

Respondent



43

Patrick Taylor



02:50

Time to complete



1. Please provide your name, position title, and contact information. *

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2. Is this submission an idea for a Promising Practice or existing Promising Practice? *



Idea for a Promising Practice



Existing Promising Practice

3. What is the name of your Promising Practice? *

G.E.T. W.E.L.L. (Guide, Encourage, Talk, Warrant, Educate, Learn and Legitimize); further breakdown available

4. What type of Veterans does this practice serve? *



Rural



Urban



Both

5. How does this practice promote vaccine acceptance? *

The GET WELL practice promotes vaccine acceptance by showing veterans we don't only supply the vaccine, but we also stand by it and we can assist with any questions, concerns, or need for assistance as appropriate. The idea is to promote positivity and facts regarding the vaccine to help put the veteran at ease and ensure veteran is accurately informed.

6. What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each? *

I believe the best way to implement this practice is to inform all active employees of the practice, provide training, provide a rollout date, and implement a new employee orientation training for all on-boarding employees who will have direct contact with veterans. Prior to the scheduled rollout date, there should be enough time allowed for training and questions. On the scheduled date, the application of the practice would take place for current workers and training will be introduced as part of the new employee orientation. The training would not need to be implemented more than once, but quick reference cards, pamphlets, and subject matter experts should be available for refreshers, reference, and/or guidance. Regarding the handout materials, using subliminal marketing can assist with promoting a positive public perception of the COVID-19 vaccine (i.e. smiling/laughing couple outdoors on a sunny day on the cover of a pamphlet, a visual opposite of what most of our experiences during the pandemic).

7. What departments are involved in implementing your practice? *

All VHA departments associated with direct patient care (i.e. social workers, nurses, doctors, greeters/escorts, MSA/PSAs, and any other departments that have patient interaction) and those that provide supervision and leadership within the VHA.

8. What are the costs associated with your practice? *

The costs associated include the general costs of training, be it departmental, via TMS, or otherwise. The cost would also include the cost of material for pamphlets, quick reference cards, and other reference materials that can be readily available to employees and/or veterans. Lastly, it will cost time from employees to receive the training and time for speakers to create and provide training.

9. What primary metric data is tracked and collected to determine your practice's success? *

No current tracked/collected data; new concept.

10. What are the potential risks or barriers of implementing your practice and the proposed mitigations? *

Potential risks could include possibly validating veterans to the point where veterans solidify a stance on refusing the vaccine. The practice implements an empathetic, yet educational approach. It could be counterintuitive should the employee self-disclose negative experiences of obtaining the vaccine to veterans. Mitigating these circumstances would be to "stay in your lane". It is important that we do not speak on what we don't know and only use self-disclosure if it benefits veterans and not hinders them. This will need to be implemented in the training and scenarios can be produced to help employees better understand the right approach when implementing the practice.