

**Attachment D4:
Citizens' Panel Facilitator's Guide**

Citizens' Panel Facilitator's Guide

Objectives:

1. Make it feasible and enjoyable for members of the public to provide input on the ethical issues and social values inherent in the use of evidence from CER in making decisions both at the level of the individual patient and with respect to organizational and/or societal decisions
 2. Get meaningful input from members of the public on the overall questions for deliberation and on the meta-questions that specifically arise from the case studies being reviewed
 3. Collect data to assess the process and its outcomes
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Characteristics

Hours	24, 3 8-hour days
Group size	24
Experts	Yes, one generalist and 2 additional per case study
Breakouts	Yes
Staff	3 facilitators, 1 note taker

Facilitator Role

The role of the facilitator is to empower the participants to arrive at their own conclusions through discussions that consistently underscore the idea that there is no such thing as a right or wrong answer; the process of examination and discourse with respect to important questions for society is fundamental to the utility of this Citizens' Panel.

The Facilitator (F) is not pushing for consensus: efforts should be directed toward understanding **why** people hold the views they do, and whether or not these views shift through deliberations. Minority views and opinions are as important as majority ones. Accordingly, the word 'why' becomes an important form of challenge. Right at the outset, participants (P) need to know that both the facilitators and participants will be encouraged to challenge views by asking 'why.' Participants also need to be made aware that this might feel uncomfortable both as the person asking the question or the person expected to respond. Facilitators need to model how explorations and challenges can be brought forward in a non-combative manner that encourages reasoned discussion. Participants also need to be made aware that their expertise; and therefore, what is most important in their contributions to the discussion are responses that come from the participants' value base.

Because values are often so deeply rooted in one's psyche and sense of self, harkening back to values can feel uncomfortable for participants. Feeling uncomfortable may signal to facilitators that participants are getting to the heart of an issue. This is a balancing act, however. The

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Facilitator also needs to know when to stop before an exchange or discussion goes off track. Using phrases like the following may be helpful: 'I think we have gone as far as we can with that...' or 'Let's leave this for now and return to it when we've had a chance to reflect some more...'

The second key point is that the real experts throughout the process are the participants themselves; they have been chosen because they are experts in their own lives and the Facilitator's tasks are to assist participants in uncovering this expertise and help them reach conclusions they come to as a group and as individuals. This means that the facilitator has to be prepared to:

- Listen carefully;
- Challenge appropriately;
- Support participants in challenging each other;
- Help participants frame questions and responses;
- Reflect back;
- Know when to move on, when to stop and when to change track;
- Help participants manage time well;
- Get out of the way (one important gauge of a successful CP is the degree to which Facilitators do little talking); and
- Continue to make participants aware that they are life experts.

Expert Role

The lead Facilitator should meet with the Expert Witnesses beforehand to reinforce the role they should play and inform them that s/he—as facilitator—will provide support to the Expert Witness in helping translate key messages into plain language where appropriate. Expert Witnesses need to be aware of the objectives of the session and prepare presentations in line with the plans for running the session. It is during this interaction between the participants and the Expert Witness that the Facilitator may need to take on the role of the participants' "friend" – to translate and enable a full exchange of ideas. Facilitators should be prepared to help participants phrase questions, sometimes interpret the language of the Expert witness and on occasion challenge Expert Witnesses on behalf of the participants.

Note Taker Role

The note taker will ensure the room is set up appropriately, the materials are available, register participants, note take, and manage the debriefing process.

Meeting Set-Up Instructions

The Note Taker is assigned with setting up the room as described below.

- Make sure the Agenda and Ground Rules are posted in room
- Chairs – description of set up needs
- Table
- Name tags - ensure that all participants have nametags pinned or pasted to their jacket and a tent card in front of them.

Checklist of materials

The Note Taker is assigned with making sure all of the materials are available for each day.

