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## The Minute Taker's Guide

### Section 8: Taking Minutes in an Interactive Meeting

The traditional style of meeting discussed so far is not particularly suited to informal problem solving, collaboration, or for working out complex, interdependent issues. Nowadays, progressive organizations are adopting "interaction" meetings.

In conventional meetings, the chair has the most authority. The chair controls how the meeting proceeds, talks more than anyone else, and is responsible for the final decisions. This can negatively affect group participation and morale and can result in poor group decision making.

#### The Role of the Facilitator

In the interaction-style meeting, the chair separates procedural and decision-making responsibilities and appoints someone to assume a new role – facilitator. This enables the chair to sit and listen fully to the opinions of the group.

The facilitator's job is to accomplish a specific task. The facilitator must solicit opinions from the entire group, ensure that everyone feels comfortable with the process, and keep the meeting on target.

The facilitator is assisted by the recorder, who ensures that all the members' main points are written on large sheets of paper taped to the wall in front of the group. In this way, everyone has a clear and immediate understanding of what is being said and can see that all statements are accurate. As all ideas are considered to come collectively from the group – not from individuals – the names of the originators of suggestions are not recorded.

Both the facilitator and the recorder must remain neutral and refrain from voicing their opinions or editorializing. If either one feels the need to make a personal statement, he or she must ask the group's permission to temporarily step out of the assigned role.

An ideal situation would have all the members of the group taking turns to act as facilitator and recorder. In fact, the facilitator and recorder may even be invited from an outside department or group.

