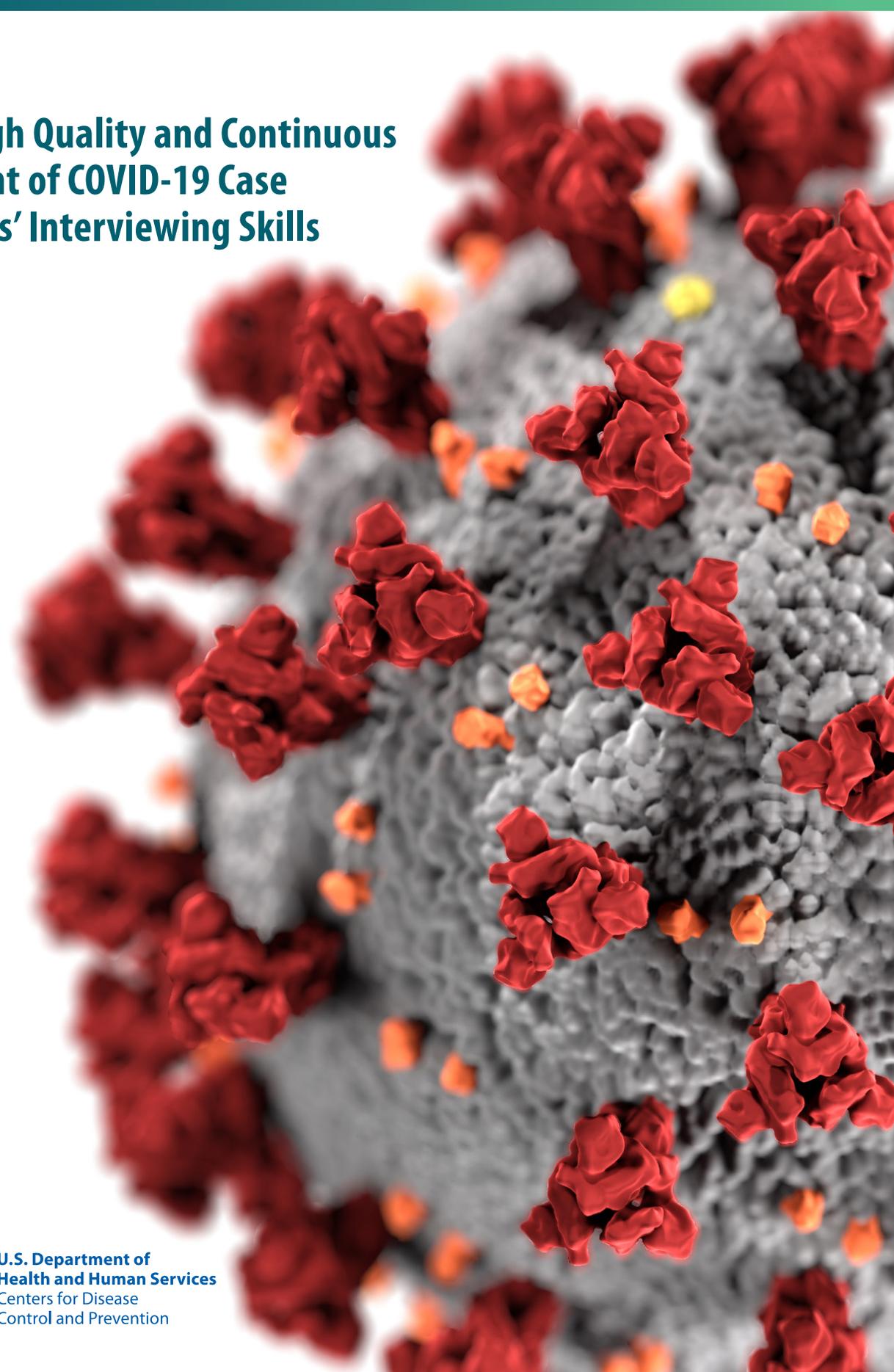# TRAINING, EVALUATION, AND MONITORING GUIDANCE FOR HEALTH DEPARTMENTS

Ensuring High Quality and Continuous Improvement of COVID-19 Case Investigators' Interviewing Skills

