Focus Group Facilitation Manual

Prepared for Children’s National Health System

April 2016

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# I. Overview of Focus Group Research: Description, Uses and Limitations

**Description**

A focus group is a form of a group interview facilitated by a moderator. The fundamentals of any type of interviewing for research purposes are present, including:

* Recruitment of participants;
* An interview session where the moderator takes time to establish rapport;
* Questions are asked using a (moderator’s) guide, and answers are recorded, and
* A written summary of findings is prepared.

The purpose of focus groups are to gain insight. As such, the moderator presents questions or issues to the group and elicits their responses. There are no right or wrong answers; the moderators seeks to surface and understand all points of view and as many different views as exist within the group. As such, facilitating a focus group is different from work group facilitation where consensus is sought.

The moderator encourages interchange among the participants (asking each other questions), keeping the conversation centered on the items in the moderator’s guide. The moderator does not answer questions or defend current services or processes. Their job is to not to educate those present; it is to elicit their thoughts, feelings, opinions, perspectives, reactions, etc. Even if a participant says something totally erroneous, the moderator’s role is to explore why they feel the way they do, not to correct the participant.

A good size for a focus group is 10 -12 participants – this usually results in a variety of perspectives and active interchange. Focus groups always last 90 minutes. Focus groups on a single topic are considered the norm for effectively informing further research on a given topic or issue.

**Uses**

Focus groups are used to gain insights about attitudes, beliefs, motivations and behaviors. Some of the medical education and related care delivery issues focus groups may be useful to include:

* Reactions to courses/curriculum (i.e., clerkship or residency orientation, a refresher course, a new way of teaching);
* Specific service experiences (i.e., working with children with complex care needs, providing advice to obese patients/families, working at a particular site);
* Process experiences (i.e., obtaining a specialty referral, identifying community resources);
* Learning to use certain products/do certain things (i.e., using MedHub, submitting a proposal to the IRB), and
* Testing concepts and ideas (i.e.: a new course, a revised process).

Directly related to patient care, focus groups can be useful in gaining insights about reactions to service delivery, process experiences, proposed changes, communication materials, and motivations to follow provider directions and/or continue with care plans.

The potential for focus group research is vast; the key questions to be asked in considering them are:

1. What do we really want to know and

2. Are we willing to do what the participants suggest?

If #1 is not clear and/or #2 is not taken seriously, the participants’ time and organizational resources will be wasted. In addition, the organization may build a reputation for misuse of focus groups that will impact future recruitment.

**Limitations**

There are several biases of focus group research due to the nature of the participants, who tend to be more assertive than the general population and may be more articulate and willing to express opinions. Focus group participants are not truly randomly selected— they were picked to reflect important demographic and/or experiential differences and are self-selected in that they were available at the time a group was scheduled.

Readers of focus group reports will find some information that is inconsistent with known facts. When such data appears in the context of findings it should be considered as valid data from the participant point of view. That is, the participant may be misinformed or simply wrong in his knowledge or judgement… this itself provides useful information regarding communication.

Focus group research seeks to develop insight rather than quantitatively precise or absolute measures. Focus group research is intended to clarify cloudy issues and point the direction for further investigation. Because of the limited number of participants and the restrictions of recruiting, the data provided in focus group research cannot be projected to a universe of similar participants, rather is used to develop subsequent survey instruments.

# II. Logistics: Recruitment, Room Arrangements, Taping and Remuneration

**Recruitment**

Once focus groups are determined to be the appropriate research method, criteria for participation should be identified. This may include items such as:

* Demographics: age, sex race, etc.;
* Experience: years of school, year in medical education program, other work or volunteer experience, etc.;
* Past service use;
* Area of residence or
* Referral source.

Generally speaking, the more homogeneous the group, the more specific the discussion (ex: second year fellows are likely to have more similarities than all trainees). Again the purpose should dictate the selection criteria.

**Over-recruit.** For 10-12 people to show, 14-16 must be recruited. The recruitment process includes the following steps:

1. Determine the criteria for participation.
2. Identify sources of lists of possible participants.
3. Decide who will do the screening. A neutral party should do the screening so participants do not feel “required” to participate.
4. Write the recruitment screener.

