



Facilitator Guide

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination
Developed in partnership with:
Curry International Tuberculosis Center
Heartland National Tuberculosis Center
New Jersey Medical School Global Tuberculosis Institute at Rutgers
Southeastern National Tuberculosis Center

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TB Contact Investigation Interviewing Skills Course

Facilitator Guide

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- Arizona Department of Health Services
- Baltimore City Health Department
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- Connecticut Department of Public Health
- Florida Department of Health
- Tennessee Department of Health
- Texas Department of State Health Services
- Washington State Department of Health

Introduction

The purpose of this guide is to provide facilitators with guidance and tips for leading the TB Contact Investigation Interviewing Skills Course.

The TB Contact Investigation Interviewing Skills Course training package consists of:

- Facilitator manual
- Participant manual
- Presentation slides

This course was developed by the Centers for Disease Control and Prevention (CDC) and the TB Regional Training and Medical Consultation Centers (RTMCCs):

- Curry International Tuberculosis Center
- Heartland National Tuberculosis Center
- New Jersey Medical School Global Tuberculosis Institute at Rutgers
- Southeastern National Tuberculosis Center

Overview

Purpose of this Course

The *TB Contact Investigation Interviewing Skills Course* is an interactive, skill-building training. It is designed to improve the knowledge and proficiency of both new and experienced staff.

Target Audience

The target audience for the Facilitator Guide is faculty and/or planners for the training. The target audience for the course is health care professionals responsible for conducting TB contact investigation interviews.

Preparation for Training

Know the Content

For a training to be successful, it is critical to know the content of what you are training. Even a facilitator with the best training skills needs to be confident in the course content.

- Be prepared to answer questions and explain concepts.
- Think about topics participants may find confusing.
- Plan ways to help with difficult sections and topics.
- Become familiar with slides that have animation.
- Review all slides and facilitation tips. Keep in mind that facilitator tips are suggestions to help engage the audience. Facilitators should feel free to come up with their own ideas for keeping the course interactive and relevant to the local area. Before the training, facilitators should become familiar with the TB program data, such as the number of TB cases, TB case rate, and any recent outbreaks.
- Know the basics of training (see page 11).

Facilitators should be familiar with the CDC *Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis*, available from the CDC website (www.cdc.gov/tb/publications/guidelines/ContactInvestigations.htm).

Additionally, facilitators should read the CDC *Self-Study Modules on Tuberculosis, Module 8: Contact Investigations for Tuberculosis*, available from the CDC website (www.cdc.gov/tb/education/ssmodules/default.htm).

Pre-Training Work

To ensure a successful course, there are a few items that facilitators need to work on prior to the training implementation.

✓	Pre-Training Work
Preparation for Day 1	
	Make index cards for each participant for the icebreaker activity. See Appendix C for more instructions.
	Replace the sample contact investigation form (Appendix D) with one from the local jurisdiction.
Preparation for Day 2	
	Familiarize yourself with information regarding the populations that are most affected by TB locally. Incorporate this information into the <i>Culture and Diversity Considerations</i> presentations.
	View the CDC DVD <i>Effective TB Interviewing for Contact Investigation</i> (www.cdc.gov/tb/publications/guidestoolkits/Interviewing/default.htm) and the Curry International TB Center DVD <i>Making the Connection</i> prior to the training (www.currytbcenter.ucsf.edu/products/product_details.cfm?productID=EDP-09W). Facilitators should be ready to show only portions of the video if time does not permit viewing of entire videos during the training.
	Review Appendix R and become familiar with the case described. Facilitators will play the role of a case for a group interview exercise.
Preparation for Day 3	
	Determine who will play each role (i.e., case, interviewer, and observer) in the facilitator role play demonstration (Appendix S). Facilitators should familiarize themselves with the roles to ensure effective demonstrations.
	Determine participant group assignments for the role plays. Participants will be divided into groups of 3 for role plays. Refer to Appendix T for more information on how to develop role play assignments.
	Make arrangements for videotaping the participant role plays. Facilitators must be familiar with video-taping equipment prior to the training. Each participant should be given or emailed an electronic video file (USB or DVD/CD) of their interview. Participants should be instructed to view their interviews at work or at home and complete the self-assessment form to receive a certificate of completion.