U.S. Department of Health and Human Services
Centers for Disease
Control and Prevention

Contents

INTRODUCTION

Case investigation, a core activity in COVID-19 control, is crucial to an effective COVID-19 public health control program. The interview with the confirmed or probable COVID-19 case is one of the initial steps in the case investigation process. A successful case interview allows for the collection of critical information about a person (patient) diagnosed with COVID-19 and potentially exposed contacts, while providing support, referrals, and answers to the questions a patient may have. The goals of the case interview are to assess the patient's medical condition, gather information for continued monitoring and support, and obtain the names and locating information of their close contacts who may have been exposed to COVID-19. Developing trust and a warm, empathetic rapport, while maintaining a professional relationship is key to providing the most effective support and collecting the most accurate information to inform the next steps in contact tracing. The quality of one's interviewing skills have a direct impact on these goals. Therefore, it is essential that all designated Case Investigators are trained in the skills of interviewing.

All quality assurance practices, including the evaluation of COVID-19 program activities, entail a continuous analysis of outcomes and the processes leading to these outcomes. The COVID-19 patient interview is no exception. As a management tool for quality assurance for case investigation, this document will help supervisors and training leads to effectively develop and assess Case Investigators' interviewing skills. Specifically, it will enable supervisors to:

- Educate and train Case Investigators on the methods of effective interviewing.
- Evaluate, develop, and improve the skills of both experienced and inexperienced Case Investigators.
- Monitor the overall effectiveness of the interview process.

In addition to laying a foundation for initial education and training, the methods and tools in this document provide a structured, objective, and consistent approach to evaluating the Case Investigator interview process. Supervisors and training leads can then use the evaluation results to target ongoing training to support areas where improvement is most needed. On-the-job training — which incorporates practice, supervisory guidance, and the opportunity to apply what is learned — is the most effective way of ensuring consistency in the quality of the interviewing process.

EDUCATION AND TRAINING OF COVID-19 Case Investigators

Quality assurance is a continuous process. Therefore, supervisors and training leads can educate, train, and assess Case Investigators' interviewing and contact elicitation performance during the orientation phase for inexperienced Case Investigators and during ongoing development practices for experienced Case Investigators. By properly using a well-developed interview assessment tool, supervisors and training leads can improve Case Investigators' investigation skills, strengthen staff development, and enhance the quality of interviews with patients.

Before Case Investigators conduct their first investigation, they must complete a minimum of the following education and training requirements: Initial education:

- » Take a knowledge-based course that includes basic information about COVID-19, the role of case investigation in controlling SARS-CoV-2 and the steps and techniques involved in contact investigation.

- Formal training:

- » Attend (virtually or in person) a skills-based course on the fundamentals of COVID-19 case investigation that covers interviewing and contact elicitation skills, gives them the opportunity to practice both skills in a safe environment, and gives them feedback on their performance from experienced staff.

- On-the-job training:

- » Shadow an experienced Case Investigator throughout the entire investigation process (from case assignment through case closure). Because most case investigations will be conducted via telephone or virtual technology, the shadowing may also be virtual.

- » Role-play with predeveloped COVID-19 patient scenarios that are appropriate for the local area.

- » Conduct team/dual interview of a patient with an experienced Case Investigator.

- » Participate in interview quality assurance checks with a supervisor.

For the experienced Case Investigator, supervisory assessment will help determine where to focus education and training based on the current level and quality of the Case Investigator's skills.