Day 1 Materials:

- PowerPoint slide: “Welcome”
- Name Tags
- Marker pens
- Overarching question and meta questions on PowerPoint slides
- Agenda
- Issues box
- Ground Rules on poster
- Glossary of terms
- Educational materials: “Preparing for Community Forum” and URI and heart disease case studies, copies for everyone
- “Welcome” video
- PowerPoint synopses of case studies
- List of questions/statements for debate
- Flip chart paper, pens
- Breakout space
- PowerPoint slide of a simple diagram of the human heart showing the main vessels
- Feedback sheets

Day 2 Materials:

- Name Tags
- Marker pens
- Overarching question and meta questions on PowerPoint slides
- Agenda
- Issues box
- Ground Rules on poster
- Glossary of terms
- Flip chart
- Media reports and headlines on obesity pasted up around the room

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- Video clips running on a loop on the PowerPoint
- Obesity and hospital volume case studies, copies for everyone

Day 3 Materials:

- Name Tags
- Marker pens
- Overarching question and meta questions on PowerPoint slides
- Agenda
- Issues box
- Ground Rules on poster
- Glossary of terms
- Flip chart
- Survey feedback
- Issues box
- PowerPoint slides from previous days

Agenda - Day 1

Time	Activity	Objectives	Materials
9:00 – 9:30 (30 mins)	Welcome	To welcome participants to the session and introduce the goals for the day	
9:30 – 10:00 (30 mins)	Introductions	To introduce the participants and facilitators to each other – establishing an element of ‘trust’	
10:00 – 11:00 (1 hour)	Overview of the context of deliberative process	At the end of the session participants will: <ul style="list-style-type: none"> • Have an understanding of what is expected of them and how the program will work • Establish the ‘do’s and don’ts’ for effective debate within the group Are introduced to some of the basic concepts and terminology of the discussion	<ul style="list-style-type: none"> • Overarching question on PP slide • Agenda • Issues box • Ground Rules • Glossary of terms • Educational materials • “Welcome” video
11:00 – 12:00 (1 hour)	Presentation and discussions Upper Respiratory Infections (URIs) in Children	Participants will understand that there are factors other than clinical expertise and patient preference that come into play when making decisions about care and treatments Participants will be able to express initial views on:	<ul style="list-style-type: none"> • URI case study • PowerPoint synopsis of case study • List of questions/statements for debate • Flip chart paper • Pens • Breakout space

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Time	Activity	Objectives	Materials
		<ul style="list-style-type: none"> • The freedom parents should have to choose a treatment that may bring more harm to others than it brings benefit to their child • The role that the severity of the disease has on limiting parental/patient freedom. • The physician's role in balancing patient preferences against the principle of 'do no harm' as it relates to individuals and to wider society. • Circumstances under which society has an interest in restricting patient and physician choice. 	
12:00 – 12:15 (15 mins)	Comfort break		
12:15 – 1:15 (1 hour)	Part 1 Expert Clinical Panel on the extent to which clinical decision making should be shaped by comparative effectiveness research. Presentation and discussion on Heart Disease Treatments	By the end of the activity participants will have heard the different ways in which "good" doctors view the need for evidence in making treatment decisions.	<ul style="list-style-type: none"> • Expert witnesses' biographies and their PowerPoint presentations
1:15 – 2:15 (1 hour)	Lunch		
2:15 – 3:15 (1 hour)	Part 2 Heart disease treatments (stents)	By the end of the activity participants will be able to express their views on: <ul style="list-style-type: none"> • How much freedom doctors should have to choose a treatment they prefer when there is evidence that an alternative carries less overall risk? • How much freedom should patients have to choose a treatment they prefer when there is evidence that an alternative carries less overall risk? • The tradeoffs between gains in function/quality of life and treatment 	<ul style="list-style-type: none"> • Case Study, • PowerPoint slide of a simple diagram of the human heart showing the main vessels

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Time	Activity	Objectives	Materials
		risks. How insurers should handle reimbursement for treatments with equivalent effectiveness (on a population basis) but major cost differences.	
3:15 – 3:30 (15 mins)	Comfort Break		
3:30 – 4:30 (1 hour)	Part 3 Heart disease treatments (statins)	By the end of the activity participants will be able to express their views on: <ul style="list-style-type: none"> • What “policy” should be when experts disagree • Tradeoffs between risk and benefits that are acceptable in individual decision making Tradeoffs between risk and benefits that are acceptable in societal settings	<ul style="list-style-type: none"> • Case Study
4:30 – 5:30 (1 hour)	Plenary	To hear group share ideas and issues To take soundings on how the day has worked.	<ul style="list-style-type: none"> • Statements pasted around the room. • Meta questions on a power point • Feedback sheets