Ex: Hello this \_\_ from CNHS. I’d like to invite you to participate in a group discussion on \_\_ issues to be held on\_\_ at \_\_. Light refreshments will be provided and you will be paid $\_\_ for your time. We’re very anxious to hear from you. Can you join us?

1. Screen until you have enough participants. Screening should be done about three weeks before you want to hold the group.
2. Send a confirming letter or e-mail with the date, time, place and your contact information.
3. Call and/or e-mail four days ahead.

**Room Arrangements**

Focus groups should be conducted in a comfortable, conference-type room. An off-site location is preferred for neutrality; however, this may be costly. For trainee groups, a site within the facility that is not within “medical education” is preferred. Hotel conference rooms (often donated) are popular sites for patient focus groups, however, it may be more convenient for patients to come to the hospital or another clinical site for various reasons.

A large, round or long rectangular table should be used. Each participant must be able to see each other and the moderator. Space for taping equipment should be separate, with only microphones on the table.

The moderator and an (neutral party) assistant should be the only non-participants in the room. The assistant should welcome the participants, record their name, and handle the remuneration.

The door should be closed when the focus group starts. Those arriving after the introductions are made should not be admitted, but told that “the group has begun and cannot be interrupted.” Later comers **should** be given the remuneration and told they will be considered for future focus groups. If anyone is insistent on being heard, tell them the moderator will contact them for a private interview.

If “watching” is desired, a room with a one-way mirror should be rented.

Under no circumstances should any parties other than the moderator interact with participants (this includes before and after the groups).

Light refreshments should be made available, if the group is run mid-day or in the evening, consideration should be given to offering a full lunch or dinner. Refreshments should be set up at the back on a separate table. Restrooms should be in the room or nearby.

**Taping**

All focus groups should be audio-taped. This allows the moderator to focus on moderation, not notetaking. It also records comments verbatim for use in the report. Initially, participants are conscious of the machine; this fades in the first 10 minutes.

Videotaping is not an absolute, but does provide a means of capturing body language and nonverbal communication. Use should drive taping decisions: If seeing reactions is important to influence decision-makers, then videotaping should be considered. In any case, the assistant should handle all equipment and leave the moderator free to facilitate the group.

**Remuneration**

It is customary to pay participants in cash. The current rate is $25 per participant. Individual envelopes should be prepared for each participant and distributed after the end of the session as they are leaving the room. Parking passes should also be provided.

Students usually are not remunerated; but a meal is expected (such as pizza) and a drawing for a small gift (Starbucks gift card, book, etc.) may encourage participation.

# III. Moderation

Good focus group moderation involves organized leadership of the group (based on the moderator’s guide) and good moderation technique.

**The Moderator’s Guide**

The moderator’s guide is used to direct the discussion. It is kept by the moderator (i.e., participants do not have copies). The general structure of the guide is as follows:

Introduction: 1 minute

Ground Rules: 2-3 minutes

Participant Intros: 2-3 minutes

General Discussion: 15 minutes; topics should be broad and easy for participants to relate to

Focused Discussion 55 minutes; the real issues at hand

Close: 5 minutes

Groups last 90 minutes. One ten minute break should be taken half way through. The audiotape

should remain on during the break. Sample guides can be found at the end of this section.

**Moderation Techniques**

Questions which are good probes and helpful techniques for handling some group behaviors are

provided below. Good moderation is learned behavior; you have to do it to excel at it.

**Probes**

* What else? Who else? How so?
* What makes it (word they said previously).
* Why do you feel this way?
* That’s an interesting point- can anybody support?
* Good point – do others agree or disagree?
* Tell me more about that
* What do you think?
* What would you do?
* What’s your hunch?
* Give me an example of \_\_\_.
* What have I missed/not heard yet?

NEVER ASK “WHY” – it makes of people defensive

**Other Techniques**

* Play devil’s advocate.
* State an untruth and have them defend/reject.

**Handling Problem Participants**

* X has the floor.
* One at a time please, X would you repeat your comment?
* X hold that thought. Y can you finish what were you saying?
* I know that X is aware of \_\_\_. How about Y?