General Case Investigation Interview Outline

When interviewing a COVID-19 patient, the Case Investigator should follow an interview outline as required by the hiring jurisdiction. Case Investigators should cover the following points, at a minimum:

- Analyzing case patient's records before the interview is conducted

- Introducing self to patient

- Confirming the patient's identity and collecting demographic Information

- Assessing patient's symptoms and timeline for symptom development

- Educating patient about risk factors for exposure and serious health issues related to COVID-19

- Eliciting contact information from patient

- Health monitoring and responding to changes in health status

- Reviewing isolation recommendations and resources

Application of Learned Knowledge

To help the Case Investigators apply what they have learned, the supervisor should clarify the COVID-19 fundamentals, explain specific procedures in the case investigation process, demonstrate COVID-19 case investigation and interviewing skills, and observe and evaluate the Case Investigator practicing those skills. These skill areas include:

- **Understanding interviewing tasks and objectives** such as conducting the pre-interview analysis, developing a preliminary contact elicitation window, contacting the patient and confirming their identity, explaining confidentiality, confirming the patient's personal information, assessing symptom history, providing COVID-19 education, including the need to self-isolate and instructions for doing so, identifying contacts, collecting locating information for the contacts, assessing and referring for wrap-around services, and finally, case closure.

- **Knowledge of the basic effective communication skills** such as promoting a dialogue with the patient, using open-ended questions, being cognizant of building rapport and providing encouragement for compliance with self-isolation.

- **Application of problem-solving skills** such as identifying and working with patient's concerns, determining the patient's potential level of adherence with self-isolation, addressing any barriers identified, and being flexible throughout the interview process.

- **Utilization of analytical skills** such as refining the contact elicitation period and distinguishing between a close and casual contact.

The Case Investigator must also become familiar with the appropriate policies and/or practices regarding:

- Data security and confidentiality
- Receiving assignments
- Timeframe for completion of case investigation
- Documentation required during the investigation process
- Case closure

The Case Investigator will have an opportunity to listen and observe the above practices through observation and modeling simulations and then to apply them through role-playing and team/dual interviewing. After each stage, the supervisor should debrief the new Case Investigator by providing feedback, while offering an opportunity for discussion, addressing concerns, and answering questions.

Modeling

During on-the-job training, the new Case Investigator should listen to and observe a modeled interview. Modeling provides a simulation of an entire interview or portions of an interview. It includes an experienced Case Investigator interviewing a patient, who is portrayed by another staff member.

Modeling is an effective method of demonstrating various interview techniques in a controlled environment. The experienced Case Investigator can display both strong and weak skills and provide different strategies for addressing a variety of patient situations. The confirmed patient's portrayal is based on verbal reactions to the experienced Case Investigator's interactive style. The new Case Investigator can learn from listening in on and observing a simulated interview and asking the participants questions.

Shadowing

After observing a modeled interview, the new Case Investigator should observe or shadow experienced Case Investigators who exhibit high-quality interview skills. Although shadowing may have to take place virtually, the new Case Investigator should follow an experienced Case Investigator through the whole process—from assignment of the case to the closure of the COVID-19 investigation—to understand:

- Pre-interview activities
- Initial and follow-up interactions with the patient
- Completion of relevant documentation
- Referral for support services as necessary
- Submission of the case for review and closure

During the interview, the new Case Investigator should be introduced to the patient as a member of the interviewing team. The new Case Investigator should be instructed not to ask questions during the interview process, but rather to carefully listen to and observe the strategies and methods used. Case Investigators should note their questions and ask them after the interview. Upon completion of the interview, the experienced Case Investigator should allow time to discuss the dynamics of the interviewing process. This should include discussing problems that arose and how they were resolved.

Role-playing

After modeling and shadowing, the new Case Investigator should engage in role-playing. Role-playing is a means of practicing interviewing skills and tasks in a simulated atmosphere. It is an effective way of training because it provides realistic scenarios without jeopardizing the results of an actual interview. One person plays the role of a patient being interviewed, while another person plays the role of the Case Investigator. The ideal role-playing design involves use of an individual with acting experience to play the role of a patient, while the new Case Investigator plays the role of Case Investigator. If using an actor is not feasible, an employee who is unfamiliar with both the COVID-19 interview process and the Case Investigator can be used. The employee playing the role of the patient will not be able to "help" the new Case Investigator, as an actor might be able to, and this creates a realistic learning activity. If none of the options above are available, a colleague or supervisor can be used to play the role of the patient.