Preparation for Day 4	
	Determine which facilitators will play the role of the “TB interviewer” and the “contact” for a short demonstration on how to maintain confidentiality when meeting with a contact.
	Determine which facilitators will play the role of the school principal, homeless shelter director, or proxy during the Special Circumstances Role Plays (Appendix V). Facilitators should become familiar with their roles prior to the course and be able to spontaneously react to the interviewers as well as provide feedback about interviewing skills.
General Preparation	
	<p>Assemble participant manuals prior to the training. Participant manuals should consist of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participant Agenda <input type="checkbox"/> PowerPoint “handouts” (6 slides per page) <input type="checkbox"/> Appendix A – Pre-test <input type="checkbox"/> Appendix B – Pre Course Self-Assessment of Skills <input type="checkbox"/> Appendix C – Who Am I? Exercise <input type="checkbox"/> Appendix D – Sample Contact Investigation Form <input type="checkbox"/> Appendix E – Decision to Initiate a Contact Investigation Exercise <input type="checkbox"/> Appendix F – Determining the Infectiousness Period Exercise <input type="checkbox"/> Appendix G – Refining the Infectious Period Exercise <input type="checkbox"/> Appendix H - Prioritization of Contacts Exercise <input type="checkbox"/> Appendix I – Active Listening Exercise <input type="checkbox"/> Appendix J – Nonverbal Communication Handout <input type="checkbox"/> Appendix K - TB Assertiveness Exercise <input type="checkbox"/> Appendix L – Sample Open-Ended Questions <input type="checkbox"/> Appendix M – Cultural Competency Exercise <input type="checkbox"/> Appendix N – Cultural Competency Resources <input type="checkbox"/> Appendix O – TB Interview Checklist <input type="checkbox"/> Appendix P – Medical Terminology Exercise <input type="checkbox"/> Appendix Q – Contact Identification Exercise <input type="checkbox"/> Appendix R – TB Strategy Exercise/Role Play materials <input type="checkbox"/> Appendix S – Role Play Demonstration by Facilitators <input type="checkbox"/> Appendix T – Materials for Cases <input type="checkbox"/> Appendix T – Materials for Interviewer <input type="checkbox"/> Appendix T – Materials for Observer <input type="checkbox"/> Appendix U – Meeting with a Contact Exercise <input type="checkbox"/> Appendix V – School Role Play <input type="checkbox"/> Appendix V – Homeless Shelter Role Play <input type="checkbox"/> Appendix V – Proxy Interview Role Play <input type="checkbox"/> Appendix W – Overall Course Evaluation <input type="checkbox"/> Appendix X – Post Course Self-Assessment of Skills

	<input type="checkbox"/> Appendix Y – Post-test <input type="checkbox"/> Appendix Z – Self-Assessment of Video <input type="checkbox"/> Glossary
* PowerPoints, exercises, evaluation materials, etc. should be color-coded (i.e., printed on different colors of paper) to make it easier for participants to quickly access the different types of materials.	

Materials Checklist

You should have the following materials when you conduct the *TB Contact Investigation Interviewing Skills Course*.

✓	Materials and Supplies
Materials and Supplies for Facilitator	
	TB Contact Investigation Interviewing Skills Course Facilitator Manual
	PowerPoint slide sets (electronic and print)
Materials and Supplies for Participants	
	TB Contact Investigation Interviewing Skills Course Participant Manual
	Role Play Assignment Packets (Refer to Appendix T for information on how to assemble folders)
Materials and Supplies for Training Classroom	
	Projection monitor (LCD) compatible with computer
	Computer
	Screen or wall for viewing presentations
	Extension cord
	Dry erase board, poster paper, or flip chart with markers
	Sign in sheet for participants
	Name tags/tents
	Pens and/or pencils
	Timekeeping cards
	Video recording equipment for each breakout room and CD/DVDs or USB for participant video files
	CDC Effective TB Interviewing for Contact Investigation DVD
	Curry International TB Center DVD: Making the Connection
	Computer speakers for videos

Event Set-Up

It is important to have a comfortable learning environment during the training. The room should be set up to allow for group discussions and so that each participant can easily see the presenters and the slides. Two recommended styles include the banquet or chevron style (Figure 1).

Generally, the U-shape is not recommended because it can limit some participants' ability to see the slides and presenters.