**Handling Wandering**

* (Hold up hand) Wait – does that relate to \_\_\_?
* Interesting point. But how about \_\_\_?
* That’s a side issue. Let’s get back to \_\_\_.

**Handling Shyness**

* What do you think, X? Has that ever happened to you?
* What do you do X, when that happens?

# Sample Guides

**Sample Moderator’s Guide: The Consult/Referral Process for Parents**

* As people enter, collect signed consent forms. Provide blank forms to those who forgot to bring them.
* Ask participants to complete the demographic form.

**Introduction: 1 min**

Hello my name is \_\_\_\_\_\_\_. I am the facilitator for today’s focus group. The purpose of this focus group is to help our team understand the pediatric consultation/referral process from your perspective. What you tell me will be helpful to what we teach medical students and residents so they can make the process go as smoothly as possible for other patients. We want hear your reviews about the process, from the time you were told that a referral was needed to the time you saw the regular pediatrician again.

**Ground Rules: 2 mins**

Before we begin, I’d like to cover a few simple ground rules:

1. The session will last about 90 minutes. We won’t take a formal break but please feel free to get up when you need to.
2. The session is being tape recorded so I do not have to take notes. There is no hidden camera or anything else to identify you. The tape recording will be transcribed but will not identify who you are.
3. I would like all of you to have an opportunity to talk, but you don’t each have to answer every question.
4. Please talk one at a time in a loud voice and please avoid side conversations with your neighbors
5. Please do not take notes. We need you to focus your attention on the discussion.
6. Please feel free to ask each other questions as well as respond to mine. Please feel free to say what you think— make negative comments as well as positive ones. There are no right or wrong answers— we are looking for different points of view.

**Background: 2 mins**

Please introduce yourself to the group and tell us:

* Your name
* How long you have lived in this area
* The age of your child and one thing about them that is special

**Go around the table…**

**Own Experience: General: 20 mins**

As I mentioned earlier, we have invited each of you here to discuss the experience in being referred to a specialist for your child.

1. Think of a time when your child was referred to a specialist (physician or healthcare provider such a physical therapist, psychologist, etc.).
2. What happened? Let’s draw the process on the board
3. What about this went well?
4. What did not go well? Why?
5. What would you like to be done differently for a future referral/consultation?
6. Did anything surprise you? Why were you surprised?
7. What could you have done to avoid the surprise?

**Own Experience: Details: 30 mins**

1. Thinking of the same consult experiences, please take me back to the time you went to your primary care doctor—before you saw the specialist. What happened?

 Probes:

* Who first suggested the idea of seeing a specialist?
* If the provider, what did they say?
* Was the reason for seeing the specialist clear?
* Were there any requirements about who you saw and when you saw them?
1. What happened after your child’s primary care doctor told you, you needed to see a specialist?

Probes:

* How was the appointment made?
* Who made the appointment?
* Was the appointment when you wanted it to be?
* Did you have to do anything before the appointment?
* Did any staff from your primary care doctor’s office participate in arranging the appointment?
1. What happened when you went to see the specialist?

Probes:

* What happened when you arrived?
* What happened before you and your child were brought into the exam room?
* What happened next in the exam room?
* Did you see the specialist right away or someone else first?
* What did that person do?
* What happened when the specialist first came in?
* Did they mention your referring primary care doctor?
* Did they understand the reason for the visit?
* Did they have information from your referring primary care doctor or from the hospital record?
* Was the information accurate?
* How well were your child’s needs addressed?
* Was there anything about the visit that was not what you had expected?
* How did the process go?
* How did you react to the information you received?
* Who participated in the visit besides the specialist?
* What did you think about the amount of time involved?
* What did the specialist tell you about how to follow- up with your regular primary care doctor?
1. What happened when you saw your regular primary care doctor again?

Probes:

* Did they have a report from the specialist?
* Did they discuss with you the diagnosis? Tests? What had been prescribed?
* Did it appear to you that they had been in contact with the specialist about your child?

