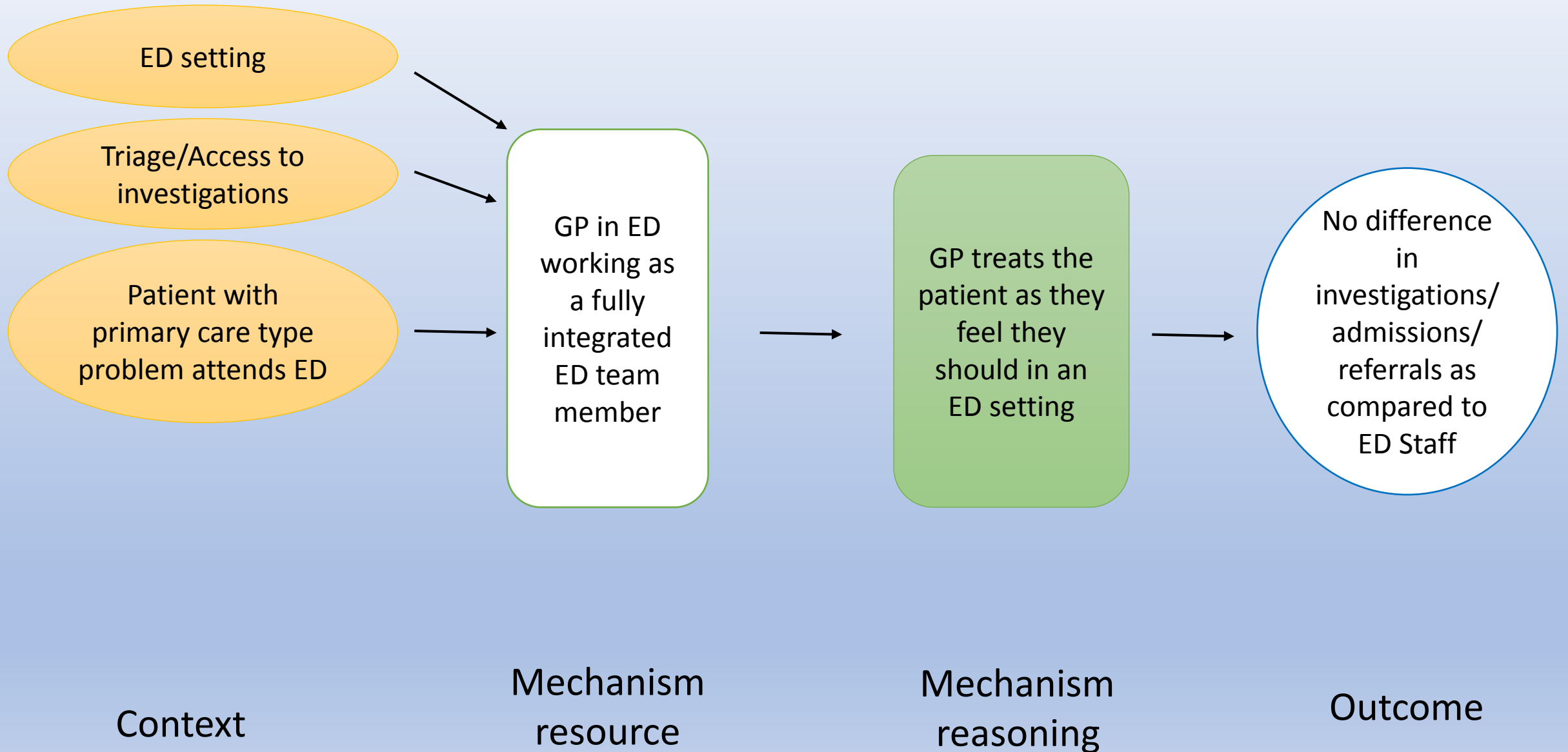
Initial programme theory: GP Approach



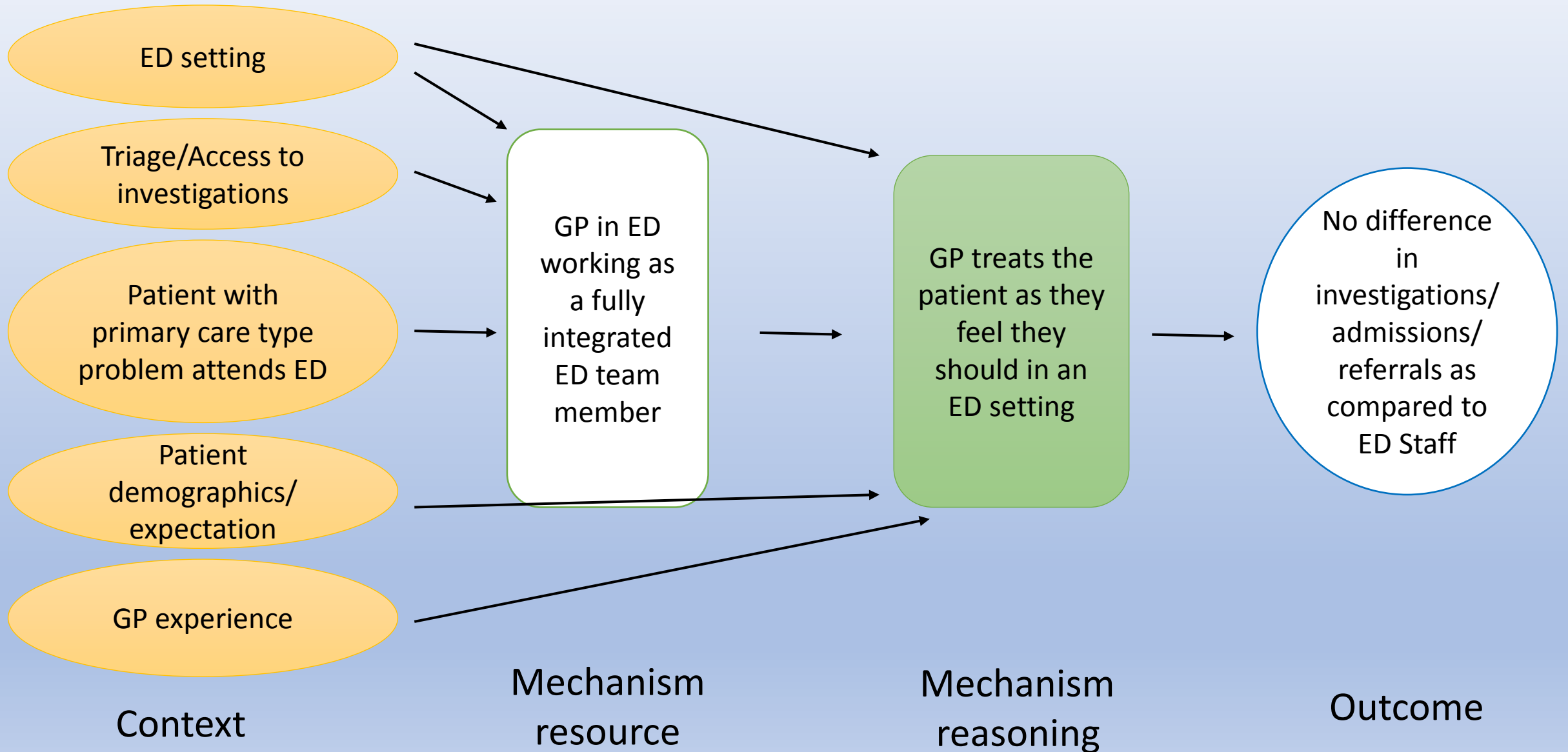
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Initial programme theory: GP Approach



