

Construct	Construct description	Component	Topic of investigation	INSCCOpe ICT Research Questions v3 (T0)	INSCCOpe PDDG research questions
<b>Coherence (1)</b>	<i>The sense-making work that people do individually and collectively when they are faced with the problem of operationalizing some set of practices.</i>	<b>Differentiation</b>	To understand how agents understand that a set of practices and their objects are different from each other.	<i>Do ICT staff see the new procedure as different from existing models of working, and if so how?</i>	<i>How does what is delivered in the training differ from what is understood to be normal service?</i>
		<b>Communal specification</b>	Sense-making relies on people working together to build a shared understanding of the aims, objectives, and expected benefits of a set of practices	<i>How do participants understand the responsibilities of their team with respect to screening and treatment of malnutrition?</i>	<i>How do the team view nutrition screening and treatment in the context of wider care provided by ICT/OPMH/JET? Does the training seek to alter this?</i>
		<b>Individual specification</b>	Sense-making has an individual component too. Here participants in coherence work need to do things that will help them understand their specific tasks and responsibilities around a set of practices.	<i>How do participants understand their own responsibilities with respect to screening and treatment of malnutrition?</i>	<i>How do PDDG members view ICT/OPMH/JET team members' understandings of the work associated with nutrition screening and treatment? Are they looking to change anything?</i>
		<b>Internalisation</b>	Sense-making involves people in work that is about understanding the value, benefits and importance of a set of practices.	<i>How do participants assess the value of nutrition screening and treatment related work, and how does this value relate to other aspects of care?</i>	<i>How do PDDG members view ICT/OPMH/JET team members' assessment of the value of screening and treatment for malnutrition?</i>
<b>Cognitive Participation (2)</b>	<i>Cognitive Participation is the relational work that people do to build and sustain a community of practice around a new technology or complex intervention.</i>	<b>Initiation</b>	When a set of practices is new or modified, a core problem is whether or not key participants are working to drive them forward.	<i>Which staff (if any) do participants identify as key in driving forward screening and treatment for malnutrition?</i>	<i>How do PDDG members understand key participants for screening and treatment of malnutrition? Is the new procedure seeking to change this?</i>
		<b>Enrolment</b>	Participants may need to organize or reorganize themselves and others in order to collectively contribute to the work involved in new practices. This is complex work that may involve rethinking individual and group relationships between people and things.	<i>What are participant experiences and views of current interactions between staff, with respect to organisation screening and treatment related work?</i>	<i>Do the PDDG have any beliefs about relationships within teams and their effects on nutrition screening and treatment, and are they looking to change this?</i>
		<b>Legitimation</b>	An important component of relational work around participation is the work of ensuring that other participants believe it is right for them to be involved, and that they can make a valid contribution to it.	<i>How do participants view the relationship between screening and treatment related work, and their role?</i>	<i>How do PDDG members view the position of ICT/OPMH/JET in relation to other services and HCP groups, with respect to nutrition screening and treatment? How (if at all) has this affected development and implementation of the training?</i>
		<b>Activation</b>	Once it is underway, participants need to collectively define the actions and procedures needed to sustain a practice and to stay involved.	<i>Are participants willing to continue to support screening and treatment related work, and is there anything that may affect this (e.g. time/resource constraints)?</i>	<i>How, if at all, do PDDG members view processes within teams as relating to nutrition screening and treatment? Have these been integrated into the design and implementation of training?</i>
<b>Collective Action (3)</b>	<i>Collective Action is the operational work that people do to enact a set of practices, whether these represent a new technology or complex healthcare intervention.</i>	<b>Interactional Workability</b>	This refers to the interactional work that people do with each other, with artefacts, and with other elements of a set of practices, when they seek to operationalize them in everyday settings.	<i>How do participants interact with each other, and the resources and practices that relate to NST?</i>	<i>How do PDDG members describe their expectations of the use and recording of screening tools, and the planning, enactment and integration within care of treatment options, for malnutrition?</i>
		<b>Relational Integration</b>	Knowledge work that people do to build accountability and maintain confidence in a set of practices and in each other as they use them.	<i>How do participants evaluate the work of other staff with respect to screening and treatment of malnutrition? (i.e. what is their evaluation, and how is this made)</i>	<i>How do PDDG staff view the confidence of ICT/OPMH/JET team members in screening and treatment options for malnutrition? Has this affected the design and/or implementation of the training?</i>
		<b>Skill set Workability</b>	Allocation work that underpins the division of labour that is built up around a set of practices as they are operationalized in the real world.	<i>How do staff view current arrangements for training and division of labour with respect to screening and treatment of malnutrition?</i>	<i>How do PDDG members view the relationship between different HCP skills sets and screening and treatment for malnutrition? How was this integrated into the development and/or implementation of the training?</i>
		<b>Contextual Integration</b>	Resource work - managing a set of practices through the allocation of different kinds of resources and the execution of protocols, policies and procedures.	<i>How do staff members view current forms of institutional support (i.e. resources, policies and procedures, and management support) for screening and treatment of malnutrition?</i>	<i>What resources, practices, and technologies do ICT staff believe are made use of in screening and treatment of malnutrition for ICT/OPMH/JET teams? Has this affected the design and/or implementation of the training?</i>
		<b>Systematisation</b>	Participants in any set of practices may seek to determine how effective and useful it is for them and for others, and this involves the work of collecting information in a variety of ways.	<i>How do staff understand the evidence base for current practices relating to screening and treatment of malnutrition?</i>	<i>How, if at all, do PDDG members believe that effectiveness of screening and treatment for malnutrition takes place within ICT/OPMH/JET teams? How, if at all, has this affected development and implementation of the training?</i>

<p><b>Reflexive Monitoring (4)</b></p> <p><i>Reflexive Monitoring is the appraisal work that people do to assess and understand the ways that a new set of practices affect them and others around them.</i></p>	<p><b>Communal appraisal</b></p>	<p>Participants work together - sometimes in formal collaboratives, sometimes in informal groups to evaluate the worth of a set of practices. They may use many different means to do this drawing on a variety of experiential and systematized information.</p>	<p><i>How do participants view wider staff perceptions of the effectiveness of current practices for screening and treatment of malnutrition?</i></p>	<p><i>How, if at all, do PDDG members believe that ICT/OPMH/JET teams appraise the value and utility of nutrition screening and treatment (e.g. through appraisals, case conferences, team meetings etc.)? How, if at all, has this affected the design and/or implementation of the training?</i></p>
	<p><b>Individual appraisal</b></p>	<p>Participants in a new set of practices also work experientially as individuals to appraise its effects on them and the contexts in which they are set. From this work stem actions through which individuals express their personal relationships to new technologies or complex interventions.</p>	<p><i>How do participants view the effectiveness of current practices for screening and treatment of malnutrition?</i></p>	<p><i>How, if at all, do PDDG members believe that ICT/OPMH/JET teams appraise the value and utility of nutrition screening and treatment individually? How, if at all, has this affected development and/or implementation of the training?</i></p>
	<p><b>Reconfiguration</b></p>	<p>Appraisal work by individuals or groups may lead to attempts to redefine procedures or modify practices - and even to change the shape of a new technology itself.</p>	<p><i>How, if at all, has screening and treatment work been modified or adapted, either by individuals or teams?</i></p>	<p><i>Do the PDDG believe that modifications have been made to standard practice for screening and treatment of malnutrition? How, if at all, has this affected the design and/or implementation of the training?</i></p>