Agenda - Day 2

Time	Activity	Objectives	Materials
9:00 to 9.30am (30 mins)	Review of the previous day	To check if thinking has shifted over night To explain any outstanding issues that need resolving before the next activity starts	<ul style="list-style-type: none"> • Agenda • Issues box • Flip chart
9:30 to 12:20pm (2 hours, 50 mins)	Obesity Case Study	By the end of the session participants will be able to provide views on: <ul style="list-style-type: none"> • How much freedom should patients have to choose a treatment they prefer when there is evidence that an alternative carries less overall risk? • How much freedom should patients have to choose a treatment they prefer when there are less costly approaches available? • The tradeoffs 	<ul style="list-style-type: none"> • Media reports and headlines on obesity pasted up around the room • Video clips running on a loop on the PowerPoint • Case Study

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Time	Activity	Objectives	Materials
		<p>between gains in function/quality of life and treatment risks.</p> <ul style="list-style-type: none"> • The respective roles of individual responsibility and social/physical environment in contributing to obesity • The appropriate role for government in limiting availability/accessibility of unhealthy foods <p>Prioritization for directing resources toward population-based versus clinical interventions for obesity.</p>	
12:20 to 1:00pm (40 mins)	Plenary session		
1:00 to 2:00pm (1 hour)	Lunch & Informal discussions		
2:00 to 3:20pm (1 hour, 20 mins)	Low volume/high volume Hospital case Study	<p>By the end of this session participants will express views on:</p> <ol style="list-style-type: none"> 1. Whether patients should have freedom to go to which ever hospital they want, even if medical care there produces poorer results than at other facilities? 2. Are there times when society should intervene to assure reasonable equivalence between outcomes at low and high volume hospitals? 	<ul style="list-style-type: none"> • Case Study • PowerPoint
3:20 to 4:00pm (40 mins)	Hospital volume Plenary	The groups will feedback on their decisions, and again the F will ask for votes on each of the decisions, probing and using 'why' questions	
4:00 to 5:00pm (60 mins)	Review of the day		Meta questions

Day 3 – Agenda

TIME	Activity	Objectives	Materials
9:00 to 9.30am (30 mins)	Review of the previous day	<ul style="list-style-type: none">To establish where there has been a shift in thinkingTo establish how ‘ready’ the P are to finalize their responses.	<ul style="list-style-type: none">Survey feedbackIssues boxPower point
9.30 to 12:00 am (2 hours)	Open Space	To ensure that all the issues that participants feel are important are captured	<ul style="list-style-type: none">Flip chart paper
12:00 – 1:00pm (1 hour)	Lunch and informal discussions		
1:00 – 4:30 pm (3 ½ hours)	Finalizing the report back and closing	To recap the major takeaways and conclusions from the three days	

DAY 1: Participant Registration & Breakfast

Participant Registration

Facilitator reviews informed consent forms with participants and obtain signed consent.

Participant over-recruitment

Facilitators and note taker review participant list and determine who should be sent home if more than 24 participants show. Facilitator provides the incentives and obtains written receipts before anyone is sent home.

Welcome

30 mins

Objectives:

- Introduce yourself and any co-facilitators
- Welcome participants to CP

Example Script: Thank you so much for joining us today as part of the Community Forum We’re so glad you could be here. My name is [insert name], and I will be helping to lead today’s discussion. I am joined by [introduce note-taker(s)], and we’re part of the research team at the American Institutes for Research that is leading this project.

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Over the next three days we are going to engage in some good debate, learn lots of new things about medicine and healthcare, and have the opportunity to listen and to question experts on certain aspects of health and then, most importantly, apply our life experience to a number of difficult questions.

Many of the concepts and ideas we are talking about might be hard to understand but that is what the facilitators are here for and as we move forward each day the concepts will become clearer.

Introductions

30 mins

Objectives

- Have participants introduce themselves creating safe space for participants to find their “voice”
- Participants break into pairs to learn more about each other so that they can introduce each other to the rest of the group.

Example Script: We would like to begin today by learning more about each other. Please turn to the person next to you. Share your name, what you do, and why you agreed to participate. If each of you could please introduce your neighbor/friend/? to the group.

Overview of the context of deliberative process

60 mins

Objectives

- Introduce uber question and provide examples
- Overview of CER (in video or expert presentation)
- Introduce Ground Rules
- Identify Terminology – explaining words/terms participants identify

Example Script: There is a great deal of life expertise in the room, meaning you all have a lot of experiences from everyday life that we want you to draw upon over the next three days as you talk with us.

So, what are we going to be discussing today?