After both modeling and role-playing, the supervisor and/or experienced Case Investigator should be available for feedback and to answer the Case Investigator's questions about the participatory experiences. The discussion should focus on how the training activities may or may not have reflected real interview situations.

Team/Dual Interviewing

Pairing a supervisor or experienced Case Investigator with the new Case Investigator can also be an effective training technique. For a COVID-19 interview, this will likely be done in a virtual or webinar environment (Skype or Zoom) but can also be done via telephone. The two Case Investigators should introduce themselves to the patient as an interviewing team, with no reference made to the differences in their skill levels. The new Case Investigator should be prepared to conduct a substantial portion of the interview without assistance.

Ground rules for the interview should be established ahead of time to address circumstances when the new Case Investigator may require assistance during the interview process. When new Case Investigators are uncertain on how to respond to or pursue a line of questioning, they can ask the experienced Case Investigator for assistance. The new Case Investigator should be encouraged to read and become thoroughly familiar with the Key Information to Collect During a Case Interview before the interview and use any locally developed checklists or forms during the interview to ensure collection of all relevant data. Although the new Case Investigator is expected to complete as much of the interview as possible, the supervisor or experienced Case Investigator must intervene if the worker does any of the following:

- Loses his or her train-of-thought or becomes distracted
- Loses focus of the purpose of the interview
- Becomes intimidated by the patient or interview process
- Omits significant portions of the interview or neglects to address crucial points
- Exhibits poor interpersonal skills
- Provides misinformation or incomplete information

The intervention of the supervisor/experienced Case Investigator should be as natural as possible, without appearing intrusive or detracting from the legitimacy of the inexperienced Case Investigator. When intervening, the supervisor/ experienced Case Investigator should be tactful when adding to or rewording what the inexperienced Case Investigator has already stated and should also encourage the inexperienced Case Investigator to return to the role of primary interviewer. The new Case Investigator should be reminded that team/dual interviewing is a learning process and the experienced Case Investigator's intervention should not be regarded negatively but simply as part of the training process.

PROCESS AND SKILLS EVALUATION

Monitoring Case Investigators' interviewing techniques is an important part of their training and development regardless of how experienced they are:

- After inexperienced Case Investigators complete the training requirements, they should be monitored conducting an entire patient interview. Feedback from this assessment helps new Case Investigators develop their skills.
- All Case Investigators, including those with experience, should be monitored at regular intervals as part of quality assurance and staff development. Feedback from this assessment identifies areas where the Case Investigators need to improve.

Interview Observation Tool

To guide the assessment of an interview, the supervisor should use the *COVID-19 Patient Interview Skills Assessment Form* (Appendix A). The form covers broad categories of the interview so that the supervisor can focus full attention on observing, listening to, and assessing the Case Investigator's interviewer skills.

Before the interview, the supervisor should carefully review all segments of this form and share the form with the Case Investigator to help clarify the assessment process. The form collects two types of information process elements to assess critical information points addressed and overall communication skills to assess ability to build trust and rapport and establish open communication.

Part 1–Process Elements

The first section of the assessment form covers **process elements**. These are specific tasks the Case Investigator should complete during the investigation. These include pre-interview analysis, contact with and introduction to the patient, information and education exchange, contact identification, and concluding the interview. To complete a thorough evaluation of the interview, the supervisor must assess all aspects of the process.

Pre-interview Analysis of Case Records
- Reviews case report and available medical information of patient
- Obtains and reviews locating information of patient
- Establishes preliminary contact elicitation period
- Develops a plan and strategy for interview process

Introduction
At the beginning of the interview, it will be vital for the Case Investigators to establish trust and rapport with the patient, reassure the patient their confidentiality will be protected, and let the patient know they intend to provide them with follow-up support during the isolation period. The Case Investigators should introduce themselves, explain the reason for calling (e.g., laboratory or provider report), explain the interview process, and begin by collecting basic patient information:
- Full name
- Date of birth
- Primary language
- Use of interpreter (if needed)