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1. Focus Group Discussions – a step-by-step guide University of Limpopo & VLIR project South Africa April 2011 - Dr. Annette Gerritsen, Epi Result 2. Purpose guide This guide is designed to provide you with an overview of the steps required to conduct a Focus Group Discussion (FGD) including the resources required, and instructions about what you do with the information when you have completed the FGDs. 2 3. Content • • • What is a FGD? uses: strengths and weaknesses. FGD protocol: introduction, literature review, methods, work plan, budget, reporting. Facilitator guide: questions, facilitation skills, logistics. 3 4. What is a FGD? A focus group discussion is a structured discussion used to obtain in-depth information (qualitative data – insight) from a group of people about a particular topic. The purpose of a focus group is to collect information about people's opinions, beliefs, attitudes, perceptions, not to come to consensus or make a decision. 4 5. Examples FGDs • • • Assessing the attitudes of nurses towards the mothers/caregivers of severely malnourished children in Namibia. Assessing the social consequences of being a tuberculosis (TB) patient in South Africa. Assessing the perceptions of young people in Zimbabwe about their risk of HIV infection. 5 6. When to use FGDs? (1) • • • • Gather opinions, beliefs, attitudes, perceptions, behaviours and motivations about a topic. Identify needs for a program or service. Test ideas, plans, programs, services, policies before introduction. E.g. to test an existing program in the local cultural context. Get feedback on a program, service, policy after introduction. 6 7. When to use FGDs? (2) • • • Clarify information gained from individual interviews or written surveys (quantitative study – quantify; numbers). Obtain information about relevant questions or terminology to include in a written survey. E.g. VLIR uses a WHO questionnaire on drug abuse including heroin. Heroin is not used in this local setting; adapt the questionnaire (to include locally used drugs)? E.g. in the local language there turned out not to be a word for "vulnerable". 7 8. Examples use FGDs (1) • • • Assessing the need for integrated services for HIV and TB. Gathering opinions of different stakeholders on the introduction of a National Health Insurance plan. Evaluating the implementation of the Integrated Management of Childhood Illness (IMCI) Program. 8 9. Examples use FGDs (2) • • • Randomised controlled trial on interventions to reduce unintended pregnancies among adolescents. Followed by FGDs studying why a particular intervention works. FGDs on barriers for victims of violence to seek health care. Followed by a written survey including the most important barriers to study the frequency of occurrence. 9 10. FGDs vs. in-depth interviews Strengths: Potential weaknesses: • • • • • Group interaction: building on each others answers. New topics might emerge. Facilitator lacks skills/s biased. • Participants feel uncomfortable voicing their true opinions in a group. • More logistical effort. • Findings are not generalizable. • Time consuming. • Expensive (financial and human resources). • Complex data-analysis. • Cannot determine causal effects. 12 13. FGDs vs. pre-hypothesis research (1) • • • FGDs: questions based on the objectives (hypotheses) which need an answer. Problems: socially desirable answers, facilitator influence (consciously or not). Pre-hypothesis research: obtains true insights into the perceptions of participants by having them tell their experiences without suggesting options. Useful for e.g. understanding patient satisfaction with health care services. FGDs can be used to refine (refocus) the results that came out of pre-hypothesis research. 13 14. FGDs vs. pre-hypothesis research (2) Similarities: Group discussion; In-depth information about a particular topic; Led by a facilitator. Differences (examples): • FDGs: no consensus vs. Future Backwards: consensus on heaven and hell scenario's. • FDGs: opinions vs. Anecdote Circle: stories and experiences. 14 15. FGD protocol (1) • • • • Title page: title, researchers, date. Introduction: problem statement, rationale, objectives. Literature review. Methods: setting, participants, questions, analysis, ethics. 15 16. FGD protocol (2) • • • • • Work plan. Budget. Reporting. References. Appendix: Facilitator guide (how to conduct a FGD). 16 17. Problem statement Why formulate the problem? • Foundation for objectives. • Explains why FGD should be undertaken; this helps to get support/consent of community representatives/ potential participants. What should be included? Nature, size, distribution, severity of the problem. Pre-hypothesis research could be used to get information on the problem e.g. how do people manage chronic disease? 17 18. Example problem statement TB control programs conduct contact investigations to identify persons exposed to infectious TB patients and check whether they also have TB. Currently most contact investigations in rural South Africa are not achieving optimal outcomes, failing to identify the most-at-risk contacts resulting in missed opportunities for prevention. 18 19. Rationale Why should this study be conducted? Example: To date, no known scientific studies have examined perceptions of patients and program staff of the TB contact investigation interview. 19 20. Significance How can the results from the study be used to solve the problem? Example: The findings from the study can be used to improve the TB contact investigation process, leading to better outcomes. 20 21. Objectives Why? To facilitate the literature review, question development, analysis, interpretation and utilisation of data. The objectives of a FGD summarise what is to be achieved. • General objective (purpose, aim). • Specific objectives. Important: keep it narrow/focussed! 21 22. Example general objective To explore the factors that influence the identification of TB contacts, by describing patient and program staff perceptions of the TB contact investigation interview in Louis Trichardt Memorial Hospital, in order to improve the outcomes. 22 23. Example specific objectives • • • To determine whether patients understand the purpose of the TB contact investigation interview. To determine whether patients see the benefit and importance of disclosing their contacts. To determine what qualities or skills do program staff believe contribute to effective TB contact investigation interviews. 23 24. Literature review Important at different stages: • Supporting data for problem statement, rationale, objectives: what is (un)known. • Developing methods: learn from the experiences of others e.g. how were the participants recruited; formulation of questions; data-analysis technique. • Interpretation of findings: similarities/differences with other studies. 24 25. Literature search (1) For medical literature: • • • Identify the key concepts from your objectives and use these as search terms. Determine alternative terms for these concepts, if needed. Refine your search to dates, study groups, etc., as appropriate. 