The question is then put up on a PowerPoint slide:

“Should individuals and/or their doctors be able to implement any health decisions regardless of scientific evidence of effectiveness, or should society specify some boundaries for those decisions?”

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With a show of hands, how many of you agree with this question? How many disagree? How many don't know?

List examples: The F may wish to come prepared with a few examples that make more concrete the broad areas that this question could cover. Examples should cover: when there is inadequate information to know whether a treatment works; when there is possible risk to an individual or groups of individuals, when there is a drain on individual or societal resources.

You will be exploring a set of smaller questions along the way that will help you address this larger question by the end of the three days.

The F should be prepared for the response that some P do not understand the question.

The F should seek to reassure these participants and explain that through the discussions and explanations from the Experts this will become clearer. Using the example of the Jury system the F could explain that initially jurors do not have all the facts, and that it is by listening to witnesses and experts and testing these concepts out with each other that issues become clearer.

The F explains that there are some key concepts that the P need to get to terms with to unpick the question but first they are going to hear from the organization that would like them to answer this question in order to assist in improving how the Nation deals with medical care and health more broadly.

Basic introduction to CER: Facilitator or Expert Witness introduces comparative effectiveness research and other background concepts via PowerPoint presentation.

The F introduces the Agenda (PowerPoint) focusing on the broad outline, structure and in doing so begin to set the tone of collaboration and participation. Again using the Jury model is a good way to get them to understand how the Agenda will work. It is important also to explain that the 3 days are not about endless listening to experts but rather that the P will get the chance to try decision making out for themselves with the help of case studies.

Ground rules

The F introduces the concept of the Ground Rules. F start with a list that already have a few rules listed P agree and add to this list of ground rules.

Some things to include are:

- Equal air time – being careful not to do most of the talking but also listen
- Be prepared to change your mind
- Be prepared to say why you agree or disagree with something
- Ask “stupid” questions
- Challenge ideas and concepts but not the person. P are also introduced to the issues box. P are told that should they find there are questions or issues they do not want to bring up in the whole group and are uncomfortable broaching with the F in person, they could write these down and put them in an “Issues” box that will be checked regularly.

Coming to grips with terms

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The F will on a Flip chart very quickly write up terms that the P say they need to understand better. Ask P to call these out and if the pace is slow ask permission to add some of your own saying it will help you too. At this point we only want to pick the key concepts at this point and ensure participants know how use in this context might differ from use in everyday parlance. For e.g. risk, evidence, research, experts, effectiveness, preference, quality of life, outcomes etc It is important this does not become a long 'teaching' session and that participants know that they can test their thinking out throughout the 3 days, if they forget concepts then they can be reminded.

Presentation and Discussions: Upper Respiratory Infections (URIs) in Children 60 mins

Objectives

- Present Case Study
- Split group up into three groups with a facilitator in each to discuss

Example Script: The F then tells the P that they have the chance to try decision-making based on a case study.

The F splits the P into three groups on a random basis and asks the participants to move to their groups around the table. The idea is to get P up and moving and this is especially important to stop tedium setting in, especially for those participants who might have begun to view the morning as didactic and overly school like.

The F explains that each group will be assigned a F and the role of the F will be help them understand the Case study, facilitate the discussion and write up what they think.

The F introduces the URI case study, placing bullet points on PP, and making sure P each have a full text copy. The F checks for basic understanding by asking if there are any general questions. It is at this point that the F will need to make a judgment as to how much detail is gone through in the large group and what will keep for the smaller group. Where the F feels that the question merits discussion in the smaller group they could direct the question back to the smaller group saying 'this is a question that probably a number of the participants will want to discuss in the smaller group so why don't you ask it of your fellow group members in the small group.'

The P move to their assigned break out room with their Co-F. The Co- F will have a list of the progressive probes (culled from the case studies) written up on Flip chart but this is not shared with the group at the beginning. The F will start the small group discussion with an open ended question such as 'What do you think?'

The Co F should also check to see if the group want the case study read out to them and asks if there are any parts of the case study that people need clarification about.

F need to remember that this is a warm up exercise. And at this point we allow participants to be themselves; we neither encourage nor discourage them from putting on 'societal hats'

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It is preferable that the list of progressive probes is not shared with the P at this point. P could be nervous about joining in a public discussion and being shown another list of questions might confuse them. The F could use the progressive probes in two ways if the issues explored by the progressive probes are not surfacing:

1. To help them summarize a series of thoughts, e.g., "I think what I am hearing you say is that when it comes to children you think we should be more careful about prescribing antibiotics than when it comes to adults?"
2. Ask a direct question if the F feels that a particular angle is not being explored or the discussion is going off track.