Initial programme theory: GP Approach



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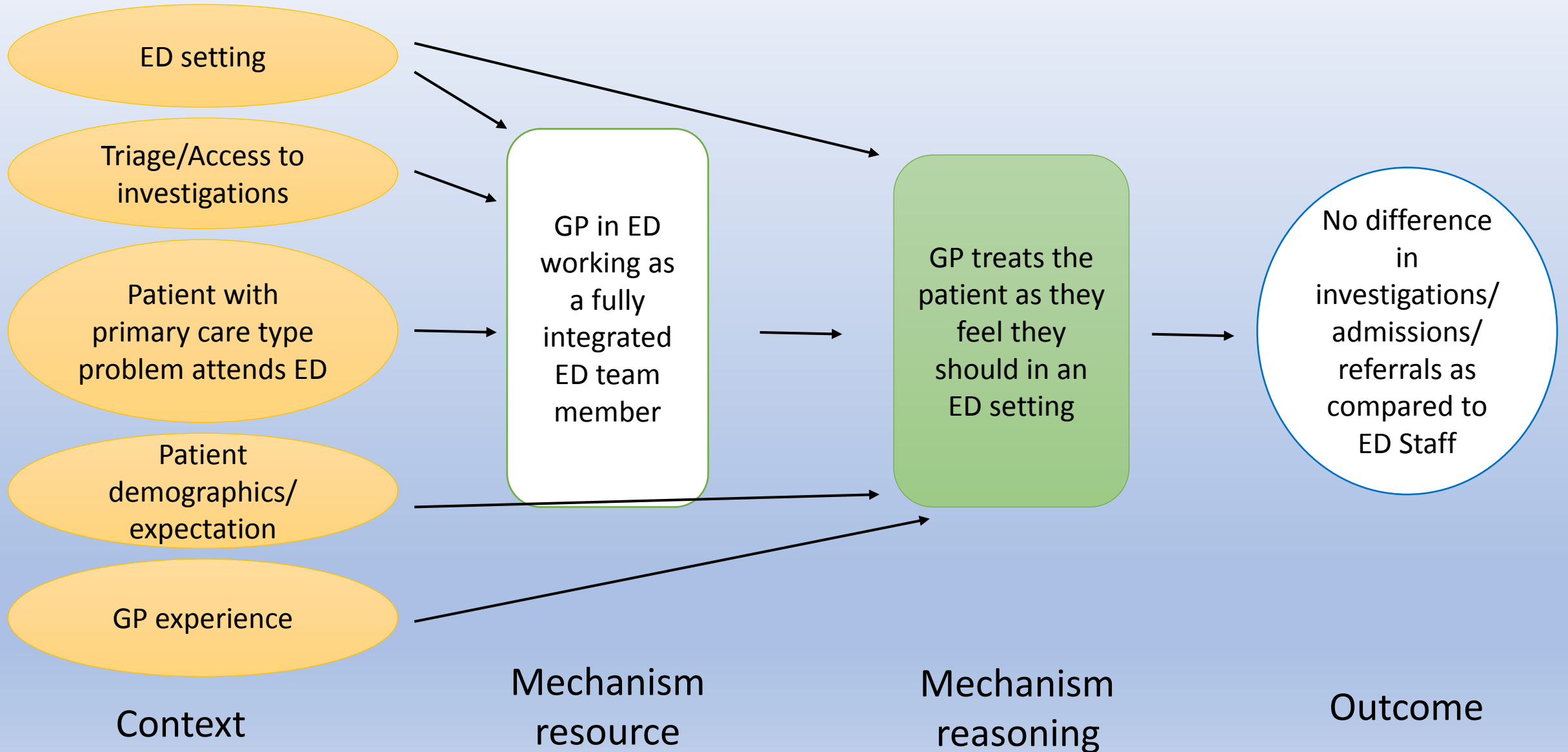