25 26. Literature search (2) When you have identified the search results: • Check the titles and mark relevant articles. • Check the abstracts (summaries) of these articles and unmark those that are not relevant. • Obtain the full-text of the articles that are left. Keep your objectives in mind throughout this process. 26 27. Example literature search • • • Search terms from objectives: TB OR tuberculosis; contact investigation OR disclosing contacts OR contact identification; purpose OR benefit OR importance OR factors associated. Alternative terms: contact tracing. Refine search: patients, staff, (South) Africa. 27 28. Reading literature (1) Reading full-text articles: don't approach it as a novel, reading it word for word. As the abstract has been read, start with the visuals and probably the methods and results to clarify these. Then move on to the rest of the paper. Start with reading paragraph titles, if interesting first/last sentences (main idea), if still interesting the full paragraph. 28 29. Reading literature (2) Take notes (or highlight issues) as you read: complete citation, objectives, methodology (including context, participant details), summary of key findings, significance (for your study), important figures and/or tables, cited references to follow-up on, other comments. 29 30. Setting Choose and describe the study setting: Louis Trichardt memorial hospital, TB program, number of staff, number of contact investigations conducted per year ... 30 31. Participants (1) • • • Appropriate to the research (develop a list of inclusion criteria; brainstorm). Varying perspectives. But as well: Something in common as participants usually feel more comfortable expressing their opinions when they are in a group of their peers e.g. occupation, socio-economic status, age, gender, language/cultural group, authority, religion. 31 32. Participants (2) • • • Relatively unknown to each other as sharing sensitive issues (e.g. regarding mental health) is easier among relative strangers. Protect the privacy of your focus group members. Ensure participants know what kind of personal information will be shared with the group, if any. 32 33. Example participants • • • • • Adults (>18 years). TB patients (on treatment), both those that identified few contacts and those that identified many; program staff with > 6 months experience. From Louis Trichardt and surrounding communities. Both male and female patients. From the different cultural groups (e.g. Venda, Tsonga). 33 34. Group size • • • 4-12; enough (knowable) people to have a good discussion, but not so many that the discussion takes too long or people get left out. For complex topics rather have a smaller group, for more superficial topics a larger group. 34 35. Number of groups • • • In this example at least two groups (patients and staff), but more when e.g. male and female patients are studied separately. Possibly more than one group per category to reach saturation of the information. This excludes the pre-tester group. Also depends on: how much time, money and other resources (e.g. facilitators) you have. VLIR: time and money are available, enough capacity (facilitation, analysis) is lacking at the moment. 35 36. Recruitment Secure names and contact information via: • Existing lists (e.g. hospital administration). • Community groups. • Community members (make sure that inclusion criteria are clear). • Advertisements (local newspaper, radio). You need to recruit more participants than you actually need allowing for no-shows. 36 37. Questions: process • • • • • What do you want to know? (look at objectives and then brainstorm). Write this down in about 14 questions. Ask feedback from experts. Revise to about 4-7 questions: from general to specific. Pre-test. Finalize questions. 37 38. Questions: formulation (1) Good questions: • Short. • Use everyday language of the target group (avoid: jargon [e.g. protocol], abbreviations, acronyms). • Open-ended (no fixed answers). • Invitation to discussion: often begin with "how", "what", or "why". • Developed or translated in the language of the FGD. • Try to avoid questions that might trigger a conflict between the facilitator and the participants. 38 39. Questions: formulation (2) • • • Questions can involve activities: making a list, using rating scales, drawing pictures, sorting pictures. Avoid leading participants towards a particular answer. Check facilitator guides of other studies. 39 40. Examples questions (1) Objective: To determine what qualities or skills do program staff believe contribute to effective TB contact investigation interviews. • • • Tell us how you learned to do the contact investigation interview? What do you consider a good contact investigation interview? And what do you consider a bad contact investigation interview? Try to recall an interview that you considered good/successful and one that was bad/unsuccessful. (Try making two lists.) 40 41. Examples questions (2) • • • • • In your opinion, what makes it easy to get names from patients during an interview? What makes it hard to get names from people? How does each of you deal with people who resist giving the names of their contacts? (What skills to use?) What sort of training would you benefit from that would make the task easier? 41 42. Data-management • • • • • Data = recordings (transcripts), (transcripts of) focus group notes, notes of debriefing with facilitator and note taker. If needed, translate data to language of analysis. Analyse each FGD immediately (after a week the information is 'gone'). Write down the main points of each FGD. Note useful quotes. 42 43. How to analyse FGD data • • • • • Analyse question by question. Look for themes (repetitions). Look for group consensus or dissenting views. Compare data from all groups. Capture any key similarities in groups or notable differences. 43 44. Comparing data per question Theme 1 Theme 2 Theme 3 FGD 1 FGD 2 FGD 3 44 45. Data-analyst(s) • • • The data-analysis can be done simultaneously by different team members in order to get different views; come to a consensus. If needed, get an expert in qualitative data-analysis (as qualitative data-analysis is more difficult than quantitative dataanalysis, as it is more open to interpretation). 45 46. Ethics • • • Get ethical approval from the university and e.g. the Department of Health if FGDs are conducted with health care staff, or tribal authorities. Participants should give their informed consent (written or oral). They should be told: why they have been recruited; the topic; the number of participants; the importance of each individual contribution; the duration; any incentives offered; confidential use of information. 46 47. Workplan • • • Develop a key activity list: what should be done, by whom, by when? Total time depends on number of team members, available time of team members, experience of team members, easy/difficult setting, number of FGDs ... 47 48. Example workplan Who When Protocol development (incl. facilitator guide) Recruitment and invitation of participants