The CoF writes up key statements in a list that speak to the overall questions.

The statements which help participants best express their views are used at the end of the small group work to take soundings and for the P to understand where they are in their thinking. The F may at this point share the progressive probes if they feel there is the need to do this.

The small groups convene to large group and Fs stick the statements up around the room.

The Lead F does not ask for feedback from each of the groups but starts with a general question: "Who found that task easy?" The F opens up the discussion by taking a few soundings by asking, "Why?"

The P are then asked to stand up, and the F explains that s/he is going to read out a statements and ask P who agree with the statement to come and stand close to it, those who disagree stand furthest away, and those who are unsure stay in the middle. The F uses the key statements as described in the Case study but might also choose to test some of the other 'interesting' statements. The F may make reference to the progressive probes if needed. At the end of the exercise, the F thanks the P, and they segue to the next exercise.

Break

15 mins

Objectives

- Check with note takers on which P have not spoken as yet.
- Set room up for Expert Panel.

Part 1 Expert Clinical Panel and Presentation and Discussion on Heart Disease Treatments

60 mins

Objectives

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- Introduce expert panel
- Support P in interacting with EWs

Presentation will be on the extent to which clinical decision-making should be shaped by comparative effectiveness research. The F introduces the panel explaining that the P are going to hear more about what kinds of things clinicians take into account when making decisions about which treatments to recommend. The F explains that each EW has 5 to 10 minutes to state their point of view and then 5 minutes each for cross examining each other. After this, the panel will answer questions from the P.

The EW differing perspectives here are based on:

1. A clinician who is evidence-based and argues that one should (virtually) never proceed unless there is good evidence that a treatment or intervention is useful. They will make arguments from the “above all do no harm” perspective, as well as the ratcheting of cost perspective when non-useful care is used.
2. A clinician who is highly attached to making sure that every patient has the best opportunity to keep hope alive through treatments that may not be proven to work, or be better than another treatment, but that may nevertheless be useful, based on the Doctor's advice.

The role of the F is to act as moderator ensuring that all the P feel they are able to participate and helps draw out those who have not spoken previously. The F is also watching for body language to check levels of understanding. Depending on the level of interaction the F will split the P into the 3 groups they worked in before to think through questions they want to put to the Panel. Before breaking for lunch the F reminds participants that they will be available during lunch if individuals want to have a conversation. P are also reminded to use the Issues box if they need to.

Lunch

60 mins

F and Co-Fs should mingle with P at lunch and take the opportunity to have one on one conversation with participants. Fs to meet for a quick session before the afternoon activity starts to compare notes, check that the agenda is running to plan and make any adjustments if need be.

Part 2 Heart disease treatments (stents)

60 mins

Objectives

- Present case study
- Ask P to return to breakout groups

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The F explains that the groups will now draw on their views that will be informed by the information they heard in the previous session to help make some decisions in relation to heart disease. The F states that while the EWs did not address heart disease directly, the ideas they brought forward with respect to use of evidence and one should depart from evidence are relevant here.

The F using the case study and a synopsis on Power point slides provides the following overview: What is the health problem?

The F then explains what could be done to treat heart disease (medication and life style versus medication/life style changes plus stents).

The three groups work with their CoF through a series of statements. They are asked as a group to provide answers to these statements, where possible moving toward agreement. They are also asked to say why they agree or disagree. Statements are collected on lists.

The notion of cost is introduced and P are guided through a series of statements as listed in the case study. Issues of risk from immediate complications related to the stent procedure are also noted. Statements are collected on sheets as they explain why they hold a particular view.

Break

15 mins

P take break. Fs and note taker meet to discuss process.

Part 3 Heart disease treatments (statins)

60 mins

Objective

- Introduce heart disease treatments case study
- Collect statements from participants

The Co-Fs then introduce the session on preventing heart attacks (lifestyle changes versus statins) explaining that the research says while elevated “bad” cholesterol is a strong risk factor for heart disease and statins are very effective in preventing heart attacks for people who have high cholesterol together with other risk factors for heart disease, or who have already had a heart attack, their helpfulness for individuals whose only risk factor is high cholesterol or inflammation in the blood is the source of controversy among experts. Use of statins also carries some risks, as described in the case study. Using the same methods above. when the cost session is completed the CoF asks the group to consider how they would feel if cost were not an issue (for example, statins could be inexpensively introduced into the food or water supply) how many of you feel that statins should be used as a preventive form of treatment where there may be small benefits and small risks to different segments of the population.