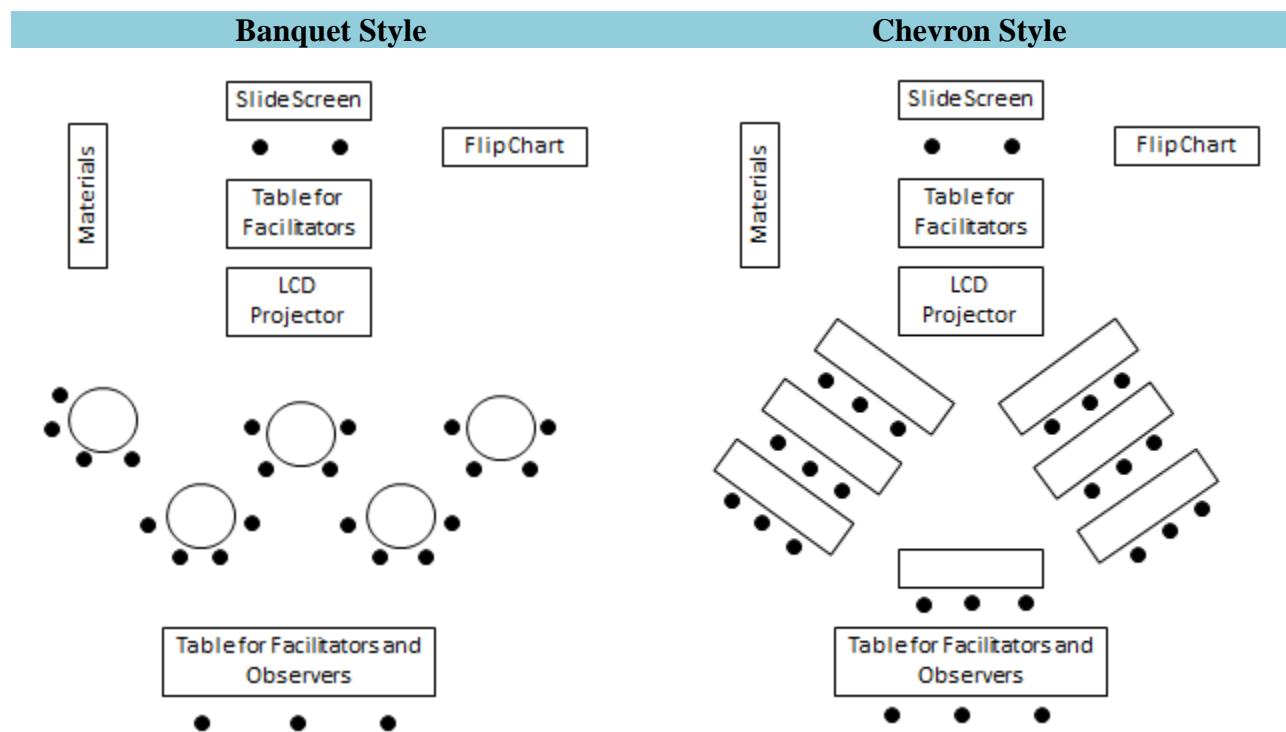
It is important to prepare the training room a day in advance, if possible. This includes:

- Ensuring materials and supplies are available
- Confirming that equipment works properly

Arrive early on the first day of training to have all materials prepared.

As part of the course, participants will be divided into groups of three to conduct role-plays that will be video-taped. If possible, having separate breakout rooms to accommodate the role-play groups would be ideal.

Figure 1 Room Set-Up Styles.



Training Basics

Understand Your Role as the Facilitator

The facilitator plays a unique role in the learning experience. One of the most important things a facilitator can do is to create a safe and supportive environment for participants. Participants need to feel comfortable to

- Ask any questions – even simple ones
- State answers to the study questions and case study questions – even if the answers might be wrong

Know Your Audience

Knowing your audience will help you design your training. Prepare to know your audience by gathering the following information if possible:

- Knowledge regarding topic (i.e., Are participants new to the topic area or do they have existing knowledge?)
- Training needs
- Skills
- Attitudes
- Experience
- Jobs/positions

There are various ways to get to know an audience including conducting an icebreaker at the beginning of the training. Ask participants to share their expectations of the course and record them on a flipchart. At the end of the course, review the list with the participants to see how many of the expectations were met.

Apply Adult Learning Principles

Adults learn differently from children and therefore require different training approaches. Knowing how adults learn is critical to the success of the training. Understanding adult learning principles can help you choose training techniques that enhance learning.

The following table provides principles of adult learning and describes some training techniques that will engage course participants.

Principles of Adult Learning

	Principle	Training Technique
1.	Adults bring a wealth of knowledge and experience which they want to share.	Encourage participants to share their knowledge and experiences. Include activities that utilize their knowledge and experience.
2.	Adults are decision-makers and self-directed learners.	Include problem-solving activities.
3.	Adults have different learning styles that must be respected.	Provide multiple ways for participants to learn the material.
4.	Adults want to participate rather than just listen to a lecture.	Create a participatory learning environment with various types of activities.
5.	Adults are motivated by information or tasks that are meaningful and applicable to their jobs.	Relate the content to problems participants encounter in their jobs.
6.	Adults prefer training that focuses on real-life problems.	Relate content to the types of problems adults encounter in their jobs.
7.	Adults expect their time during training to be used carefully.	Follow a realistic time schedule.
8.	Adults feel anxious when participating in a group that makes them look uninformed, either professionally or personally.	Avoid criticism. Acknowledge all participants' contributions.
9.	Adults learn best in a positive environment where they feel respected and confident.	Create a positive environment by providing positive feedback and showing respect to all participants.
10.	Adults come from different cultures, life-styles, religious preferences, genders, and ages.	Respect all differences and encourage participants to respect each other's differences as well.

Communicate Effectively and Engage Participants

Communicate Effectively

In order to be a good facilitator, you need to have good communication skills. For instance, facial expressions and tone of voice can influence the tone of the training (e.g., either friendly or unfriendly). Thus, it is important to have an approachable, friendly face during trainings so that people feel comfortable asking questions.

