

Assessment of Immunization Training Needs for Medical Assistants

DIRECTIONS: The purpose of this survey is to collect information on the training needs of medical assistants who provide immunization services. The data will be used to develop future trainings for medical assistants. The survey is anonymous and your responses cannot be linked directly to you.

For each question, please mark the answer that best represents your response. Should you choose not to answer a question in the survey, you may simply skip the question and proceed to the following question. There are **25 questions** and it should take approximately **15 minutes** to complete the survey.

**Definition of Terms**

For clarification and consistency, please use the following definitions as you answer this survey.

**Vaccination** – The process of administering a vaccine or toxoid (a toxin that has been modified to make it nontoxic, but which still can stimulate the body to form antibodies) to induce immunity to infection or disease.

**Immunization** – The process by which a person becomes protected against a disease through receipt of a vaccine, toxoid, antibody, or antitoxin.

**Immunization Services** – The range of services related to immunizations which might include: screening patients, educating patients/parents, administering vaccines, record keeping and documentation in patient records, entering immunizations into State Immunization Registry, storage and handling of immunizations, ordering vaccines/supply management, coding and billing of immunization services, scheduling immunization clinics, maintaining reminder/recall systems regarding immunizations, assessing immunization rates, etc.

**Training** – An activity or activities designed to facilitate the learning and development of new and existing skills, and to improve the performance of specific tasks or roles related to one’s job. The learning format for a training can range from being very structured to a more interactive format including group discussions. In addition, the method of delivery can also vary and can incorporate audio-visuals and multimedia aids. For the purpose of this survey, the following interactions are NOT considered to be a training: receiving a short (5-10 minute) overview or update from a colleague or looking up information (e.g., current immunization schedule, recommendations and guidelines, Vaccine Information Statements) on the Internet.

Your Immunization Duties

1. Are you currently working as a medical assistant?

- Yes
- No → end of survey

2. Do you currently work in the area of immunization services?

*“Immunization Services” refers to the range of services related to immunizations which might include: screening patients, educating patients/parents, administering vaccines, record keeping and documentation in patient records, entering immunizations into State Immunization Registry, storage and handling of immunizations, ordering vaccines/supply management, coding and billing of immunization services, scheduling immunization clinics, maintaining reminder/recall systems regarding immunizations, assessing immunization rates, etc.*

- Yes
- No → end of survey

3. How often do you perform each of the following immunization tasks? (1 = Very Often and 5 = Never)

	Very Often					Never				
Screening patients	1	2	3	4	5					
Educating patients/parents	1	2	3	4	5					
Administering vaccines	1	2	3	4	5					
Record keeping and/or documentation in patient record (e.g. type of vaccine, date given, route, site, lot number, VIS date)	1	2	3	4	5					
Entering immunizations into State Immunization Registry	1	2	3	4	5					
Storage and/or handling of vaccines	1	2	3	4	5					
Ordering vaccines/Supply management	1	2	3	4	5					
Coding and/or billing of immunization services	1	2	3	4	5					
Scheduling immunization clinics (e.g. flu shot clinics)	1	2	3	4	5					
Maintaining reminder/recall systems regarding immunization	1	2	3	4	5					
Assessing immunization rates	1	2	3	4	5					
Training of other staff members on issues related to immunizations	1	2	3	4	5					

Are there any additional immunization tasks which you perform?

**Training History**

**4. When have you participated in trainings related to immunizations?**

- I have never participated in any training related to immunizations → skip to Q7
- When there is a change in immunization recommendations (e.g. due to shortages)
- When a new schedule is published
- When a new vaccine is licensed
- When a doctor or other medical staff offers training in my office setting
- I have not participated in training related to immunizations since I was in school → skip to Q7
- Other (please specify) \_\_\_\_\_

**Past Immunization Trainings**

**5. In the past, how have you received immunization training? Check all that apply**

- In-service by staff in your office (e.g. lunch 'n learn with nurse or physician)
- In-service by other lecturers (e.g., lunch 'n learn with pharmaceutical rep, nurse from technical college, public health staff, etc.)
- In-person lecture outside your office setting
- In-person conference or symposium (an activity that is more than a single lecture)
- Satellite Broadcast, Webcast, or Net-conference where there is interaction with the instructor
- Satellite Broadcast, Webcast, or Net-conference where there is no interaction with the instructor
- Audio recording (CD, MP3, cassette)
- Self-study interactive multimedia (CD-ROM, DVD, web-based)
- Self-study print-based course or journal
- Other (please specify) \_\_\_\_\_

**6. Who provided or sponsored the immunization trainings you received in the past? Check all that apply**

- I do not know who sponsored the training
- Vaccine manufacturers or representatives
- Health department program
- In-house staff (physician, office manager, nurse)
- Local nursing school
- State medical assistant society or local chapter
- National AAMA (American Association of Medical Assistants)
- Local vocational/technical school or community college
- CDC (Centers for Disease Control and Prevention)
- Other government agency
- Other (please list) \_\_\_\_\_