(incl. strategic allies) Recruitment and training of team, pre-test Logistics (e.g. venue, materials) Conduct of FGDs Analysis, reporting 48 49. Budget 51. Salary team, travel, accommodation (phone, food), • Incentives for participants/strategic allies (gifts, refreshments), • Venue (printing facilitator guide, recording equipment and batteries, phones, laptops, flip charts and markers, notepads and pencils, name tags), 49 50. Reporting Should include: • Summary • Introduction, Methodology (from protocol) • Results (themes, key points, quotes) • Discussion of results (what do these mean, similarities/differences with other studies) • Conclusion(s) • Implications (plan of action) 50 51. Facilitator guide Includes all the information that facilitators need in order to conduct a FGD: • Some background information, • Opening, Closure text, • Questions (although new issues might emerge during the discussion), • Tips for successful facilitation, • FGD checklist, 51 52. How to conduct a FGD • • • Total duration: 1.5-2 hours. Set up venue and equipment in advance. Meet and greet participants. 52 53. Opening (1) • • • • Welcome the group, introduce facilitator and note keeper. Overview of the purpose and format of the FGD (incl. recording of the session). Informed consent (if not, exclude). Ground rules. Participants introductions. 53 54. Opening (2) • Ice-breaker/introductory question: This should be non-threatening and easy to answer, so that everyone answers. It emphasises what is shared, gets participants thinking about topic, and makes people feel comfortable which encourages conversation. Time: approximately 10 minutes. 54 55. Ground rules • • • • Only one person speaks at a time. Give everyone an equal chance to participate in the discussion. Respect the opinions of others; don't put down or criticize others' comments. Respect the privacy of others in the group by not repeating what is discussed outside of the focus group. 55 56. Example opening (1) Good morning. Thank you all for taking the time to be with us today. My name is ..., and I am ... [position, affiliation]. My role is to facilitate this group discussion. My assistant's name is ... and he/she will be in charge of taking notes and making observations. The purpose of this group discussion is to talk about ... 56 57. Example opening (2) We will ask you some questions, which will take about 2 hours, and please tell us what you think is important. We want everyone to feel free to say exactly what he or she thinks, no matter what this may be. [Introduce ground rules.] Everything you say here will be kept confidential and anonymous, so noone will ever know what you personally said (only what the overall combined responses are). 57 58. Example opening (3) In order to capture all that is said we will record this session. Does everybody agree with their participation in this FGD? [get oral or written informed consent] Questions? Before we begin this session, I would like to quickly go around the group and give each person a moment to introduce him or herself. [Icebreaker/introductory question] Tell us how you learned to do the contact investigation interview? 58 59. Transition questions • • Link introductory and key questions. Delve deeper into participants' experiences. Time: approximately 10 minutes. 59 60. Example transition questions What do you consider a good contact investigation interview? And what do you consider a bad contact investigation interview? Try to recall an interview that you considered good/successful and one that was bad/unsuccessful. [Try making two lists.] 60 61. Key questions • • • Focus of the study. 2-5 key questions. Allow time to explore issues (new questions may arise). Time: 60 - 90 minutes. 61 62. Examples key questions • • • • In your opinion, what makes it easy to get names from patients during an interview? What makes it hard to get names from people? How does each of you deal with people who resist giving the names of their contacts? (What skills to use?) What sort of training would you benefit from that would make the task easier? 62 63. Closure • • • Discussion is summarized by the facilitator or note keeper, and participants clarify and confirm the information. Any remaining questions from participants are answered. Participants are thanked and next steps are indicated (dataanalysis, reporting). Time: approximately 10 minutes. 63 64. Tips for successful facilitation (1) Encourage discussion: • Maintain a warm and friendly attitude. • Establish eye contact with participants (if culturally appropriate). • Do not judge participants responses (verbally, body language). • If a participant gives a vague answer: probe, e.g. "Could you say a little more about that?" or "Would you give me an example of what you mean?" 64 65. Tips for successful facilitation (2) Keep the group focused: • If the group is getting too far off the topic, remind the group of the original question by summarizing the responses and then repeating the question. • If the group is finding the question difficult to answer, rephrase the question. 65 66. Tips for successful facilitation (3) Keep individual participants from dominating the conversation: • Try avoiding eye contact with dominant participants. • Remind the group that everyone's opinion is important. • Acknowledge the response of the dominant participants and redirect the discussion by asking other participants for their opinions. • In VLIR they 'freeze' a participant for a set amount of time, whereafter the person is free to talk again. 