

Appendix A.

Sample Narrative

Location A Flu Clinic

Month, day, year

Start time – End time

Part I: Description

Set-up/Arrival

We arrived at 8:30 am at the flu clinic in Location A. Eleanor Leader¹, from the Location A County Health Department was the liaison between the location where the flu clinic was held and the health department setting up the flu clinic. Eleanor knew how to set up the room based on her prior experiences with health department vaccination clinics. Two other volunteers, Elizabeth and her husband Max, were the second group of people to arrive that morning. Elizabeth and Max brought Thanksgiving leftovers, doughnuts and coffee for the volunteers. Margaret Smith, the MRC Coordinator, arrived at 8:40/8:45 am and began to set up the various forms for MRC volunteers to complete and read.

Volunteers

There were two shifts for MRC volunteers, specifically 9:00 am – 10:30 am and 10:30 am – 12:00 pm. There were three MRC volunteers per shift who all helped with the clerical and logistical part of the flu clinic. One of the MRC volunteers enjoyed helping at the flu clinic so much she decided to stay all morning, and worked from 9:00 am to noon, changing jobs for the second shift.

Margaret Smith circulated the just-in-time training (JITT) document and handed out job action sheets at 8:55 am, five minutes before the flu clinic opened. There was only one copy of the JITT document, which Margaret handed to each volunteer and watched them read it to ensure everyone had day-of-event training. There were three distinct jobs for MRC volunteers per shift. Volunteer one was in charge of registration. This person signed in clients, let them into the clinic, recorded the time of entry, signed out clients, recorded the time of exit, and provided the client with a record of immunization, if necessary. The second MRC volunteer helped individuals fill out the registration forms, clarify questions, and translate the registration form into Spanish, if necessary. The third MRC volunteer was in charge of putting stickers on child registration forms to serve as a visual reminder to the nurses to give the child a smaller dose of the flu vaccine. During the second shift there was not JITT for the MRC volunteers. Each second shift MRC volunteer replaced a first shift volunteer, who trained their replacement.

Three LHD nurses volunteered to give immunizations during the clinic on the Saturday in November 2008. These nurses were not given any day-of-event training and

¹ All names in this document have been changed.

appeared to know exactly what to do. Similarly, they all knew each other well, as they had done this several times before this year at the 7 township clinics this fall.

There were three volunteers present from the church, Tom, Susan and Laura, as discussed in the introduction. Laura showed flu shot clients to a free clothes closet after they checked out. For security reasons, Tom and Susan alternated standing at the door to the location to let in individuals who were planning to visit the flu clinic.

Flu Clinic Clientele

About 65 clients came into the flu clinic between 9:00 am and noon. The client flow was evenly spaced in the morning, and there were rarely more than ten clients in the flu clinic at one time. There was a half hour mid-morning when there were no clients in the flu clinic at all. The clients were mostly Spanish speakers, with one family speaking Creole. There were many families with pre-school age children as there is a new law in “State A” mandating children age 0-59 months to have pneumonia and influenza vaccines for entry into preschool or day care.

Hotwash

One of the evaluators asked the MRC Coordinator if she was going to conduct a hotwash. She said she hadn’t thought about it, but liked the idea of having a group meeting to go over what went well and what could be improved the same day as the clinic. After the last clients were seen around noon, a hotwash was conducted. Participants included Margaret Smith who served as the moderator; four MRC volunteers, and one church volunteer. The other two MRC volunteers from the first shift had left, since their shift ended at 10:30 am.

Several suggestions were presented at the hotwash. First, a couple of MRC volunteers noted the language barrier. One MRC volunteer suggested contacting Literacy Volunteers to see if they could recommend volunteer translators for the day next time. Jack Jones will contact Literacy Volunteers to try to set this up. Everyone agreed that MRC volunteer recruiters should target those with language skills.

MRC volunteers suggested that the MRC purchase a portable privacy screen to take to flu clinics so participants do not have to undress in front of the whole room when they get the immunization. Several children were extremely upset or nervous about receiving the vaccination to the point where they were scaring other children. A portable screen could help with this too. One MRC volunteer suggested bringing in small frozen balloons filled with water to soothe the injection site. Another suggested bringing crayons and paper for kids who are waiting for their vaccination or their parents. This could help keep the noise down in the flu clinic.

MRC volunteers agreed that it was difficult to determine who might need a translator while remaining culturally sensitive. One volunteer suggested triaging patients who need language help to a specific part of the flu clinic where translators will be stationed. Another suggestion was to have Spanish/foreign language videos playing in waiting area to explain how to fill out forms and what to expect for those who are getting vaccines for the first time. (No one suggested translating the forms and other materials into Spanish).

Part II: Lessons Learned from the MRC Process

The way the English speaking volunteers asked some of the questions to the non-English speaking clients on the informed consent form often guided individuals towards an answer. For example, an MRC volunteer asks “do you have Guillain-Barré syndrome” to the client while shaking her head to signal “no”. Not surprisingly, the clients said ‘no’ every time!

Some of the MRC volunteers were registered nurses, but were only given clerical tasks as the head nurse is held liable if anything goes wrong, and didn’t want to take responsibility for MRC volunteers.

Part III: Observations from the survey coordinator

The nature and purpose/objectives of the flu clinic was to distribute leftover influenza vaccines from the seven previous flu clinics to “Location A” community members. The six MRC volunteers served exclusively in clerical and logistical roles. There were other volunteers participating in roles similar to those of the MRC volunteers, as alluded to earlier. These other volunteers included a secretary from the health department who served as a general guide and church security personnel for the duration of the flu clinic.

The health department did not provide training or orientation to MRC volunteers prior to the day of the clinic. Referring to today’s flu clinic, the level of integration between the MRC unit and the LHD staff was very good. The reaction of the clients to the volunteers would be accurately described as favorable. One example would be that the Spanish-speaking clients appreciated the volunteers attempting to translate the forms into their native language. Another example would be that one mother brought her child in for immunization but was too afraid to get the vaccine herself. A MRC volunteer talked the mother into getting the vaccine as well.

The MRC volunteers knew what was expected of them and were very confident in fulfilling their roles during today’s activities. As there were only 6 MRC volunteers, the incident command structure was not put into action. Most of the volunteers had worked at vaccination clinics in the past and agreed that the incident command structure was not necessary for this flu clinic. The MRC volunteers participated in the hot wash after the exercise very effectively. Everyone had at least one suggestion for improvement. Everyone thought the flu clinic went really well and was happy to be involved.