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Once statements are collected the F asks the group to choose one of them to feedback to the large group. The F explains that they will paste statements up around the room where they see themes developing.

Heart Disease Plenary

60 mins

Objective

- Bring group together to highlight major discussion points
- Return discussion to meta questions

Each group as they convenes provides a brief synopsis of the discussion.

The F reads out key statements produced by participants in their smaller groups and Participants are asked to stand by statements they agree on and furthest away from statements they disagree on

The F then draws their attention to the list of meta questions and explains how in the group work they have begun to think about the answers to some of these questions.

The F then explains that each P will be asked to fill in a short questionnaire to help F understand where their thinking is and help plan for the next day.

Questionnaires are handed out and P are able to leave the room, they collect information on evening meals and start times for the following morning from Co F as they leave the room.

Day 1 - Evening

Facilitator team tasks for the evening:

- Debrief
- Make agenda and materials modifications as needed

Facilitators will meet to discuss the following:

- Where they think participants are at in their thinking, whether shifting is taking place and whether there are 'hot spots' developing. They will use the feedback sheets and items in the Issues Box to ascertain this.
- Whether or not P feel able to contribute, who has spoken and who has not, e.g., what seem to be the blocks?
- Any alterations that are required to the Agenda for the following day.

Day 2 - Review of previous day

30 mins

Objectives

- Welcome participants back
- Recap on previous day's topics and discussion

The Fs have moved nameplates around to mix the group up. P are asked to find their seats and the F asks an open question: "So, how is everyone feeling?" or "Are there issues that you thought about overnight that you want to share?"

The F needs to ensure answers are brief; if there are issue raised that cannot be solved at the time, the concept of a 'Parking lot' is developed, and the issues are written up on a separate sheet of flip chart paper.

Obesity Case Study

2 hours, 50 mins

Objective

- Present obesity case study

The F draws the P attention to the clips around the room and gives the P the opportunity to walk around the room looking at the various headlines. The F segues to the topic by saying to the P that they have probably guessed the next clinical problem they are going to discuss. It is important to frame the issues as 'problems,' so that the concept of 'a problem to whom' is germinated.

The F then explains that the group will act as community groups that have to make a decision how to spend a federal grant on tackling this problem of obesity. The F sets the scenario as laid out in the case study and then tells the group that to help them they are going to hear from experts in the field.

The groups split into 3. The F ensures that the groups are different to the previous day and the groups spend 20 minutes understanding the case study and thinking through questions and issues they expect the experts to address.

The group then convenes into the main group and the Expert Witnesses present their cases. Each has 10 minutes for presentation, 10 minutes for cross-questioning and then the P may ask questions. The F acts as moderator but also helps P to frame questions if they find it difficult to phrase. It is important to check with the P that they would find this helpful and check the phrasing before posing the question. The F could say, "I think P X is trying to ask whether... (and turning to the P ask) is that right?"

The groups split into three with a CoF for each group.

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The CoF reminds the groups that they are now acting on behalf of the community.

The F takes the group through Part 1 of the case study. Because P are being 'forced' into making a choice it is the job of the F to ensure that 'excuses' that are thrown up to avoid decision making are well fielded. For e.g. if P say they cannot chose a particular method because they do not think delivery is feasible, the F should intervene and say that they should take as given that delivery will not be a problem.

Again F use the Progressive probes to guide the discussion.

When Part 1 of the case Study is completed the F moves the group onto Part 2. Again the group needs reminding of their societal role.

The F will help the groups prepare to feedback in the plenary. Each group will put their answers on flip chart paper but will also be prepared to provide the reasons for their choices.

Obesity Case Study: Plenary

40 mins

Objective

- Bring group together to highlight major discussion points
- Return discussion to meta questions

The F asks the three groups for their answers along with the reasons. The F needs to be able to ask 'why' and encourage other P to do the same. The groups are encouraged to ask each other questions. The F might say: 'I wonder if another group wants to challenge that thought?'