**Roles: 20 min**

1. How did you feel about the role you played in the process?

 Probes:

* What was comfortable for you?
* What was uncomfortable for you?
* What could have been done to make this better?
1. Tell me about the insurance company’s role in the (referral/consultation) process.
2. Tell me about other people or factors that played an important role in your experience with the referral/consultation process.

**Overall: 15 mins**

1. As you think about everything we have discussed so far, what are the best features of the process you experienced?
2. What would you want to make sure doctors in training were taught to make sure the referral process is the best it can be for you and your child?
3. Was there anything else anyone would like to add?

Thank you for being here tonight. We are continuing to hold discussion groups, so I would appreciate it if you did not share anything with other parents because it might bias what they say. Please do encourage them to come, but avoid telling them what was said. Thank you!

**Sample Moderator’s Guide: The Consult/Referral Process for Providers**

* As people enter, collect signed consent forms. Provide blank forms to those who forgot to bring them.
* Ask participants to complete the demographics form

**Introduction: 1 min**

“Hello--my name is \_\_\_\_. I am the facilitator for today’s focus group.”

The purpose of this focus group is to help our team understand the pediatric consultation/referral process from your perspective. We hope to build an in-depth understanding of the referral and consultation process, then use the insights we gather to build a curriculum for pediatric residents. We want to hear your views about the process, from your experience with referring, receiving referrals and providing consultations.

**Ground Rules: 2 mins**

Before we begin, I’d like to cover a few simple ground rules:

1. The session will last about 90 minutes. We won’t take a formal break but please feel free to get up when you need to.
2. The session is being tape recorded. There is no hidden camera or anything else to identify you. The tape recording will be transcribed but will not identify anyone’s name. If one of us says a name, we will remove it when we transcribe the tape.
3. I would like all of you to have an opportunity to talk, but you each have to answer every question.
4. Please talk one at a time in a loud voice and please avoid side conversations.
5. Please do not take notes. We need you to focus your attention on the discussion.
6. Please feel free to ask each other questions as well as respond to mine. Please feel free to say what you think—make negative comments as well as positive ones. We are looking for different points of view.

**Background: 2 mins**

Please introduce yourself to the group and tell us:

* Your name
* Your professional role
* How long you have filled this role
* Something you appreciate about the children and families for whom you provide care.

**General Experience: 20 mins**

1. Tell me about your experience/s with the referral and consultation process.

Probes:

* How do you approach making referrals?
* How do you approach providing consultation?
* How do you approach communication with the referring physician after you see a child?
1. Think of a time a referral and consultation went well. What were the factors that helped create a successful experience for everyone involved?
2. Think of a time a referral and consultation did not go well. What were you the factors that led to a less than successful experience?

**Roles-Providers: 30mins**

1. Tell me how you perceive your role in the referral/consultation process.

Probes:

* What can others involved in the process do to make it easier for you to fill your role well?
* What factors in the health care system create challenges for you during referrals and consultations?
1. Tell me about the role of primary care doctor in the referral/consultation process.

Probes:

* What knowledge, skills and attitudes does a primary care physician need to fill this role well?
1. Tell me about the role of a primary care doctor’s office staff in the referral/consultation process.

Probes:

* What can the primary care physician’s office staff do to help the referral/consultation process go as well as possible?
1. Tell me about the role of a specialist or other healthcare provider in the referral/consultation process.

Probes:

* What can a specialist do to help the referral/consultation process be most useful to children, families, and referring physicians?
1. Tell me about the role of a ­specialist’s or other healthcare provider’s office staff in the referral/consultation process.

Probes:

* What can the specialist’s office staff do to help the referral/consultation process go as well as possible?

**Role-Others: 20 mins**

1. Tell me about the role the family in the referral/consultation process

Probes:

* What can the family do to help the referral/consultation process go as well as possible?
1. Tell me about the insurance company’s role in the referral/consultation process.

Probes:

* How do insurance companies facilitate referrals and consultations?
* What barriers to successful referrals and consultations do insurance companies create?
1. Tell me about other people or factors that play an important part in the referral/consultation process.