Demographic Information
The information gathered on demographic variables will help Case Investigators monitor the patient and better understand the patient's living situation so that appropriate support can be offered.
- Preferred name
- Gender
- Residential street address, city, state, zip code
- Tribal affiliation (if applicable)
- Phone number
- Email address
- Permission to text
- Permission to email
- Race
- Ethnicity
- Best way to reach patient for follow-up
- Date of interview, including any dates of interview attempts

Health Information

The purpose of this section is to gather information on the patient's symptoms, clinical course, and pre-existing conditions. In addition, the Case Investigator will assess if the patient understands the COVID-19 diagnosis and their ability to infect others. The Case Investigator will provide health education, as needed.

- Ask about all symptoms listed in the health department's patient interview form and include date of symptom onset:
  » Can include fever, cough, shortness of breath, diarrhea/gastrointestinal (GI), headache, muscle ache, chills, sore throat, vomiting, abdominal pain, nasal congestion, loss of sense of smell, loss of sense of taste, malaise, fatigue, and other any other symptom information collected by the local area, along with descriptions of any additional symptoms the patient may have had.

- Reassess contact elicitation window period (period of time when the patient may have exposed others to infection) based upon additional symptom information gleaned from the patient (period of time when the patient may have exposed others to infection)

- Record date and results of first and last SARS-CoV-2 tests from patient, if applicable.

- Ask if a patient's COVID-19 illness included any of the following: hospitalization, pneumonia, ventilation, admission to the ICU, stroke, myocardial infarction (heart attack), extracorporeal membrane oxygenation (ECMO), and other medical findings, disease complications or medical procedures. Ask about pre-existing conditions:
  » Can include chronic lung disease, diabetes, severe obesity, cardiovascular disease (CVD) chronic renal disease, chronic liver disease, immunocompromised, asthma, and pregnant (if female).

Risk Factors

The purpose of assessing risk factors is to determine the patient's exposure history and any high-risk occupation (e.g., health care personnel [HCP]) or congregate living or work settings (e.g., food processing plants, correctional facilities, long-term care facilities).

- Known contact with a confirmed COVID-19 patient

- Occupation and workplace, if employed

- If the patient is an HCP or first responder, gather name and address of setting and whether it is a hospital, ambulatory care, urgent care, long-term care, hospice, ambulance company, fire department, law enforcement, or other setting.

- If the patient lives or works in a congregate setting, gather name and address of setting and whether it is correctional facility, dorm, group home, multi-family household, multi-generational or high occupancy household, nursing home, homeless shelter, food processing plant, or other setting.

Contact Elicitation

Elicitation of contacts is one of the most important components of the patient interview. During the pre-interview analysis, the Case Investigator should have established a preliminary contact elicitation window (period of time when the patient may have exposed others to infection) and refined this period when collecting the patient's symptom history. After determining the contact elicitation window, the Case Investigator will ask a series of questions to ensure all close contacts (within 6 feet and at least 15 minutes or longer) are identified.

- Determine start and end date of contact elicitation window

- Date of contact elicitation/interview

- Total number of household contacts

- Total number of intimate partners (who do not reside with patient)

- Any other people in close contact, including coworkers

- For each close contact, obtain the following:
  - » Full name and preferred name or nickname
  - » Phone number (indicate if mobile and can be used for texting)
  - » Email address
  - » Social media app(s) and username(s) (e.g. Instagram)
  - » Work and home address
  - » Setting where exposure occurred (home, school, day care, workplace, place of worship, shelter, hospital/medical care, travel or transit, retail setting)
  - » Date and duration (in minutes) of most recent exposure
  - » If household contact, any knowledge the patient may have about contact's underlying conditions which place the contact at higher risk for transmission or complications. Can include chronic lung disease, diabetes, severe obesity, cardiovascular disease, chronic renal disease, chronic liver disease, immunocompromised, asthma, and pregnant (if female)
  - » If contact is an HCP, gather name and address of setting and whether it is a hospital, ambulatory care, EMS/fire/law enforcement/first responder, urgent care, long-term care, hospice, or other setting.
  - » If contact lives or works in a congregate setting, gather name and address of setting and whether it is a correctional facility, dorm, group home, multi-family household, multi-generational household, factory, homeless shelter, long-term care facility, food processing plant, or other setting.
  - » Ask patient about any community settings where s(he) may have exposed others:
    - › Can include public transportation, retail, large community social event, recreational activity, place of worship, and many other settings.
  - » For each setting, obtain the following:
    - › Name and address of site or facility
    - › Specific area within facility (e.g., Room 208, living room)
    - › Date s(he) was at setting
    - › Duration of time spent in each area within the facility
    - › Close contacts in each area