Before the session closes, the F will want to check whether issues have shifted as a result of the discussions. The P will be asked to vote on the choices they had. The F could ask P to put their hands up if they voted for the various choices.

Lunch

60 mins

Fs meet briefly at lunch to check levels of participation in the group and to consider whether adjustments need to be made to the rest of the process for the afternoon.

The flip charts for the morning session are grouped where possible with the themes emerging from the previous day.

Hospital Volume Case Study

1 hour, 20 mins

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Objective

- Introduce participants to hospital volume case study

The F begins session after lunch checking with the participants on how they are feeling and whether or not there issues that need addressing (10 mins).

The F then sets the scene for the next case study by reminding the P that they are still in the position of decision makers on behalf of society. This time they represent The Town Board of Supervisors. It is important to emphasize that the scenarios put forward case studies are fictitious but that such decisions are made in a variety of forums across the country.

The F explains that she will set the scene in the large group; at the end of this the whole group will split into three. Again the F will try and mix the groups.

With the aid of the Case Study handouts and power point the F will set the scene. (10 mins)

The F will stop at the end of Part 1 to ask, "What do you think?" (10 mins)

The F will then on to introducing the notion of cost, using the case study and associated power point. (5mins) The P are then asked if their views have changed. The F will use the progressive probes to elicit further views (10 mins).

Hospital Volume Case Study Plenary

40 mins

Objective

- Bring group together to highlight major discussion points
- Return discussion to meta questions

The three groups with their Co F then work on the decisions they have to make as the Town Board of Supervisors. Again, Co F will use the progressive probes and collect statements on why they have arrived at certain decisions.

Review of the day

60 mins

Objective

- Review major discussion points from the course of the day
- Identify themes (if appropriate)

The meta questions will be posted around the room on flip chart paper and the statements and themes from the previous activities will be clustered around the questions.

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Participants will then have the opportunity to review the postings around the room, adding to them using post it notes or moving statements to where they think these fit. (20 mins)

The F will ask whether or not the themes and the clusters are appropriate and whether or not there are any comments.

The F will close the day by explaining how Day 3 is going to work and saying that on, Day 3, P will have the opportunity to review the all the issues before making final their deliberations. P are encouraged to think about and to test with each other during the evening the learning from the day.

Finally P complete the feedback sheets.

Day 3 – Review of the Previous Day

30 mins

Objectives

- Welcome participants back
- Recap on previous day's topics and discussion

The F welcomes P back and explains that they are on the final lap. The F sets the scene by reminding P that today they consolidate their thinking, The overarching question and meta questions are put back on the screen. P are told that there are no EW today; the morning will be spent consolidating their thinking and applying their expertise.

Open Space

3 hours

Objective

- Invite participants to brainstorm broadly about their ideas and reactions to the discussions over the previous two days
- Prepare for report back

The F asks the P to look at the postings around the room and then explains how Open Space works.

P are asked to brainstorm issues and ideas that they feel are important to include in their report back.

Anyone who comes up with an idea is the owner of that idea. Once there are 5-8 ideas on the table. Those who had the idea in the first place go and stand by a flip chart with their idea. The rest of the P are free to go to any of the flipcharts and ask questions and contribute to the discussion. The owner of the idea keeps a note of the discussion and a tally of the number of

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participants who contribute. One a P feels they have contributed enough, or are not interested in an idea any longer they are free to move to any other idea.

If no one visits a flip chart it means that the group are not interested in that idea.

F could run at least two rounds of the session.

Lunch and informal discussions

60 mins

P break for coffee, while the facilitation team prepares for report back session.

Finalizing the report back

3 hours, 30 mins

Objective

- Finalize main points to share with AHRQ via the report back

The F explains that this is the final session to complete the report back to AHRQ. The F explains that she will move logically through the meta questions and reflect back to the group what she thinks their response is. Moving through the meta questions she will use phrases such as, “Many of you said [insert statement] because you....” “A small group of you (about 4 people) disagreed with the larger group because....” “The majority were uncomfortable with the proposition that... although....”

At each juncture, the F needs to check whether or not what she is saying is an accurate reflection. It is very important that the ‘why’ is captured at each point. It is important that the note taker makes sure that this is captured. The F then asks the P to vote on the overall question. Finally, the F thank the P for taking part and acknowledge the hard work they have put in.

Closing

- Instructions on post survey in meeting
- Instruction on post survey at home
- Incentives
- Other procedures