When conducting a training, it is important to remember to use a “trainer’s voice.” This includes:

- Projecting your voice so everyone can hear you
- Varying your pitch
- Speaking at the right technical level
- Using a friendly tone
- Using a microphone, if necessary

Engage Participants

It is very important to engage participants throughout the training. One way to do this is to use various types of questions to:

- Encourage all participants to contribute
- Allow for differences of opinions
- Keep participants alert
- Help you determine participant’s knowledge and understanding

Types of Questions

Question Type	Description	Examples	How to use
Closed-ended	Generates short final answers such as “yes” or “no” or just a few words	<ul style="list-style-type: none">• Is it ...?• Do you need...?• Have you ever...?	Obtain a final answer, or conclusion, or for confirmation
Open-ended	Generates descriptive answers that encourage discussion	<ul style="list-style-type: none">• What are some ways...?• How can you...?• Why would you...?	Encourage participation and sharing of knowledge and experiences
Probing	Generates additional discussion or can be used to probe for more information	<ul style="list-style-type: none">• Tell me more about...?• Would you elaborate....?• What is an example...?	Encourage participants to explain in greater detail about a subject

Other Methods for Engaging the Participants

Method	Description
Analogy	Compare two or more situations to help explain complex material. Analogies are helpful for teaching about a complex concept or process.
Stories	Provide real-life situations from your experience (or the experience of others you know) to explain situations or provide examples. Stories are compelling and bring the content to life.
Statistics	Provide statistics (especially from the local jurisdiction) that can demonstrate the importance of collecting information or illustrate results of the data.
Energizers	Use short physical activities to increase the energy level of participants (especially after lunch or when participants are getting tired).

Manage the Training

As the facilitator, you are the manager of the training and it is up to you to keep the training on schedule and under control. There may be difficult situations, difficult participants, and unexpected circumstances to deal with. It is your responsibility to keep control and manage the problem, whatever it may be.

Manage Time

Participants typically enjoy group discussions and want to share their ideas and experiences. As a result, it is easy for discussions to take too much time or get focused on topics that may not be critical to the training. It is important to know when to stop discussion of a topic and move on to the next part of the training.

Manage Difficult Participants

Throughout the training, continually assess the dynamics of the group. Occasionally, the learning environment might be disrupted by individual participants. Some characteristics of a difficult participant include

- Dominating the conversation
- Interrupting others
- Acting as a know-it-all
- Not participating

Make sure difficult participants are not dominating your time and the time of the participants. It is your responsibility to maintain a pleasant learning environment for everyone.

Discuss Ground Rules

At the beginning of the training, it is very helpful to discuss “Ground Rules.” These are expectations of both the participants and the trainers on basic rules during the training.

- Ask the participants to share their ideas for ground rules for the training.
- Write suggestions on a flip chart or white board.
- Review the items.
- Use the list below as a guide. Include any of the items below if participants do not mention them:

- Arrive on time for the beginning of each session and after each break.
- Keep each session on time.
- Switch off mobile phones while in the training room.
- Treat each other as equals in the training room.
- Show respect to everyone regardless of age, gender, religion, or culture.
- Share experience and expertise. Many participants have previous experience.
- All questions are good questions. Feel free to ask questions at any time.
- Only one person should speak at a time.
- Everyone should participate and contribute. To ensure that the quieter voices are heard, do not allow 1 or 2 people to dominate the conversation.
- No side-bar conversations. Comments should be made to the whole group.
- Provide feedback, as long as it is constructive, not critical.
- Be flexible with differences in culture and language.
- Accept mispronunciation of names.
- Wear name tags.

Utilize the “Parking Lot”

The “Parking Lot” is a place where topics can be “parked” for later discussion. You can write questions, concerns, or topics on the Parking Lot so that it can be discussed at a later time. This is a great way to manage discussions that are taking too long, or those that are getting off topic.

Facilitation Tips

Day 1: Course Introduction

	Slides	Facilitation Tips
Slide 1		<ul style="list-style-type: none">• Welcome everyone to the course• Introduce the course facilitators• Ask participants to briefly introduce themselves and state how long they have been working in TB and/or conducting contact investigations (CIs)• Ask participants to get to know each other by playing the icebreaker following this presentation (Appendix C)
Slide 2	<div style="border: 1px solid black; padding: 10px;"><p style="text-align: center;">Course Goal</p><hr/><p style="text-align: center;">To improve the TB contact investigation interviewing skills of health care workers</p><p style="text-align: center;">2</p></div>	<ul style="list-style-type: none">• Review slide content

