



ADVISORY BRIEF

More than a Science: The Art of Interviewing Patients for Qualitative Medical Research

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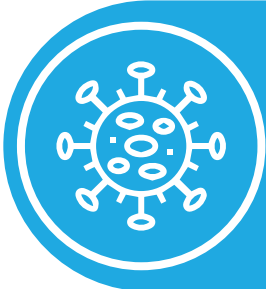
As researchers and clients, we deem the insights of Health Care Professionals (HCP) as being crucial to the development of life saving, game-changing therapies. We require highly skilled, disease-conversant moderators who can match medical terms and treatment protocols with the best of them.

Patient Insights work is vital when it comes to moving the needle toward the creation of ever more efficacious therapeutic options, ultimately leading to better health outcomes. Insights gleaned from patient conversations provide vital end user inputs that HCPs can only THINK they know.

WHILE **THE SCIENCE** OF
INTERROGATING INSIGHTS IS GENERALLY
SIMILAR BETWEEN COHORTS,

IT IS IN THE APPROACH WHERE
THE ART
COMES INTO PLAY.

Trinity's Patient Centricity Center of Excellence approaches patient conversation holistically well before we pick up a phone or sit in an interview room. Successful patient interviews begin with the recruit. Things to note:



DISEASE DOES NOT DISCRIMINATE

It is essential that a patient recruit be as diverse as possible within the confines of the disease state. This often requires creative ways of finding unique types of respondents. This can run the gamut from finding folks with rare diseases, to ensuring a relevant mix of genders, ethnicities and lifestyles, so that we can truly understand the different experiences that each respondent brings to a particular condition. We try to ensure that our samples are actually representative of both the disease state **AND** the general population.



ALWAYS OVER-RECRUIT!

We are dealing with people who are **NOT WELL**. We approach recruiting patients with an understanding that today's confirmation can be tomorrow's dropout due to the vagaries of a particular condition. Flexibility and a carefully cultivated pool of respondents become critical in patient work.



LEVEL SET WITH RESPONDENTS

Both setting and managing patient expectations **PRIOR** to the interview helps to create a pool of stellar respondents. It's very important to take the time after screening and selection to explain the process and mitigate any trepidation respondents might feel, as well as ensuring they have the correct tools needed to complete the interview. Remember, not everyone might have access to tools we sometimes take for granted.



COMMUNICATE IN DIFFERENT WAYS AND AT DIFFERENT TIMES

All of us have different styles and ways of expressing ourselves, whether we are predominantly auditory, visual, or kinesthetic communicators. Mirroring respondent language cues can help them feel seen and heard, with the goal of deepening rapport and enabling authentic communication. We follow the respondents' rhythms. A delicate balance indeed.



SOMETIMES THERE'S HOMEWORK

Providing "homework" using various creative exercises designed to help patients' access their thoughts and emotions, whatever their communication style, can be a valuable pre-interview icebreaker. "Homework" also serves the purpose of giving patients time and space to think, to prepare themselves and to give us some insight into who they are. Interacting with patients at different time points and through different channels allows us to understand their broader experiences outside of the interview itself.

Once recruitment is complete and logistics have been ironed out, it's important to continue to manage towards success by focusing on ensuring that the patient-respondent is in a frame of mind to share their lived experience with their condition.

In the case of in-person interviews this can sometimes require an extra level of preparation, depending upon the disease state.

When building a budget, allow for out-of-pocket costs like transportation, food and beverage and in some cases, a quiet place to rest prior to the start of a conversation.

Understand that taking breaks throughout the course of the engagement might be necessary.



Talking the Talk

There are a few essential items to keep in mind while interviewing patients:



IT'S A GUIDE...NOT A SCRIPT

Interviewing patients is not always a linear endeavor. We often lead by following the patient. Allowing patients room to digress can uncover valuable nuggets of information. We adopt the principle of “pace and lead”, creating rapport with the patient before compassionately moving the conversation forward. While we understand our time with the respondent is finite, their problems can seem infinite to them, so we are careful to provide the time and space needed to go deep, while being adroit in handling the clock.



WE ARE NOT JUST CHIT-CHATTING

The opening moments of a patient interview can be a bellwether in determining how the interview will proceed. Seemingly innocuous engagements around hobbies, living situations and general pleasantries, help patients relax and allows them to share freely without feeling interrogated.



IT'S NOT ABOUT US

We are empaths, sensitive to the possibility that patients may go through different emotional states during the interview process. While we may have shared human experiences and our own emotional response to what patients discuss with us, our goal is focused on helping patients feel that they can be open and honest in talking about sensitive topics, without judgement or censure.



LEAVE PRECONCEIVED NOTIONS AT THE DOOR

It might seem obvious, but the reality is that every one of us operates with some degree of inherent bias. There is no indictment in this statement; just a need to acknowledge it as a reality. Recognizing this frees us up to fully embrace what our respondents are saying as we meet them where they are.



TO BOLDLY GO...

