

Chapter Two. Instructions on how to implement the questionnaires

Step 1: Determining timing of evaluations

Using the tools in this kit can help identify areas of improvement for recruiting and utilizing MRC volunteers. In theory, evaluations should be performed after every deployment and results fed back into improvements very rapidly (see chapter three). Ultimately, these tools should be used annually or after every MRC deployment over the course of a year, allowing the results to be used for rapid cycles of improvement (see chapter three). Using this Toolkit every time the MRC unit is asked to participate in an event (such as a flu clinic) may be ideal. Flu clinics are generally conducted during the same time period each year before flu season. In some locations, several flu clinics are held over the course of a few months. These instruments could be used to improve performance and participation of MRC volunteers throughout the flu season (at each flu clinic offered in a given year), or on an annual basis (thus conducting the evaluation at one flu clinic once a year and analyzing the results for the next year) depending on local needs and available resources.

Step 2: Determining staffing and materials

A survey coordinator (i.e. an MRC volunteer) should be identified by the MRC unit coordinator to manage the distribution and collection of surveys from the LHD staff and the MRC volunteers at each site, and to aggregate the data from the surveys after the event.

Instructions for implementing the Volunteer Self Assessment Questionnaire

The Volunteer Self Assessment Questionnaire can be found on the website: www.mrctoolkit.com or can be downloaded and printed from Harvard School of Public Health's website: <http://www.hsph.harvard.edu/hperlc/resources-and-toolkits/medical-reserve-corps-toolkit/index.html>.

It is clearly beneficial to distribute the questionnaires the day of the activity to maximize participation, as MRC volunteers and LHD staff may be less motivated to complete an online survey once they return home. If some volunteers did not respond to the paper questionnaire, then data collection can eventually be integrated with an online survey or implementation of the survey by phone.

Instructions for implementing the Barriers to Volunteering Questionnaire

The second survey instrument is to be completed by the MRC volunteers who were contacted by the MRC coordinator to participate in a specific public health activity, but were unable to attend. This instrument has been designed to identify barriers to the deployment of volunteers. This questionnaire should be conducted online by having MRC volunteers who were unable to attend the event answering survey questions found on the website: www.mrctoolkit.com.

Instructions for implementing the LHD Staff Questionnaire on MRC Volunteers

It is useful to print copies of Instrument Three on different colored paper than Instrument One to allow the staff collecting the questionnaires to easily inform different groups of individuals about which survey they should fill out. If the LHD staff decide to use the Toolkit, it

is essential to engage the MRC coordinator in the planning process, as we found better participation at locations where the MRC coordinators ensured that all volunteers were answering the surveys.

Using incentives

Many volunteers mentioned that they would have filled out the survey without an incentive, but offering incentives is known to encourage participation. The incentive for participating in the survey can be mentioned in the instrument itself. For example, in the paper questionnaires a final page can be added to Instrument One thanking the participant for filling out the survey and informing them about the incentive. The additional page can request the name and address of the survey participant for entry into a gift certificate raffle. The individual filling out the survey can then tear off this page and turn in the survey separately, remaining anonymous.

Step 3: Facilitating data collection

On the day of the event, the survey coordinator should arrive early, at least half an hour before the activity begins. This will allow the survey coordinator and the MRC leader to determine the best time and place to distribute the surveys. It is also particularly helpful if the MRC coordinator actively encourages the MRC volunteers to fill out the surveys. The survey coordinator should stand by the door to inform MRC volunteers of the survey and incentives (if available) as they come into the clinic to work. Moreover, standing by the door can also help

identify MRC volunteers or LHD staff that may have forgotten to fill out a survey so that they can be reminded to complete one.

Step 4: Making observations

It is particularly helpful for the survey coordinator to take notes on her/his observations during the entire event. A narrative report, as seen in Appendix A, should be written as soon as possible after each event detailing the activity observed. The average length of a narrative report is three pages and should include information on the site, number of volunteers, number of clients, hours of operation as well as issues that emerged during the operation of the clinic and solutions implemented. This document is particularly helpful for putting the results of the survey instrument into context.

Step 5: Conducting the hot wash

At the end of the event, the MRC coordinator should lead a “hot wash” or a debriefing session with the MRC volunteers and other participants. Or, when a hot wash is conducted by participating program partners, the MRC “hot wash” should be a part of it. The survey coordinator should be present for the session and take notes to include in the narrative, but should observe rather than participate in the hot wash.

Step 6: Conducting data entry and data analysis

In the summer of 2011, a new website was developed that allows each MRC unit coordinator to enter the data from the paper versions of the “Volunteer Self Assessment

Questionnaire” and the “Barriers to Volunteering Questionnaire.” The website can be accessed at: www.mrctoolkit.com. The MRC coordinator can collect the survey questionnaires at the end of a public health activity and then go to this website to enter the volunteers’ surveys into the website one survey at a time. Once the MRC coordinator accesses the website, he or she should select the MRC unit to which he or she belongs from a drop down menu on the home page of the website, type in the name of the public health activity (for example: “Flu Clinic at Eastbrook High School”) in the appropriate box and type the date of the public health activity before selecting “click here to start the survey”.