Slide 3	<p style="text-align: center;">Course Development</p> <hr/> <p>Materials adapted from</p> <ul style="list-style-type: none"> • CDC <ul style="list-style-type: none"> — Self-Study Module: Contact Investigation for TB — 2005 Contact Investigation Guidelines — Effective TB Interviewing for Contact Investigation: Self-Study Modules — STD Interviewing Course • TB Regional Training Medical Consultation Center (RTMCC) Contact Investigation Training Courses <ul style="list-style-type: none"> — Curry International Tuberculosis Center — Heartland National Tuberculosis Center — New Jersey Medical School Global Tuberculosis Institute at Rutgers — Southeastern National Tuberculosis Center <p style="text-align: center;">3</p>	<ul style="list-style-type: none"> • Review slide content • Explain that each RTMCC has excellent contact investigation courses and this course was developed using materials from each center in addition to CDC materials in an effort to standardize training nationally
Slide 4	<p style="text-align: center;">Course Design</p> <hr/> <ul style="list-style-type: none"> • The course is designed to give an overview of the CI process, basic communication and interviewing skills, and opportunities to apply those skills in role play activities • Your feedback helps to improve the course <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> • State that honest feedback is necessary to make improvements, such as adjusting time for exercises and lectures • Explain that the course is designed to provide basic communication skills and give participants the opportunity to apply those skills to TB interviewing. As such, the course will rely heavily on role plays. • Emphasize that experience and feedback from participants is very valuable and will be used to improve the course
Slide 5	<p style="text-align: center;">Course Materials</p> <hr/> <ul style="list-style-type: none"> • Agenda • Slide sets • Exercises • Pre and post tests • Self-assessments • Course evaluation <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • Review slide content • State that you will review the 4 day agenda with the participants in detail starting with the next slide • Mention that the training format includes slide sets and exercises designed to build communication skills and role plays

Slide 6	<p>Course Overview: Day 1</p> <hr/> <ol style="list-style-type: none"> 1) Introduction to the Contact Investigation Process 2) Communication Skills for Building Rapport During Contact Investigation Interviewing <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Mention that all of the sessions are listed on the course agenda and that you will briefly go over what to expect for each day of the training • Explain that the first part of Day 1 will be somewhat heavy with lectures on the CI process, but the afternoon session will have more interactive activities regarding communication skills
Slide 7	<p>Course Overview: Day 2</p> <hr/> <ol style="list-style-type: none"> 1) Cultural and Diversity Considerations 2) Interviewing for TB Contact Investigation 3) Role Play Instructions and Assignments <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Explain that Day 2 will cover cultural competency and more in-depth information regarding the TB interview • State that there will be exercises throughout the day to help participants practice what they learn • Tell participants they will be given role play assignments on Day 3
Slide 8	<p>Course Overview: Day 3</p> <hr/> <p>Role Plays</p> <ol style="list-style-type: none"> 1) Learn How to Give Feedback as Observers 2) Facilitators Demonstrate Role Play 3) Participants Conduct Role Play <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Explain that on Day 3 everyone will have the opportunity to interview a TB “case” after a role play demonstration by the course facilitators • Mention that everyone will be videotaped conducting their interview • Stress that no one will see the video except themselves • <u>Note to facilitator:</u> <i>Some participants may feel anxious about conducting role plays and being videotaped. Assure the audience that the training is a safe environment and you will work with them to manage their anxiety.</i>

Slide 9	<p>Course Overview: Day 4</p> <hr/> <p>1) Special Circumstances Presentation and Role Play</p> <p>2) Meeting with Contacts for TB Assessment Presentation and Role Play</p> <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> State that Day 4 will cover special circumstances that might arise such as having to interview a person other than the case or conducting a school or homeless shelter CI State that assessing contacts is an important part of the CI process that will also be discussed on Day 4
Slide 10	<p>A Note on Terminology</p> <hr/> <ul style="list-style-type: none"> For this course, the term “case” will be used instead of “index patient” or “patient” Although “case” may seem impersonal, the rationale for using it is to avoid confusion with contacts who may also be considered “patients” if they are found to have LTBI or TB disease <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> Review the slide content
Slide 11	<p>Ground Rules</p> <hr/> <ul style="list-style-type: none"> Agreement between trainers and participants Posted on the wall Referred to throughout the training Helpful to manage the training <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> Ask participants to help develop the ground rules Write the rules on a flip chart or a white board Note to facilitator: Examples of ground rules include silencing cell phones, refraining from interrupting the speaker or participants, refraining from sidebar conversations, having an open mind, being supportive of other participants, sharing your knowledge and experience, etc.

Slide 12	<p>Time Keeping</p> <hr/> <ul style="list-style-type: none"> • We have a lot of material to cover • With your cooperation we can stay on time • Our tools for keeping time <ul style="list-style-type: none"> — Clocks — Signs — Agenda  <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> • Point out that it will be the responsibility of instructors to stay on schedule, which means some discussions may need to be cut short • Note that all input is valued, including verbal as well as written comments during breaks or at the end of the day • Stress the importance of starting on time. This is especially important due to the heavy focus on role plays and the logistical challenges involved in organizing the role plays.
Slide 13	<p>Parking Lot</p> <hr/> <ul style="list-style-type: none"> • Place to put or “park” items such as questions, concerns, or topics that: <ul style="list-style-type: none"> — Require extra time — Are related to the training but not critical • Discuss items during breaks, lunch, evenings, or at the end of the training • Keeps the training focused and on time <p style="text-align: center;">13</p>	<ul style="list-style-type: none"> • Review slide content • Note to facilitator: Have a flip chart sheet already labeled “Parking Lot” and point out where it is hanging. Have markers nearby.
Slide 14	<p>Housekeeping</p> <hr/> <p>Logistics:</p> <ul style="list-style-type: none"> • Breaks • Lunch • Restrooms • Exits  <p style="text-align: center;">14</p>	<ul style="list-style-type: none"> • Inform participants about scheduled breaks throughout the training • Tell participants where the restrooms and emergency exits are located