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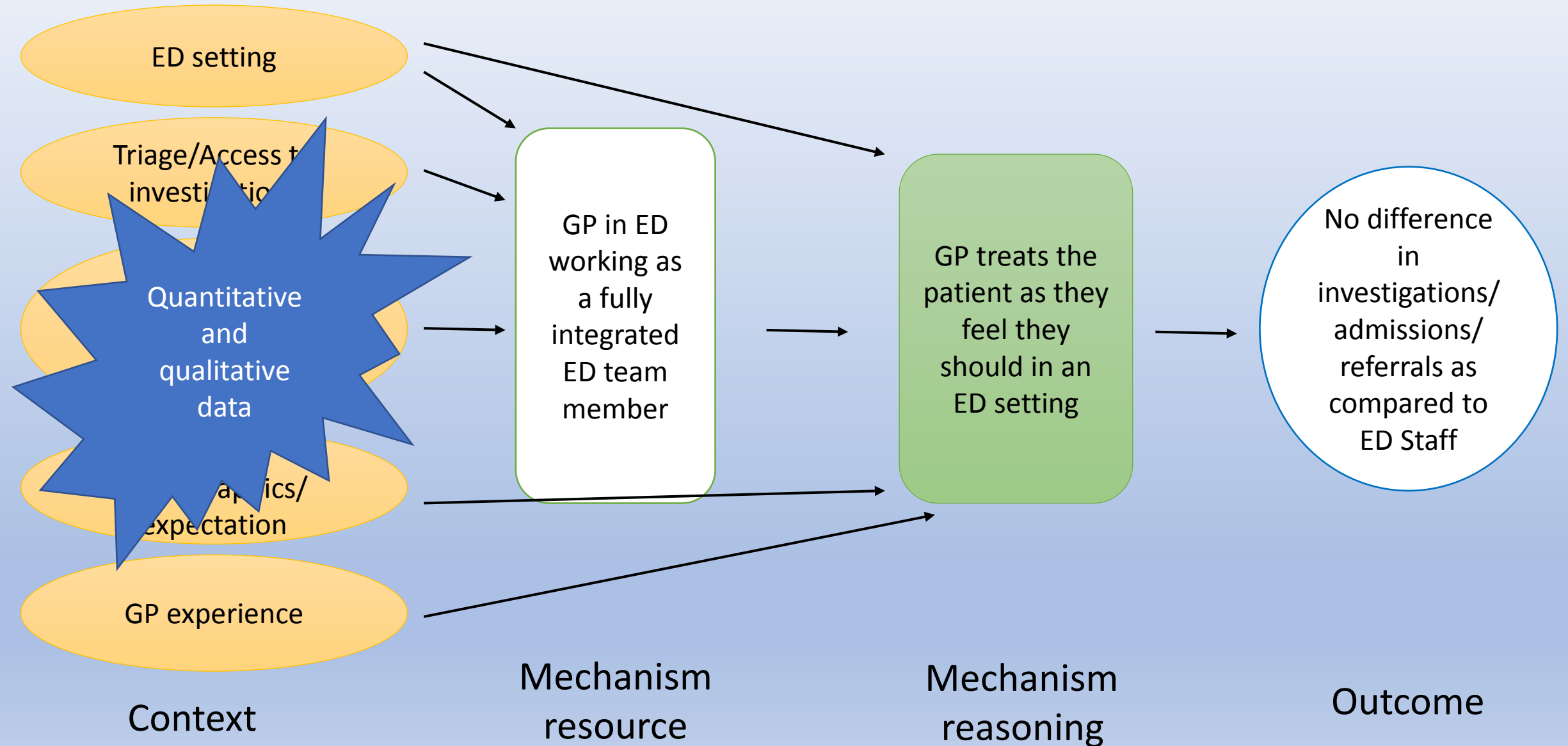