**Improvements and Training: 15 mins**

1. How might the referral/consultation process be improved?
2. All pediatricians will make referrals and provide consultations during their careers, whether they are primary care pediatricians or pursuing a fellowship in a subspecialty. With this in mind, what would you recommend for inclusion in a curriculum for pediatric residents?

Probes:

* What knowledge, skills and attitudes do they need to manage the referral/consultation process?
* Do they have any recommendations about to teach residents about referrals and consultations?
1. Is there anything else anyone would like to add?

Thank you for being here tonight. We are continuing to hold discussion groups so I would appreciate it if you did not share anything with other providers because it might bias what they say. Please do encourage them to come but avoid telling them what was said. Thank you!

**Sample Moderators Guide: Community Image/Service Needs**

**Introduction: 1 min**

Hello my name is \_\_\_\_ and I’m the moderator tonight.

The purpose of this discussion is to talk about your use of healthcare in the area. I will be asking for your opinions about different healthcare services in the area and your ideas for improving services.

You will not be asked anything of personal or confidential medical nature.

**Ground Rules: 2 mins**

I’m a research consultant. I spend my life asking people about products, services and ideas. I am personally interested in what each of you have to say— positive or negative. There or no right or wrong answers.

Feel free to make comments — good or bad—about anything that comes up in the discussion. Before we begin, I’d like to cover a few simple ground rules:

1. The session will last about 90 minutes and we will observe the no smoking option in this room. There will be one 10 minute break.
2. This session is being tape recorded so I don’t have to take notes. There is no hidden camera or anything else to identify you. The tape recording will not identify who you are.
3. I need all of you to talk, but you don’t each have to answer every question.
4. Please talk one at a time and in a loud, clear voice and please avoid side conversation with your neighbors.
5. Please feel free to ask each other questions as well as respond to mine.
6. Say exactly what you think. There are no right or wrong answers—we’re looking for different points of view. Feel free to make negative comments as well as positive ones.

**Background: 2 mins**

Please introduce yourself to the group and tell us:

* Your first name
* What you do in the daytime?
* How long you’ve lived in the XYZ area?

Self-introduction of moderator.

**General: 10 mins**

As I mentioned earlier, we have invited each of you here tonight to discuss healthcare services.

I would like all of you to think for a minute and tell me:

* What was the last healthcare service you used?
* For what reason did you use the service?
* What made you decide to use the service?
* Would you use it again?

**Services: 10 mins**

I would like you to think about the healthcare services you have used in the last two years, and ways in which they may be made more convenient for you.

1. Are there services you have had to travel too far for?
* What were the services?
* How far did you travel?
* What would you consider a more reasonable distance?
1. Are there services for which you had to wait too long for?
* What were the services?
* How long did you have to wait?
* What would you consider a reasonable waiting period?

 Probe: Physicians specifically

1. Are there services for which you feel the hours were not convenient for you?
* What were the services?
* What were the hours?
* What hours would be more convenient for you?

Probe: Physicians, tests specifically

1. Are there services which you feel were of poor quality?
* What were they?
* For what reasons was the quality of services poor?
* What would improve the quality?

**Hospitals**

All of you have been hospitalized in the last two years: Could each of you tell me:

1. Where were you hospitalized? (FLIP LIST)
2. For what reason? (Do not state specific reason, rather general, e.g., surgery).
3. When told of your need to be hospitalized, what were concerns?

*Then take each hospital one at a time:*

1. Given your hospital experience, what were the positives and negatives of the hospital?(FLIP CHART)

Probes:

* Nursing Staff
* Food
* Cleanliness
* Room Décor
1. Looking at the negatives what would the hospital have to do make it positive/better?
2. You’ve been hired to write a slogan/advertisement for the hospital you were admitted to. Give me only the first three words that come to mind. (Think about it—go on to the next pro and con).
3. If no one has gone to
4. \_\_\_Hospital,
5. \_\_\_Hospital,
6. \_\_\_Hospital,
7. \_\_\_Hospital,
8. \_\_\_Hospital,
9. Or XYZ Hospital

Could you please tell me your perception of the strengths and weaknesses of these hospitals?

**Break: 10 mins**

Let’s take a 10 minute break and when we come back will talk about specific services.