Icebreaker Activity

Refer to Appendix C

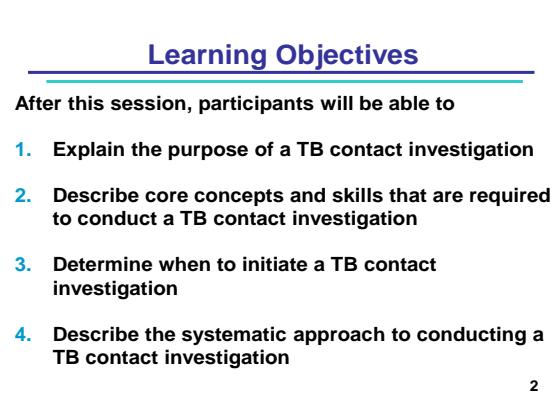
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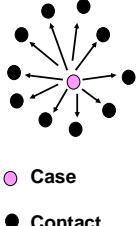
- **Note to facilitator:** Refer to Appendix C for instructions on how to conduct the icebreaker

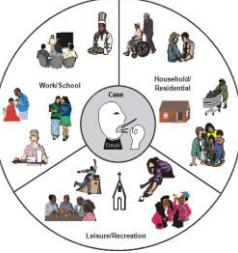
- Time: 10 minutes

Facilitation Tips

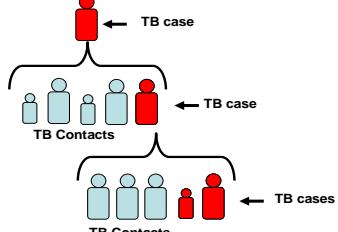
Day 1: Introduction to Contact Investigation Process

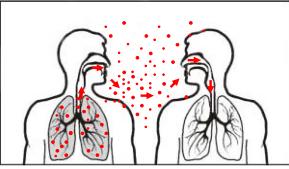
	Slides	Facilitation Tips
Slide 1	 <p>Introduction to Contact Investigation Process</p> <hr/> <p>1</p>	<ul style="list-style-type: none">• Explain that this session will be an overview of the contact investigation (CI) process• Reiterate that this session has a lot of didactic information and participants are encouraged to ask questions to keep it engaging• Note to facilitator: Assess participant's knowledge regarding the concepts presented in this session and skip or discuss concepts more in-depth as needed. Additionally, you can engage the experienced participants by asking them to explain concepts to participants with less experience.
Slide 2	 <p>Learning Objectives</p> <hr/> <p>After this session, participants will be able to</p> <ol style="list-style-type: none">1. Explain the purpose of a TB contact investigation2. Describe core concepts and skills that are required to conduct a TB contact investigation3. Determine when to initiate a TB contact investigation4. Describe the systematic approach to conducting a TB contact investigation <p>2</p>	<ul style="list-style-type: none">• Review objectives

Slide 3	<p>Priority TB Control Activities</p> <hr/> <ol style="list-style-type: none"> 1. Identify and treat persons who have active TB disease 2. Find and evaluate persons who have been in contact with TB cases and provide appropriate latent TB infection (LTBI) or TB disease treatment as needed 3. Use targeted testing strategies to identify and treat persons with LTBI at risk for developing TB disease 4. Identify settings at high risk for transmission of <i>M. tuberculosis</i> and apply effective infection-control measures <p style="text-align: center;">3</p>	<ul style="list-style-type: none"> • Review the four priority TB control activities • Mention that #2 (contact investigation) is the focus of this course
Slide 4	<p>Contact Investigations: A Priority TB Control Activity</p> <hr/> <ul style="list-style-type: none"> • Conducting contact investigations (CIs) is one of the highest priorities for TB programs in the United States <ul style="list-style-type: none"> — Second in importance only to detection and treatment of TB disease  <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> • Emphasize that CIs are one of the highest priorities for controlling TB
Slide 5	<p>What is a Contact Investigation?</p> <hr/> <p>A systematic process to:</p> <ul style="list-style-type: none"> • Identify persons (contacts) exposed to cases of infectious TB disease • Assess contacts for infection with <i>M. tuberculosis</i> and TB disease • Provide appropriate treatment for contacts with LTBI or TB disease  <p style="text-align: center;">Case ● Contact</p> <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • Emphasize that a CI is not simply identifying contacts; it also entails assessing contacts for LTBI or TB disease, and following them through completion of treatment, as necessary