Realist
Reviewer

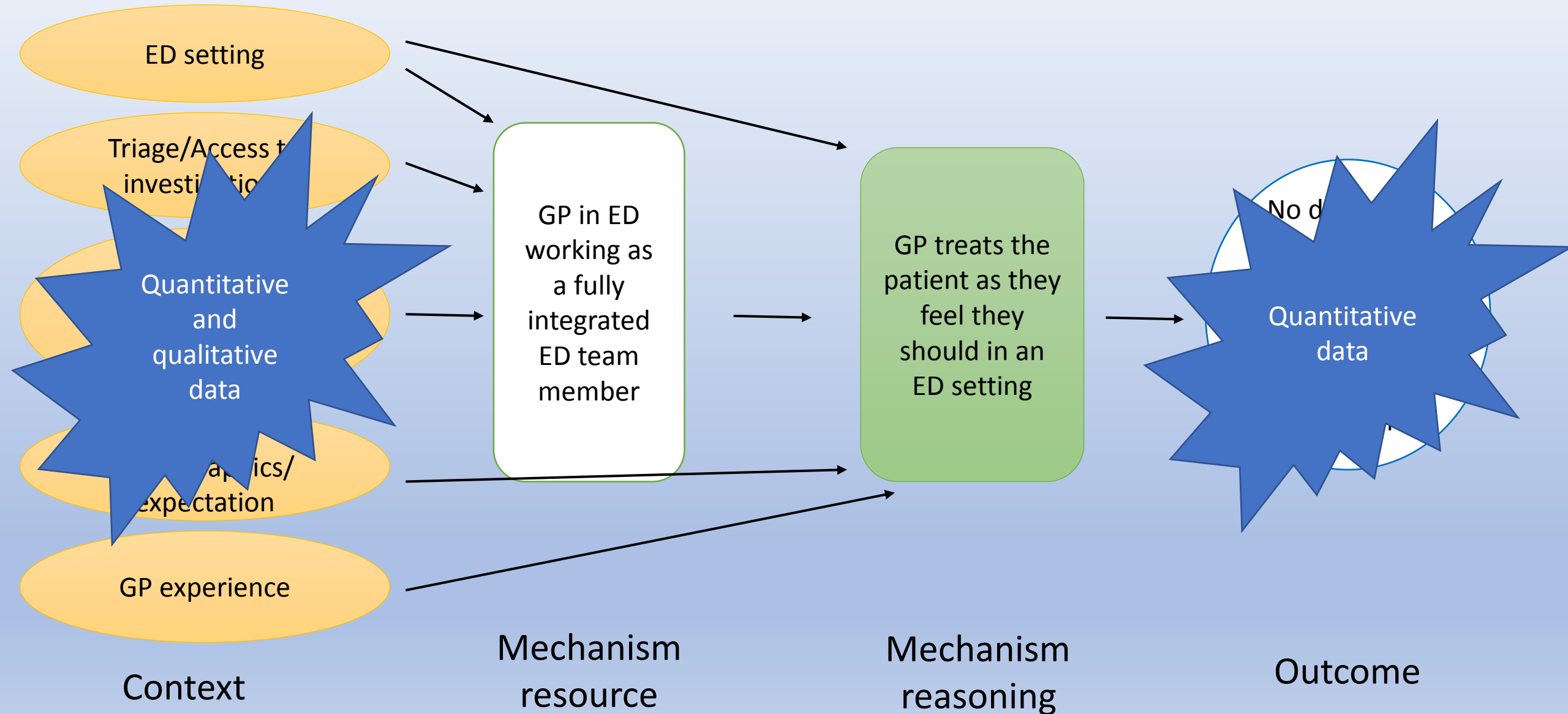
Data collection for theory refining



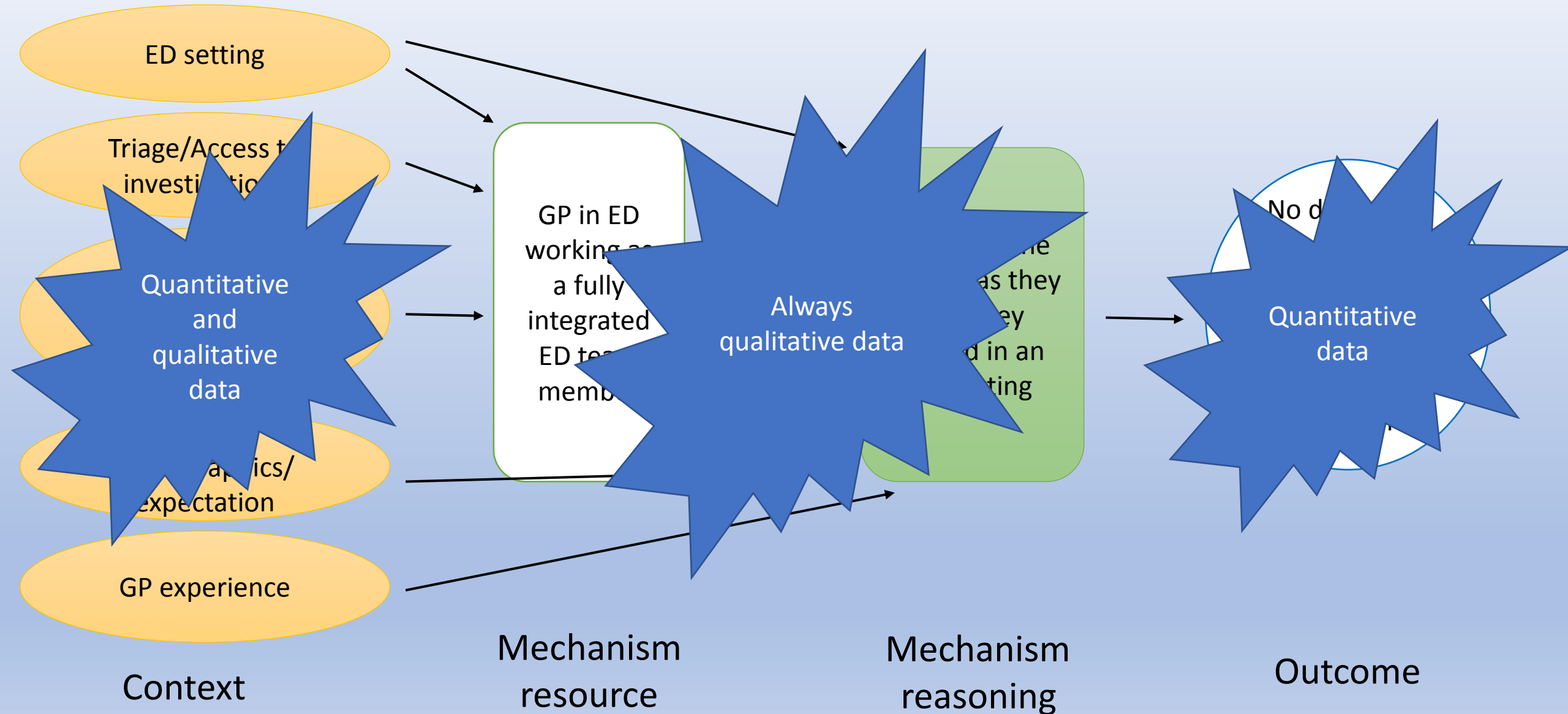
Data collection for theory refining



Data collection for theory refining



Data collection for theory refining



I have an idea. Let's all
show our cards. It will be
much easier to decide if we
should fold.



Realist interviews – theory testing

“From the literature we believe that **GPs working in an ED** seeing **patients with primary care type problems** that are encouraged to maintain their ‘**GP approach**’ work as they would in **normal general practice** – how would you say that applies to you?”

“**How** does working in the ED environment affect your clinical **decision making processes**?”

Identify the context-mechanism-outcomes

- Ablard S et al. **Primary care services co-located with Emergency Departments across a UK region: early views on their development.** Emerg Med J. 2017
- Regional survey 17 EDs and qualitative interviews to explore barriers and facilitators to the formation and sustainability of the service
- Look at results section page 3 - underline the contexts, mechanisms and outcomes

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	Traditional systematic review	Realist synthesis
Aim	Does the intervention work?	To develop and refine programme theory
Unit of analysis	Intervention	Programme theory
Best evidence	High quality RCTs	Anything that helps develop the theory – including policy documents, opinion pieces
Stakeholder role	??	Provide information about relevant literature. Guide the strategy to ensure policy relevance
Search strategy	Narrow inclusion criteria Search completed before data extraction	Iterative searching to confirm or refute ideas about programme theory Searches ongoing during data extraction
Search completed	All relevant articles obtained	Theoretical saturation reached
Findings	Intervention specific	Generalisable middle range theory