Health Monitoring and Responding to Changes in Health Status

Each jurisdiction will develop specific guidance on symptom monitoring and reporting and what to do if symptoms worsen, given local resources and referrals:

- Review symptoms that the patient should watch for.
- Discuss how this information will be shared with Case Investigator and any technology that might be used to assist in monitoring symptoms.
- Discuss what to do if symptoms worsen.

Reviewing Isolation Recommendations and Resources

The Case Investigator will explain to the patient the importance of self-isolation, provide isolation instructions, review scheduled check-ins from the health department, and assess the patient's ability to self-isolate and need for any social support. The criteria for discontinuing self-isolation should be explained.

- Review isolation recommendations and resources.
- Find out if patient can self-isolate (explain what this means).
- Find out if patient needs assistance to self-isolate.
- Explain the criteria the patient must meet before it is safe to stop self-isolation.

Conclusion

The Case Investigator openly encourages the patient to ask questions, thoroughly summarizes recommendations, resources, and next steps. The case investigator clearly communicates gratitude for patient's time.

- Invites questions.
- Reviews follow-up plan and agreements.
- Reviews isolation recommendations and resources.
- Expresses appreciation for time spent

Part 2—Process Elements

Overall Communication Skills:

The last section of the evaluation form covers **overall communication skills**. This section contains techniques that the case investigator should demonstrate while carrying out each process element, including effective communication, problem-solving, and analysis. Skills elements include:

- Establishes trust and rapport.
- Listens actively.
- Uses open-ended questions appropriately.
- Displays flexibility in the interview process.
- Collaborates with the patient to solve problems.
- Establishes open dialogue to facilitate future communication

Using the COVID-19 Patient Interview Skills Assessment Form

Ideally, patient interviews and observations of those interviews would occur in person. However, due to concerns of disease transmission when interviewing a patient with COVID-19, it is understood that most interviews will take place on the phone or through the use of virtual meeting technology. Regardless of the whether the interview takes place in person, by telephone, or virtually, the supervisor and Case Investigator should introduce themselves to the patient as team interviewers. While assessing the interview, the supervisor should sit where the interview dialogue can be heard, and body language observed if a virtual interview is being conducted. While the supervisor is listening in on or observing the interview, the evaluation form should be accessible. The supervisor may use the COVID-19 Patient Interview Skills Assessment Form as a checklist and to make notes during the interview. It is essential to also document specific items from the interview to provide concrete feedback to the Case Investigator.

During the interview, the supervisor should record key words to help recall the specific details for post-interview feedback. Based on notes taken during the interview, the qualitative indicators of the interview elements ("excellent," "satisfactory," and "needs improvement") can be completed for each element at the conclusion of the interview by using the following criteria:

Criteria for Rating Worker's Performance During a COVID-19 Patient Interview

- **Excellent** rating suggests that the worker completed the element as indicated in its definition.
- **Satisfactory** rating suggests that the worker missed one or more areas stated in the element's definition but did not lose the essence of the task at hand.
- **Needs improvement** suggests that the worker missed several key areas in the element's definition and, therefore, caused a deficiency in the interview process.

More specific information regarding the ratings is available in the rubric in the COVID-19 Patient Interview Skills Assessment Form. The supervisor should be able to give concrete examples of strengths and weaknesses leading to the above ratings.