**7. What resources do you use to update your immunization knowledge? Check all that apply**

- I have never updated my knowledge base regarding immunizations
- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Physicians (ACP)
- Centers for Disease Control and Prevention (CDC)
- In-house staff (physician, office manager, nurse)
- Local vocational/technical school or community college
- Online state immunization registry
- State health department immunization program
- Vaccine manufacturer's literature or representatives
- Other (please specify) \_\_\_\_\_

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**Future Immunization Trainings**

8. To help you do your job better, how important is it for you to have training in the following topics? For each topic listed below, please indicate how important it is to receive future training (1 = Very Important and 5 = Not Very Important).

	Very Important		Not Very Important		
Screening patients	1	2	3	4	5
Educating patients/parents (i.e. health communication)	1	2	3	4	5
Administering vaccines	1	2	3	4	5
Record keeping and/or documentation in patient record (e.g. type of vaccine, date given, route, site, lot number, VIS date)	1	2	3	4	5
Entering immunizations into State Immunization Registry	1	2	3	4	5
Storage and/or handling of vaccines	1	2	3	4	5
Ordering vaccines/supply management	1	2	3	4	5
Coding and/or billing of immunization services	1	2	3	4	5
Scheduling immunization clinics (e.g. flu shot clinics)	1	2	3	4	5
Maintaining reminder/recall systems regarding immunization	1	2	3	4	5
Assessing immunization rates	1	2	3	4	5
Training of other staff members on issues related to immunizations	1	2	3	4	5
Immunization schedules	1	2	3	4	5
Vaccine Information Statements (VIS)	1	2	3	4	5
Vaccines required for international travel	1	2	3	4	5
Clinical information about disease	1	2	3	4	5
Risk communication (e.g. discussion of vaccine safety issues)	1	2	3	4	5
Adverse reactions or "side effects"	1	2	3	4	5

Are there any additional topics for which you need training?

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9. In the future, how would you prefer to receive immunization training? For each delivery method listed below, please indicate to what extent you would prefer future trainings be offered using this delivery method (1 = Prefer Delivery Method and 5 = Do NOT Prefer Delivery Method).

	Prefer		Do NOT Prefer		
In-service by staff in your office (e.g., lunch 'n learn with nurse or physician)	1	2	3	4	5
In-service by other lecturers (e.g., lunch 'n learn with pharmaceutical rep, nurse from technical college, public health staff, etc.)	1	2	3	4	5
In-person lecture outside your office setting	1	2	3	4	5
In-person conference or symposium (an activity that is more than a single lecture)	1	2	3	4	5
Satellite broadcast, webcast, or net-conference where there is interaction with the instructor	1	2	3	4	5
Satellite broadcast, webcast, or net-conference where there is <u>no</u> interaction with the instructor	1	2	3	4	5
Audio recording (CD, MP3, cassette)	1	2	3	4	5
Self-study interactive multimedia (CD-ROM, DVD, web-based)	1	2	3	4	5
Self-study print-based course or journal	1	2	3	4	5

Are there any additional training delivery methods you would prefer?

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10. In the future, what educational strategies would you prefer? For each educational strategy listed below, please indicate to what extent you would prefer future trainings be offered using this educational strategy (1 = Prefer Educational Strategy and 5 = Do NOT Prefer Educational Strategy).

(See definitions and examples below)

	Prefer		Do NOT Prefer		
Case studies	1	2	3	4	5
Educational games	1	2	3	4	5
Role plays	1	2	3	4	5
Simulations	1	2	3	4	5
Problem-based learning	1	2	3	4	5

Are there any additional educational strategies you would prefer?

**Definitions and Examples**

**Case studies:** Case studies involve an in-depth exploration of one particular situation (case) for the purpose of gaining deep understanding into the issues and complexities being investigated. Example: A child’s medical chart including immunization history is presented. The learners must determine what immunizations, if any, are needed at the child’s current visit to the pediatrician.

**Educational games:** Educational games are structured or semi-structured activities (e.g., crossword puzzle, matching, word search, finding what is wrong with a picture, etc.) designed for learning new information or reinforcement of information previously learned. Example: A picture of a refrigerator with vaccines stored in it is shown. The learner has to find five errors in the picture (e.g., food is also stored in refrigerator, temperature of refrigerator is incorrect, etc.).

**Role plays:** Role plays require participants to act out the roles of other individuals in order to develop particular skills and to meet particular learning objectives. Example: One learner takes the role of the patient and the other learner takes the role of the medical assistant. The medical assistant must describe why immunizations are needed.