Slide 6	<p>Who are TB Contacts?</p> <p>Contacts are persons who have shared airspace with a person with infectious TB disease. This might include</p> <ul style="list-style-type: none"> • Household members • Friends • Co-workers • Others (e.g., cellmates, shelter residents)  <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants if they can think of other people who may be potential contacts that are not listed on this slide • Additional examples could include: schools, churches, bars, and senior centers
Slide 7	<p>Why is it Important to Conduct TB Contact Investigations? (1)</p> <p>CIs help to:</p> <ul style="list-style-type: none"> • Interrupt spread of TB • Prevent outbreaks of TB • Ensure appropriate treatment for LTBI or TB disease <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Review slide content
Slide 8	<p>Why is it Important to Conduct TB Contact Investigations? (2)</p> <ul style="list-style-type: none"> • On average, 10 contacts are identified for each case <ul style="list-style-type: none"> — 20% to 30% of household contacts have LTBI — 1% of contacts have TB disease <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that 1% of contacts are diagnosed at initial visit

Slide 9	<p>Who is Responsible for TB Contact Investigations?</p> <hr/> <ul style="list-style-type: none"> • State and local health departments have legal responsibility to <ul style="list-style-type: none"> —Investigate TB cases reported in their jurisdiction —Evaluate effectiveness of TB investigations • Although the health department maintains legal responsibility, some CI steps may be delegated <ul style="list-style-type: none"> —For example, with worksite exposures, occupational health offices are often involved <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content • Explain that when steps are delegated, the health department needs to ensure that the jurisdiction's standard CI policies and procedures are being followed • <i>Additional information:</i> another example of delegating CI steps would be if transmission of TB is suspected at a healthcare facility, the CI would often include hospital epidemiologists and infection control professionals
Slide 10	<p>Group Discussion</p> <hr/> <ul style="list-style-type: none"> • Share a few examples from your CI experience when you successfully identified active TB cases. • What are some barriers to conducting CIs in your area? <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Ask participants to share their successful CI examples and any barriers they have faced conducting CIs • Time: 5 -10 minutes
Slide 11	<p>Core Concepts and Skills Required for Conducting TB Contact Investigations</p> <hr/> <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Explain that this section will cover the basic core concepts and skills required for conducting CIs

Slide 12	<p>What Core Concepts and Skills are Required to Conduct TB Contact Investigations?</p> <ul style="list-style-type: none"> • Knowledge of TB transmission • Knowledge of TB pathogenesis <ul style="list-style-type: none"> — Difference between LTBI and TB disease — Risk factors for progressing to TB disease • Effective interviewing skills • Data management and analysis skills 	<ul style="list-style-type: none"> • Review slide content • Explain that effective interviewing skills will be the focus of the rest of the training; however, it is important to ensure that participants understand the basic core TB concepts before working on a CI
Slide 13	<h3>Contact Investigation Core Concepts</h3> <hr/> <p>TB Transmission</p>	
Slide 14	<p>Remember: TB is Transmitted Person to Person!</p> <hr/> <p>Every TB case Began as a TB contact</p> 	<ul style="list-style-type: none"> • Emphasize that TB is transmitted person-to-person, and every person with TB disease was at some point a contact of someone else who had TB disease

Slide 15	<p>TB Transmission</p>  <ul style="list-style-type: none"> When a person with infectious TB disease coughs, sneezes, speaks, or sings, tiny particles containing <i>M. tuberculosis</i> (droplet nuclei) may be expelled into the air. If another person inhales droplet nuclei, transmission may occur; however, not everyone who is exposed to TB becomes infected with TB. <p style="text-align: right;">15</p>	<ul style="list-style-type: none"> Review slide content
Slide 16	<p>What Factors Influence TB Transmission?</p> <p>The probability that TB will be transmitted depends on the following factors:</p> <ol style="list-style-type: none"> 1. Infectiousness of person with TB disease 2. Duration and frequency of exposure 3. Environment in which exposure occurred <p style="text-align: right;">16</p>	<p><i>**Animated slide**</i></p> <ul style="list-style-type: none"> Ask participants what factors influence transmission Click to display slide content Note to facilitator: Slides 17-19 discuss each of these factors in depth
Slide 17	<p>1. Infectiousness of Person with TB Disease</p> <p>Characteristics associated with infectiousness:</p> <ul style="list-style-type: none"> • TB of the lungs, airway, or larynx • Presence of cough • Positive sputum smear • Cavity on chest x-ray • Positive cultures • Not covering mouth when coughing • Not receiving adequate treatment • Undergoing cough inducing procedures   <p style="text-align: right;">17</p>	<ul style="list-style-type: none"> Review slide content Emphasize the presence of a cough