Feedback

The value of feedback is to facilitate a discussion about the performance of the interview. The ensuing open dialogue with prompt feedback will enable Case Investigators to become more proficient while bolstering their confidence. After the interview, the supervisor and Case Investigator should meet privately to share observations and address concerns including these:

- Encourage the Case Investigator to freely discuss the overall experience of the interview.
- Review the evaluation form with the Case Investigator, first noting strengths, then moving into the areas needing improvement, and finally ending on a positive note. In doing this, the supervisor should provide examples of each. Providing examples gives the Case Investigator a concrete awareness of his/her progress.
- Offer specific techniques to improve certain skills or accomplish tasks more effectively.
- Reach a mutual agreement about the changes in interviewing techniques required. Together, the supervisor and Case Investigator can develop a time-framed plan of action for each skill area needing improvement.
- Provide the Case Investigator with a copy of the COVID-19 Patient Interview Skills Assessment Form and the mutually developed action plan.

Ongoing Training

If a Case Investigator requires significant improvement in interviewing process and skills, the Case Investigator should be given the opportunity to observe more experienced and skilled Case Investigators performing interviews. In addition, the supervisor or a designated mentor can reemphasize specific interview elements and training that supports the enhancement of skills. The following interventions address skills development in interview categories as reflected in the completed evaluation form:

- Pre-Interview Activity
  - » Shadow experienced Case Investigators to observe how tasks are completed.
  - » Review appropriate guidance documents regarding the pre-interview analysis and establishing a contact elicitation period.
- Communication and Introduction
  - » Speak at a literacy level the patient can understand using plain language terms whenever possible.
  - » Express concern about the patient's well-being.
  - » Explain the role of the health department and contact tracing in the efforts to control COVID-19.
- Patient Information and Education Exchange
  - » Practice asking open-ended questions.
  - » Use verbal feedback to assess the patient's understanding of COVID-19.
- Contact Identification
  - » Practice asking open-ended questions.
  - » Reemphasize confidentiality.
  - » Explain the role of the health department and contact tracing in the efforts to control COVID-19.

CONCLUSION

After the improvement interventions are completed, the supervisor should observe the Case Investigators conducting additional interviews and provide appropriate feedback. Periodic training and review, as described, strengthens the self-assessment skills of Case Investigators, setting high standards for the interview process. The assessment of the COVID-19 patient interview is instrumental in improving the quality of the interview process and ensuring a consistent practice standard, thereby affecting the outcome of a case investigation and control of COVID-19 in the community. Supervisors and Case Investigators should make note of effective interviewing techniques and share best practices within their programs and with other programs throughout the nation.

Reference

This document was adapted and modified some content from the Performance Guidelines for Contact Investigation: The TB Interview—A Supervisor's Guide for the Development and Assessment of Interviewing Skills created by the Global Tuberculosis Institute at Rutgers University, which serves as the Northeastern TB Center of Excellence for Training, Education, and Medical Consultation.

APPENDIX A—COVID-19 Case Interview Assessment

Case Investigator Name:_____

Person conducting Audit: _____

Date: _____

Table: COVID-19 Patient Interview Skills Assessment Form
The empty cells are intentionally left blank and are to be completed.

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Pre-Interview Activity	Does a thorough review of all information available. Highlights or notes missing and specific information that may be significant to discuss with the patient. Notes dates of contact elicitation window.	Does a cursory review of information in the assignment prior to contact with the patient. Does not note or highlight specific areas where more information is needed.	No pre-interview preparation is done prior to contact.	
Reviews the index patient's case report and other medical information				
Determines whether locating and other demographic information is missing				
Establishes preliminary contact elicitation window				

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Introduction and Rapport Building	Uses appropriate language to express concern for the patient's well-being and build rapport. Explains confidentiality and ensures understanding. Assesses disease comprehension using open ended questions.	Explains confidentiality and/or COVID-19 but does not assess comprehension. Uses limited open-ended questions.		
Unclear if rapport is built.	Fails to mention confidentiality. Does not use open-ended questions. Rapport with patient not built.			
Confirms patient				
Introduces self				
Ensures privacy and explains confidentiality				
Builds rapport and sets tone for the rest of the interview				
Demographic and Disease Information	Provides explanation and context as to why demographic information is needed. Reviews all symptoms patient reports and asks about other symptoms as needed to complete local data fields. Asks for the start date of each symptom. Explains the need to gather other health information. Uses open ended questions when appropriate.			