Steps in a rapid realist review

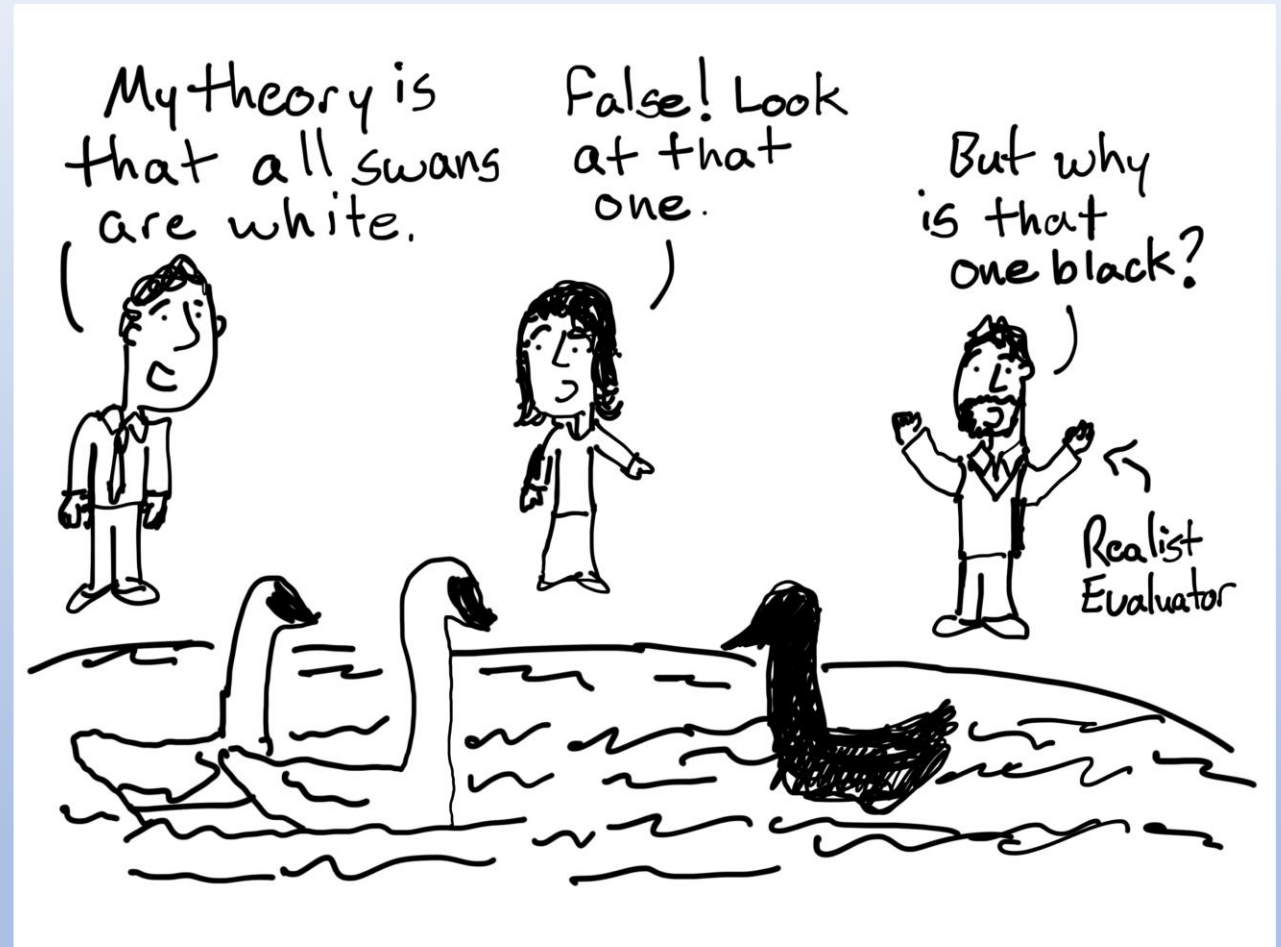
1. Clarifying scope
2. Developing specific research questions
3. Identifying how the findings will be used
4. Developing search strategy – including **expert recommendations**
5. **Identify articles for inclusion**
6. Quality review
7. Data extraction
8. **Validate findings with content experts**
9. Synthesise results
10. Disseminate report

What a realist reviewer
looks like.



Group discussion

Could you apply some of the ideas of realist evaluation to the way you think about your work?



Any questions?

- Pawson R, Tilley N. Realistic Evaluation: SAGE Publications; 2008
- RAMESES I: quality and publication standards and training materials for realist reviews and the related approach of meta-narrative reviews
- RAMESES II: quality and reporting standards and resources and training materials for realist evaluation <http://ramesesproject.org/>
- Centre for Advancement in Realist Evaluation and Synthesis (CARES), University of Liverpool <https://realistmethodology-cares.org/>
- Saul J, Willis C, Bitz J, Best A. A time-responsive tool for informing policy making: rapid realist review. Implementation Science. 2013;8(103)

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