Vaccination Discussion Groups

Facilitator’s Guide

Included:

- Overview
- Suggested Agenda and Required Questions
- Documentation
- Timeline

Don't Wait, Vaccinate
Overview: Recruiting Patients and Structuring your Discussion Groups

Recruiting Patients: Invite patients prior to meetings
- Tips for recruiting patients:
  - Post flyers—see toolkit
  - Personal invitations from staff
  - Referral from Facility Patient Representative (FPR)
  - Invite a patient who has recently been vaccinated and has had a positive experience with any type of immunizations to speak

Group size: 3 to 5 patients

Patient Co-facilitator: Each group should have an FPR or patient co-facilitator

Number of Groups: See recommendations section

Language: See the Recommendations section

Time: Before treatment or on non-treatment day

Length: Approximately 45 minutes

Location: Private room at the clinic or a nearby restaurant or church; NOT on the clinic floor

Food: Provide light refreshments

Incentives: A gift of nominal value suggested

Record Keeping: Audio recording is a best practice

Sign-in Sheet: Signatures from all participants—See toolkit

Documentation for Network: Discussion Group Summary Form—See toolkit

Vaccination Discussion Groups—Facilitator’s Guide
Recommendations for Structuring your Discussion Groups

**Group size**: Keep them small so that everyone has a chance to be heard. Three to five patients is ideal.

**Number of Groups**: Depending on the patient census for your facility utilize your judgment. If this is a large facility (i.e., 100+ patients), more than one group may be necessary to achieve an effective representative sample of your patients’ ideas about the topic.

**Language**: If your unit has a population of Spanish-speaking AA patients, the Network encourages you offer/hold at least one meeting in Spanish for those who prefer to communicate in that language. Spanish language materials will be available upon request.

**Time**: Before treatment or on a non-treatment day may be the best time to engage patients.

**Length**: Approximately 45 minutes

**Location**: Meet in a private room at the clinic or a nearby restaurant or church; do NOT meet on the clinic floor. We recommend an atmosphere where your patients will feel free to share health information and express their opinions without concern for others overhearing. Disconnect or turn off the ringer on any paging phone in the room during the meeting to avoid distractions.

**Food**: We recommend light refreshments to entice your patients to participate.

**Incentives**: We also recommend, if possible, offering small incentives of nominal value to encourage participation.

**Record Keeping**: To allow you to facilitate the discussion, we recommend a method of note-taking that won’t distract you from the discussion. Audio recording is a best practice and allows you to replay the conversation(s) and summarize the important parts. If this is not a viable option for your group(s), we recommend asking another staff member to participate solely as a note-taker so that your concentration isn’t split between two tasks.

**Sign-in Sheet**: Signatures from all participants are required.

**Documentation for Network**: The Discussion Group Summary Form that you will turn in to the Network will allow us to understand how your patients perceive vaccinations and any barriers that keep them from getting vaccinated. This will allow us to better understand the issue as we spread vaccination awareness across the state of Texas.
Suggested Agenda and Required Questions

1. Welcome and Introductions
   A. Welcome and thank your patients for taking the time to participate in the discussion. Introduce yourself and any other staff members that may be helping you. Have your patients introduce themselves.
   B. Restate the purpose of the group so that your patients understand the vital information they hold can be useful to our mutual goals:
      - “Due to the rapidly growing number of dialysis patients in Texas, we are participating in a project to understand cultural views about vaccinations. We would like to understand why a dialysis patient would or would not choose to be vaccinated.”
   C. Establish ground rules so that your patients will feel comfortable expressing their personal opinions. For example:
      - “Let’s respect one another’s opinions.”
      - “There are no stupid questions or wrong answers.”
      - “Raise your hand and wait for your turn to speak.”

2. Exploratory Questions—Find out what your patients know and/or think about vaccinations (these are the same questions on the Discussion Group Toolkit)
   Ask what members of the group think about vaccinations:
   1. Do you think that immunization and vaccination is the same thing?
   2. I would like to understand what you think about vaccinations.
      - What do you think the Hepatitis B vaccination does?
      - What do you think the Pneumonia (or what you would normally call the pneumococcal) vaccination does?
   3. (Optional question; use your judgment) Have you been vaccinated for:
      - Hepatitis B? (Have the note-taker keep a tally of those who have)
      - Pneumonia? (Have the note-taker keep a tally of those who have)
   4. What are some myths or stories you have heard about vaccines that you later learned were wrong?