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Demographic and Disease Information	Ask/confirms demographic information without explaining to the patient why the information is needed. Asks about symptoms but misses some details regarding start date and persistence for each symptom. Sometimes uses open ended questions.	Skips some demographic questions, assuming information is correct. Asks about symptoms without noting timeframes or persistence. Fails to use open ended questions.		
Confirms/collects demographics				
Assesses disease comprehension				
Reviews symptom history and collects specific information on start date for each symptom				
Assesses risk factors for potential transmission to others including any high risk occupation or living situation				
Collects other health information including underlying health conditions				

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Contact Elicitation	Explains why it is important to notify contacts of exposure. Re-emphasizes confidentiality and explains the process used. Explains the contact elicitation window. Collects detailed information on all contacts. Reviews key dates in the elicitation window which could assist the case in remembering additional information (such as holidays, etc.). Discusses workplace and social gathering contacts, as appropriate. Uses open-ended questions when gathering information.	Misses opportunities to explain confidentiality and the importance of contact tracing in stopping the spread of disease. Misses opportunities to help trigger the case's memory around certain dates or events. Collects contact information but misses some key details.	Does not explain confidentiality or the need for contact tracing. Fails to mention any key dates or other items that may trigger the case's memory for contacts. Does not use open ended questions.	
Reemphasizes confidentiality				
Explains contact tracing process				
Explains contact elicitation window				
Verbalizes a sense of urgency				
Identifies household, workplace/school, other congregate-setting, and social and recreational contacts				
Pursues detailed contact information including names, exposure dates and locating information.				

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Health Monitoring and Assessment for Isolation Support	Thoroughly, and in language the case can understand, explains the need for self-isolation. Explains the need to monitor the symptoms and the system used for regular check-ins. Thoroughly assesses the supports needed to ensure the case maintains self-isolation. Discusses next steps for supports needed. Uses open-ended questions to gather information.	Explains self-isolation but does not give adequate details to explain the need. Assesses supports needed but does not ask detailed questions or explain next steps. Uses few open-ended questions.	Fails to explain self-isolation or the need. Does not assess supports. Does not use open ended questions.	
Explains importance of self-isolation and monitoring procedures				
Assesses needs for foods, medication, essential medical services				
Conclusion	Openly encourages the patient to ask questions; thoroughly summarizes recommendations, resources, and next steps; clearly communicates gratitude for patient's time.	Asks if the patient has questions but may seem to be in a rush to wrap up the interview, does a cursory review of recommendations but leaves out some information, thanks the patient but appreciation seems scripted.	Doesn't encourage questions, explain follow-up plan, review recommendations and resources, or thank the patient for their time	
Invites questions				
Explains follow-up plan				
Reviews Isolation Recommendations and Resources				

Process Elements	Excellent	Satisfactory	Needs Improvement	Comments
Expresses appreciation for the time spent				
Summary of Communication Skills Evaluation	Uses language and feedback to build trust and rapport. Speaks in a manner the patient understands and avoids the use of jargon or medical terms. Answers patient questions clearly. Is flexible if the patient expresses concerns that need to be addressed. Works with the patient to problem solve any concerns. Assures patient of confidentiality. Provides contact information the patient can use to reach case interviewer or others if needed.	Occasionally uses jargon when speaking with patient. Misses opportunities to ask follow-up questions. Addresses concerns. Unexpected questions are not easily addressed.	Uses jargon that the patient does not understand. Is not flexible in the responses to questions that may move the interview to a different topic area. Fails to work with patient to address concerns.	
Establishes trust and rapport				
Listens actively				
Uses open-ended questions appropriately				
Displays flexibility in the interview process				
Problem solves with patient				
Displays nonjudgmental language				

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