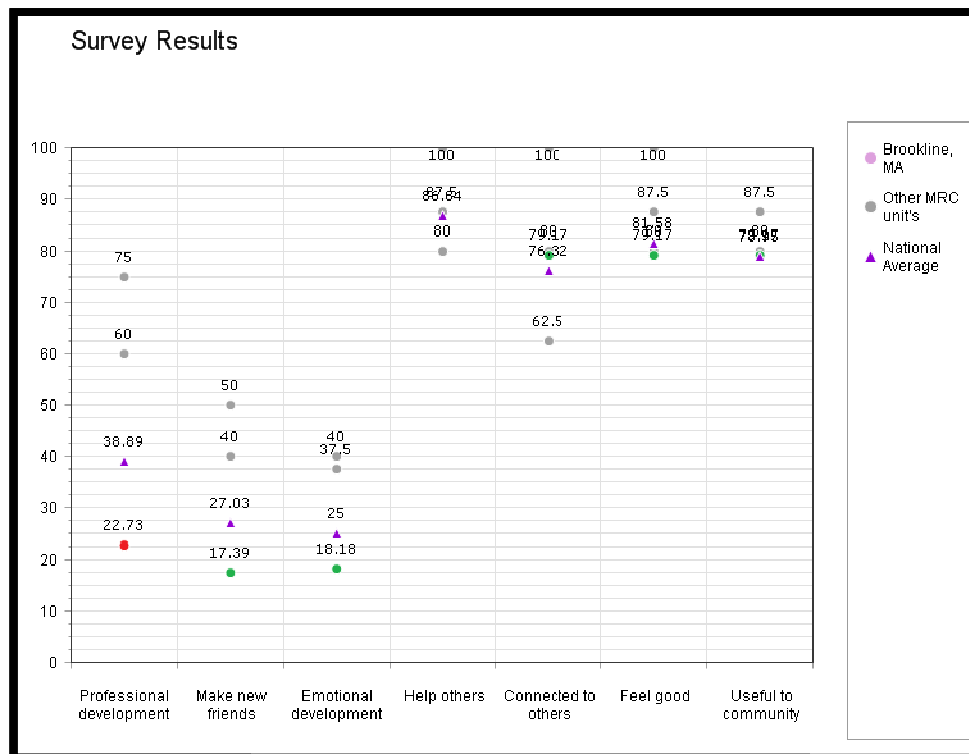
This online program allows each MRC unit coordinator to enter data from the questionnaires collected after a specific event and obtain a graphical report of her/his unit results. Before initiating data entry the MRC coordinator must sequentially code the paper questionnaire starting from number 1. For the survey questions it is possible to get a graphical report that compares the unit results with the average of the nation, as well as a report that shows the unit results overtime. This system allows the MRC unit coordinator to understand what areas of volunteers’ engagement need further improvement. Because each unit’s data is compared to others, MRC unit coordinators who use the website early in the season should return later to get more complete comparison data.

As illustrated in Figure 1, the results for the question asking participants to rate the importance of seven aspects of engagement as a volunteer are presented below. The results that are plotted indicate the percentage of individuals that rated the following seven categories a five (5) on a scale of not important (1) to very important (5). The purple triangles signify the national average. The red dots on the graph represent data points for the particular unit (in this example, from Brookline MA) that is significantly different from the national average. The green dots

represent data points for the same location that are not significantly different from the national average. Both calculations are done using a p-value of 0.05, which means that there is less than a 5% possibility that the results labeled as significant are actually due to chance.

As one can see from Figure 1, 22.73% of Brookline MRC volunteers strongly agreed that volunteering was good for their professional development. The national average for this question is 38.89. The red shading of the data point indicates that Brookline's proportion for this question is significantly different from the national average. For the second entry in the graph below, 17.39% of Brookline MRC volunteers strongly agreed that volunteering was a good way to make new friends. The national average for this question is 27.03%, and the green data point indicates that Brookline's results are not significantly different from the national average. The remainder of the questions are interpreted in the same way.

Figure 1. Sample Feedback Report.



Another example, Figure 2 shows that 14.29% of Brookline MRC volunteers responded that they strongly agreed that H1N1 flu may have had severe consequences in their MRC coverage area. The national average was 11.11%. The green data point for Brookline shows that results were not significantly different from the national average. For the second question displayed in Figure 2, MRC volunteers were asked whether successful performance of their MRC duties will help with the response to the H1N1 flu. Approximately 36.36% of Brookline MRC volunteers strongly agreed with this statement, whereas 42.86% of MRC volunteers on a national basis strongly agreed with this statement. And the green data point for Brookline shows that the results for this question were not significantly different from the national average.

Figure 2. Sample Feedback Report.