**Simulations:** Simulations are imitations of real situations. Simulations provide a “safe” environment for the learner to practice a skill. Example: A learner uses a simulated (“pretend”) patient to practice giving an immunization.

**Problem-based learning:** Problem-based learning is a focused, experiential learning that is organized around the investigation and resolution of a real-world problem. Example: A learner is presented with a dilemma and asked to select the best course of action. For example, “a child is scheduled for an immunization, but has an elevated temperature. Should an immunization be given or not? And, why or why not?”

**Motivators and Barriers to Training**

11. Please indicate how much each factor motivates you to participate in immunization training (1=Greatly Motivates and 5=Does NOT motivate).

	Greatly Motivates		Does NOT Motivate		
Learning new or updated information (e.g., new schedule, new recommendations)	1	2	3	4	5
Requirement for my current job	1	2	3	4	5
Recommendation from my supervisor	1	2	3	4	5
Increase in salary potential	1	2	3	4	5
Earning continuing education units (CEUs)	1	2	3	4	5
Competitiveness in the job market	1	2	3	4	5

Are there any other factors that motivate you to participate in immunization training?

12. Please indicate how much each factor is a barrier to you participating in immunization training (1=No Barrier and 5=Large Barrier).

	No Barrier		Large Barrier		
Finding time during work schedule	1	2	3	4	5
Competing family commitments	1	2	3	4	5
Training happens too far from where I work	1	2	3	4	5
Cost of training	1	2	3	4	5
Management’s lack of support of training	1	2	3	4	5
Identifying trainings appropriate for my needs	1	2	3	4	5
Not aware of available trainings	1	2	3	4	5

Are there any other factors that are barriers for you to participate in immunization training?

**Questions About You**

**13. What type of education have you received to become a medical assistant?**

- I received my training as a medical assistant on the job.
- I graduated from a medical assistant program
- I graduated from a medical assistant program and am a RMA (Registered Medical Assistant)
- I graduated from a medical assistant program and am a CMA (Certified Medical Assistant)
- Other (please specify) \_\_\_\_\_

**14. How many years have you worked as a medical assistant? \_\_\_\_\_ years**

**15. In what type of healthcare setting do you work?**

- Physician's office
- Other health care practitioner's office → skip to Q17
- Public or private hospital (including inpatient/outpatient facilities) → skip to Q17
- Outpatient care center (not associated with a hospital) → skip to Q17
- State or local government agency or health department → skip to Q17
- Nursing care facility → skip to Q17
- Other (please specify) \_\_\_\_\_ → skip to Q17

**16. If you work in a physician's office, what type of office is it?**

- Internal medicine
- Pediatrics
- Obstetrician and gynecology
- General practice
- Family practice
- Other (please specify) \_\_\_\_\_

**17. What type of immunizations are provided in your healthcare setting? Check all that apply.**

- Adult immunizations
- Adolescent immunizations
- Childhood immunizations
- Vaccines required for international travel
- Other (please specify) \_\_\_\_\_

**18. Is your healthcare setting currently enrolled as a Vaccines for Children (VFC) provider?**

- Yes
- No
- Do not know

**19. In what state do you work? (drop-down list of all states)**

**20. Where is your primary place of work?**

- Urban
- Suburban
- Rural

**21. What is your date of birth? (Optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**  
mm dd yyyy

**22. What is your gender?**

- Male
- Female

**23. How did you learn about this survey? (check all that apply)**

- Announcement on State Immunization Registry
- Communication from your state AAMA society or local chapter
- Letter from research team requesting participation in survey
- Communication from academic program from which I received my medical assisting education
- Referral from other medical assistant
- Referral from a physician
- Referral from other medical professional
- Announcement on a website (please specify?) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

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24. The purpose of this survey is to gather information about the immunization training needs and preferences of medical assistants. What is the BEST way to let you know a new immunization training is available? Check only one

- Announcement on website
- Email communications → end of survey
- Direct mailing through U.S. postal system → end of survey
- Announcement through professional newsletter or journal → end of survey
- Announcement from continuing education provider → end of survey
- Announcement through vaccine manufacturer → end of survey
- Other \_\_\_\_\_ → end of survey

25. Which of the following websites would be the best location for such an announcement?

- National AAMA website
- State AAMA society or local chapter website
- Centers for Disease Control and Prevention (CDC) website
- State immunization registry website
- State health department website
- Alumni association of medical assisting preparation program website
- Local vocational/technical school or community college website
- Other (please specify) \_\_\_\_\_

Thank you for taking the time to participate in this survey. Your responses will be used to inform the development of future immunization trainings for medical assistants.

If you have additional comments or questions,  
please contact Melissa Alperin or Laura Lloyd at [masurvey@sph.emory.edu](mailto:masurvey@sph.emory.edu).

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