No question, things can get difficult at times, but we are comfortable with the uncomfortable. We can navigate the shoals of sometimes intimate conversations. Very often, going off script to let a patient “vent” can lead to tapping into deeper subconscious drivers that influence beliefs and behaviors. Both we and the patient respondent frequently learn something new.

A Team of Diverse Moderators Represent a Mosaic of Experience

As important as it is to have a diverse population of respondents, it is equally important to have moderators that are able to relate to and engage with respondents embodying all types of attitudes and lifestyles. This sounds simple, but layered on top of those requirements is the need to have an innate sense of how a patient is feeling and the ability to flow and ebb as the patient's energy dictates.



Sabrina Jordan
Senior Moderator

“We meet the patient where they are. Remember, no HCP knows an individual patient condition more intimately than the patient, the key is being able to provide the space and time for insights to surface.”

Being part of a diverse and inclusive culture is close to our hearts. Our colleagues come from across the globe, from urban, suburban and rural locales. Our team includes people of different cultures, ethnicities, gender identities, religions and sexual orientation. We value that variety of life experiences, not least because it gives us greater insight into the lived experiences of the patients and caregivers we speak with and the challenges that vulnerable populations may face.

It allows us to talk the talk, because we walk the walk.



Julie Bayley
Senior Moderator

“To paraphrase Nelson Mandela: If you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart. At Trinity, our patient work gets to the heart of the matter.”

In Summary:

Patient insights provide a vital look at how drugs should be developed, administered and marketed. With ever more information at hand, patients are increasingly demanding a seat at the table when it comes to being heard.

Our moderators have backgrounds in psychology, behavioral science, neuro-linguistic programming, advertising and life sciences. Being able to creatively—and with nuance—draw out those insights are the hallmark of good patient interviewing. Helping our clients to better understand patients’ needs, make more informed decisions and deliver innovative solutions is our *raison d’être*. Ultimately, every decision impacts a life.

Authors



Julie Bayley | Senior Moderator

Julie is a highly evocative moderator with experience in numerous clinical areas. She has spent over 20 years as a market researcher and consultant, commencing her career in the consumer and political spaces before discovering her passion for life sciences. Julie is particularly gifted at drawing out divergent points of view in a non-combative, collaborative atmosphere. She has done extensive work in Sickle Cell Disease, Multiple Myeloma, MDS and Hemophilia, along with multiple oncology areas that disproportionately affect POC. Julie studied Acting and Writing at Syracuse University and did graduate work in Philosophy at the University of Western Australia.



Sabrina Jordan | Senior Moderator

Sabrina is a highly experienced qualitative healthcare market research professional, skilled in applying behavioral science to solving clients' branding challenges. Sabrina leverages her skills as a Master Practitioner of Neuro-Linguistic Programming (NLP) to uncover respondent's language patterns and the emotional and unconscious triggers that drive decision-making and influence behavior. Sabrina is able to weave findings into strategically-oriented output with actionable recommendations to help clients better understand their customers' language and motivations, detect new opportunities and identify effective communication strategies. Sabrina holds a BA from University College Dublin and MA from the University of Sussex, England.



Jennifer Parr | Partner & Head of Patient Centricity

Jennifer leads Trinity's Patient Centricity Center of Excellence, helping clients weave the Voice of the Patient into all facets of the product lifecycle. Jennifer's group works closely with Trinity's Strategic Advisory, PMR and RWE teams to produce deep patient insights based in real-world data that are tactically actionable for a wide range of biopharma customers. Jennifer has been involved in patient and consumer insights work for over 18 years. Having joined Trinity in 2010, Jennifer helped develop the company's primary research capabilities into a core part of the business, specifically in the areas of qualitative research and Patient Journey. Jennifer earned a BA in Psychology from Boston University.



Lisa Bailey | Managing Director, Qualitative Services

Lisa has partnered with life sciences clients to glean actionable insights from market research for over a decade. As the head of the qualitative research center of excellence, she has helmed numerous qualitative engagements with a variety of stakeholders across multiple TAs. Patient centric work is a passion for Lisa, and during her tenure at Trinity she has worked to develop innovative offerings to better understand the emotional underpinnings of the patient experience. Lisa holds a Ph.D. in clinical psychology from University of Toledo and is a licensed clinical psychologist.



About Trinity Patient Centricity

Trinity Patient Centricity focuses on deeply understanding patient needs and experiences to support life science organizations in product development, launch and beyond. Patient-centric insights and analytics are more relevant than ever, even as inputs grow in complexity and outputs grow in importance. Trinity's patient-centric suite of offerings include integrated, tech-enabled services powered by unique, time-tested methodologies and dedicated teams of Market Researchers, RWE Experts and experienced Strategic Advisors. To learn more about how Trinity Patient Centricity helps clients turn patient-level data and insights into strategic direction for patient-centric decision-making, [click here](#).

For more information, please contact us at info@trinitylifesciences.com.