66 67. Tips for successful facilitation (4) Encourage shy participants to contribute. • Making eye contact with quieter participants. • Gently ask quieter participants for their opinions during pauses in the conversation by addressing them by name. 67 68. Tips for successful facilitation (5) Be aware of group pressure: Probe for alternate views from the group, e.g. "That is an interesting viewpoint. Let's also explore some alternatives." Monitor time closely. 68 69. Responding to comments • • • Do not indicate agreement: "I agree", "That's great", "Fine". Restrict head nodding. Use short verbal responses: "Yes", "OK", "Uhhuh". 69 70. Maintaining the flow Pause: • 5 second pause. • Don't rush into questions. Probes: • To obtain further information or clarification. • To encourage differing viewpoints. 70 71. Participants' questions • • Be prepared to answer or postpone answering. Frequently asked question: "Can we get a copy of the report?" (So know the answer, and do not give a promise that you can not keep.) 71 72. Facilitator • Crucial to the success of a focus group. • Skills include: - Background knowledge of topic. - Sensitive/respect for participants' opinions. - Can interpret verbal and non-verbal responses. - Good listener, can manage lively group discussion. • When recruiting facilitators consider: experience, language/cultural group, gender, age, socio-economic status. 72 73. Note taker • • Operates recording equipment. Listens and observes. Takes notes (comments, group dynamics, interesting shifts in conversation). Note that it is very important to practice this, as this information is very valuable and can't be gotten from the recording/transcript. 73 74. Other team members May include: • Participant recruiter. • Logistics coordinator. • Translator of transcripts. • Data-analyst. It would be best if each person of the team would be able to take up different roles. 74 75. Training • • • • • Facilitators (and note takers), Content (based on level of experience): - Basics of FGD methodology. - Exercises. - Familiarize with facilitation guide. - Conduct actual focus groups. Refresh skills from time to time. Feedback to facilitators + revise questions/facilitator guide. After action review after each FGDs. 75 76. Logistics • • • • Participants recruited, invited, reminded. Materials purchased/produced: printing facilitator guide, recording equipment and batteries, phones, laptops, flip charts and markers, notepads and pencils, name tags. Reservation venue, ordering refreshments. Transport and accommodation arranged. 76 77. Identifying strategic allies • • • Visit the gatekeeper of the community (chief, pastor, school principle) and explain the objective of the FGDs. Identify potential participants through community partners, or individuals with established relationships in the community. Especially important if you are trying to recruit a hard-to-reach population e.g. TB patients. Within VLIR the contacts are there, but these are all based on personal relationships which make them vulnerable. 77 78. Venue • • • • • Needs to accommodate up to 14 people (participants, facilitator, note keeper). Neutral, comfortable, safe. Distraction free (e.g. telephones, traffic). Easily accessible, easy to find. Tables and chairs not fixed: participants face each other (circle/U-shape). Re-arrange the venue if needed. Examples: health facility, classroom. 78 79. Pre-test • • • Test logistics. Test facilitator guide, especially the questions. Training for facilitators in the field. 79 80. Invitation to participate • • • • Send formal invitation to participants (letter, e-mail). Include: purpose FGD (or "group discussion"): why you want their opinion; where and when (date, times). Give information on the general topic, but do not reveal any questions. Remind participants about 2 weeks before (letter, email, phone call, visit). Phone reminder the day before. 80 81. Checklist FGD • Venue set up, refreshments available. • List of participants, name tags. • Recording equipment set up (spare batteries). • Flip chart set up, markers. • Notepad for note taker, pencils. • Facilitator guide. • Watch/clock/phone. Afterwards: label notes, recording materials. 81 82. Resources (1) • • • • • Burman CJ. The round and round workshop overview. Polokwane: University of Limpopo; 2011. Cognitive Edge. Pre-hypothesis research (working paper). Cognitive edge: 2006. Delobelle PA. HIV&AIDS/STI/TB care and referral across levels of care. Focus group discussion guide. VLIR project South Africa; 2011. Dudley T, Phillips, N. Focus group analysis: A guide for HIV community planning group members. Dallas, UT Southwestern Medical Center. 97Guide for Focus Group Analysis.pdf I-TECH. Organizing and conducting focus groups. Washington, ITECH; 2006. 82 83. Resources (2) • • • • Rubinstein R. Focus Groups. Sydney, The University of Sydney; 2010. ns/focus\_groups\_rachelle\_rubinstoin.pdf Shrestha-Kuwahara R, Wilce M, DeLuca N, Taylor Z. Factors associated with identifying tuberculosis contacts. Int J Tuberc Lung Dis. 2003;7(12):S510-S516. Shrestha-Kuwahara R. Focus group discussion guide: Health department staff who conduct contact investigations. Atlanta; Centers for Disease Control and Prevention: 1999. 606.doc Theobald S, Nyirenda L, Tulloch O, et al. Sharing experiences and dilemmas of conducting focus group discussions on HIV and tuberculosis in resource poor settings. Int Health. 2010 (in press). 83 The problem statement was: There is an AIDS epidemic worldwide and in Africa. Currently no cure or vaccine for AIDS exists. Behaviour change remains the only implementable intervention area. One of the possible general objectives could be: ... The problem statement was: There is an AIDS epidemic worldwide and in Africa. Currently no cure or vaccine for AIDS exists. Behaviour change remains the only implementable intervention area. One of the possible general objectives could be: ...

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