   Explain that most children are required to be vaccinated for Hep B to attend school, then ask the following questions:
   5. Do you know any children that were vaccinated to attend school?
   6. Did your children or grandchildren have any problems after getting the vaccines?

Remember that these questions are to help you understand how your patients perceive vaccinations. Be sure to recognize that their beliefs and perceptions may not reflect scientific or medical “facts,” but that these views should be given respectful and courteous consideration.
Suggested Agenda and Required Questions

3. Discussion Questions—Discover barriers to patient vaccination and find out your patients’ learning styles

Discuss the following questions with your group members:

7. If a patient decides **NOT** to be vaccinated, what worries would you think they have about getting vaccinated?

8. If a patient **HAS** been vaccinated, what do you think encouraged his or her decision (information, friend, TV) to get vaccinated?

9. When you have questions about your health, like getting shots to prevent diseases, what books, websites, or other resources do you find helpful?

10. In your community, who do you trust to give you good advice? For example, who would you go to for advice about making healthcare decisions?

11. Pictures or drawings help some people understand new things. What helps you learn new things?

*Remember that these questions are to help you understand the barriers or opportunities to patient vaccination, as well as to understand how best to teach new and complicated information. The answers to these questions will help you and your staff members design an effective vaccination awareness campaign that will motivate your patients to receive these important vaccinations.*
Documentation—all items available in the

**Informed Consent Form**
The *Informed Consent Form* will inform your patients that their thoughts and opinions will help create a vaccination awareness campaign and that the group discussion may be recorded. The form will stress that the recording will not be used outside of the facility or by anyone other than the staff members in the room. You should invite your patients to the group and have them sign the form **before** the meeting takes place.

**Sign-in Sheet**
The *Sign-in Sheet* must be signed by all staff members and patients that attend the group discussion and must document the date, time, and the primary language in which the meeting is held. A sign-in sheet must be completed for each meeting held and returned to the Network 14 office. **DO NOT EMAIL.**

**Discussion Group Summary Form**
The *Discussion Group Summary Form* should be filled out for each discussion group you hold. It will allow Network 14 to understand the barriers to patient vaccination. The form must be returned to the Network 14 office via fax. Any recordings or notes you take during the meeting will help you complete the summary form and design the awareness/education campaign, but are not required to be submitted to Network 14. **DO NOT EMAIL.**

**Facility Intervention Description Form**
The *Facility Intervention Description Form* should describe the intervention implemented by the facility, how the intervention was implemented, any challenges or barriers experienced, lessons learned and sustainability. The form must be returned to the ESRD Network 14 office via fax. **DO NOT EMAIL.**
Network 14 has posted the Facilitator’s Guide and toolkit: Available on the Network 14 website now. Look for the vaccinations logo under the QIAs section

Next Steps:

- Sign-in sheets and Discussion Group Summary Forms due to the Network 14 office once completed
- Vaccination Awareness: After the discussion group is completed, make sure you have an awareness campaign plan ready to go

Promote Vaccinations through Vaccination Awareness Campaign: You can start your awareness plan and campaign as soon as the discussion group activity is complete

- Campaign Report-out (Form E) due to Network 14 via fax as soon as awareness/education campaign is completed

All items required to be submitted to the Network 14 office can be mailed or faxed to the address and number at the bottom of this guide, attention Dany Anchia. If you have any questions, you can reach him at danchia@nw14.esrd.net or 469-916-3813.

DO NOT EMAIL PATIENT INFORMATION TO THE NETWORK OFFICE.
Resources

The Immunization Project - [www.immunizeusa.org](http://www.immunizeusa.org)

Centers for Disease Control and Prevention (CDC)

[http://www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/)

National Public Health Information Coalition (NPHIC)


**Our Mission Statement:**
To support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.