**Specific Services: 15 mins**

Now let’s get more specific about areas’ hospital services. I would like you to use this sheet (handout of list of hospital services).

First please put an “X” for the hospital which would be your first choice for that particular service.

Then, if there are other hospitals which you would consider for the service, but would not be your first choice mark an “X” for that service.

* For each category, ask which hospital they gave an “X” to.
* For what reason(s) did you choose the hospital as your first choice for the service?

**One Hospital: 15 mins**

Let’s take one of the hospitals and discuss how they could improve their services to the community.

For example, I would like all of you to pretend that you have just been appointed Board Member of XYZ Hospital.

1. What were three things would you want to change about XYZ Hospital?

(FLIP CHART OF LIST)

1. If you can only change one thing on this list, what would be the most important for XYZ Hospital? (SHOW OF HANDS)
2. How would you change it?

**Close: 5 mins**

1. What did you learn here that was new for you?
2. Was the meeting what you expected?
3. Do you have any questions?

Thank you for being here tonight. Your comments have been very helpful and will be reported to our client who is XYZ Hospital. We have a gift of appreciation for you on your way out. Thanks again!

**Partial Moderator’s Guide: Evaluation of a Specific Service**

(To be included as part of a focused discussion)

1. I’d like to start by asking you tell me what services are available for helping people with?
2. Emotional Problems
3. Chemical Dependency
4. Which one of these services do you think the general public is most aware of?
5. How do you think most people find out about these services?

SUMMARIZE-RECAP

1. Do you know of situations where people have tried to get or use services and couldn’t locate them?
* What kinds—can you describe them?
1. If a friend, co-worker or family member asked you to help them find help for an emotional or chemical dependency problem, what features would you consider important in referring them?
* Make a flip chart list.
* Which of these features are the most important? (Asterisk)

 SUMMARIZE-RECAP

1. On the scale of 1-10, where 1 is the “pits” and 10 is “terrific”, how would you rate your satisfaction with the services currently available in this area?
* Individual rankings (quick).
* What would you change to make the services a “10”?

**Partial Moderator’s Guide: Development of a Service Name**

1. First, I want to ask you to share the words you’ve heard other people use to describe the services we’ve been discussing.
* Make flip chart list.
* Which of these are the most often heard (Asterisk)
1. What words come to mind that should not be used to describe the service or facility?
* List on flip chart
* What do these say to you? (What do you see when you hear them)?

SUMMARIZE-RECAP

1. How important is for the facility to have XYZ Hospital in its name?
* What would it add?
* Show of hands: How many of you think it would be:

Very important \_\_?

Not important at all \_\_?

Of medium importance \_\_?

for the new facility to be associated by name with XYZ Hospital?

1. I’d like to show you some names that have been considered for the new facility—six all. (Name will be rotated to avoid 1st order bias).
2. Show each one individually.
* Tell me what this says to you (1-6\*)
* Put them all up for display on board
1. What do you like best about the words up here (could be a part of a name)?
2. What do you like the least?
3. Does anything turn off?
4. Are there any other names you think should be considered? What?

4A. If they don’t like any names of the names—create new ones

* What words should be in the name?
* What have you see elsewhere that you liked?

SUMMARIZE – RECAP

# IV. Report Preparation

To prepare a report of the focus group, the audiotape should be complete transcribed.

The report has three major sections— purpose, findings and recommendations. The purpose of section relates to the objectives of the research and broader issues it seeks to resolve.

The findings section should be segmented by area of discussion and include verbatim comments to reinforce key points. At least 1/2 of this section should be verbatim, offset with summary statements. An outline of common vs. different points might be useful.

The recommendations section should include a listing of the major findings and suggested courses of action which will address the findings and resolve the issues in question.

The most difficult part of the report preparation is the summarization. It is often helpful to jot down the major points raised by the group (i.e., the “pay-dirt”) immediately after the session, since the time lag in tape transcription will be about one week.

Overall, the report recipients should 1) be left with the impression that they “heard” the group and 2) that the group’s input was translated into activities or provided direction to understanding the issues under consideration.