Slide 18	<p>2. Duration and Frequency of Exposure</p> <p>Contacts at higher risk for TB infection are those who:</p> <ul style="list-style-type: none"> • Frequently spend a lot of time* with the case • Have been physically close to the case <p>* “A lot of time” is difficult to define, but may be determined locally based on experience</p>	<ul style="list-style-type: none"> • Review slide content
Slide 19	<p>3. Environment in Which Exposure Occurred</p> <p>Environmental characteristics that increase chances of TB transmission:</p> <ul style="list-style-type: none"> • Small or crowded rooms • Areas that are poorly ventilated • Rooms without air-filtering systems 	<ul style="list-style-type: none"> • Review slide content
Slide 20	<p>STOP the Chain of Transmission</p>  <p>The BEST way to stop transmission is to</p> <ul style="list-style-type: none"> • Identify and isolate infectious persons • Start infectious persons on effective treatment for TB disease 	<p><i>**Animated slide**</i></p> <ul style="list-style-type: none"> • Review slide content

Slide 21

Contact Investigation Core Concepts

TB Pathogenesis

21

Slide 22

What Happens Once Someone is Exposed To TB?

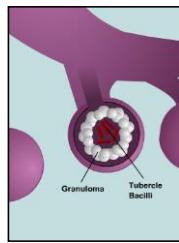
- Not every person who is exposed to TB becomes infected
- Persons who become infected will generally have a positive
 - Tuberculin skin test (TST)
 - Or
 - Blood test (interferon gamma release assay [IGRA])
- Persons who become infected can have either:
 - LTBI
 - Active TB disease

22

- Review slide content

Slide 23

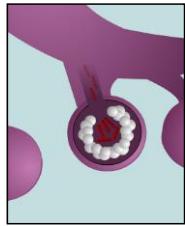
Latent TB Infection (LTBI)



- LTBI - immune system keeps tubercle bacilli under control
- LTBI characteristics
 - Usually positive TST or IGRA
 - Not infectious
 - No symptoms
 - Normal chest x-ray
 - Sputum smears and cultures are negative
 - Not a “case” of TB

23

- Review slide content
- Explain that granuloma (white dots in picture) keep bacilli under control

Slide 24**Active TB Disease**

- TB disease - immune system cannot stop tubercle bacilli from multiplying leading to active TB disease
- Usually affects lungs, but can affect other areas of the body
- Characteristics *usually* include:
 - Positive TST or IGRA
 - Infectious (before treatment)
 - Symptoms
 - Abnormal chest x-ray
 - Positive sputum smear and culture
- Considered a “case” of TB

24

- Review slide content
- Explain that TB of the lungs is referred to as “pulmonary TB”
- Explain that TB disease that occurs in places other than the lungs, is referred to as “extrapulmonary TB.” These other areas may include lymph nodes, pleura, the brain, the kidneys, or the bones; most types of extrapulmonary TB are not infectious.

Slide 25**What are Symptoms of TB Disease?**

- Cough lasting 3 or more weeks
- Coughing up sputum or blood
- Fever
- Chills
- Night sweats
- Weight loss
- Appetite loss
- Fatigue
- Malaise
- Chest pain



25

- Review slide content
- *Ask participants* what symptoms they see most often in their patients

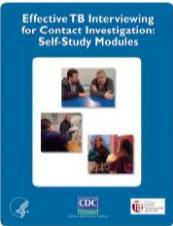
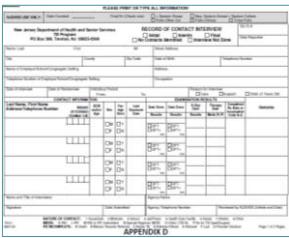
Slide 26**LTBI vs. TB Disease**

LTBI	TB Disease (in the lungs)
Inactive tubercle bacilli in the body	Active tubercle bacilli in the body
TST or IGRA usually positive	TST or IGRA usually positive
Chest x-ray usually normal	Chest x-ray usually abnormal
Sputum smears and cultures negative	Sputum smears and cultures usually positive
No symptoms	Symptoms such as cough, fever, weight loss
Not infectious	Often infectious before treatment
Not a case of TB	A case of TB

26

- Review slide content

Slide 27	<p>Conditions that Increase Risk of Progressing to TB Disease</p> <hr/> <ul style="list-style-type: none"> • Children younger than 5 years of age • Weakened immune systems <ul style="list-style-type: none"> - Infection with HIV - Diabetes mellitus - Organ transplant - Silicosis - Severe kidney disease - Certain types of cancer - Certain intestinal conditions - Prolonged therapy with corticosteroids and other immunosuppressive therapy, such as prednisone and tumor necrosis factor-alpha [TNF-α] antagonists • Chest x-ray findings suggestive of previous TB • Low body weight • Cigarette smokers and persons who abuse drugs and/or alcohol • Recent TB infection (within past 2 years) <p style="text-align: right;">27</p>	<ul style="list-style-type: none"> • Review slide content
Slide 28	<p>LTBI Progressing to TB Disease</p> <hr/> <ul style="list-style-type: none"> • Risk of developing TB disease is highest in the first 2 years after infection (or, if foreign-born, first 2 years after immigration) • People with LTBI can be treated to prevent development of TB disease • Detecting LTBI early and providing treatment helps prevent new cases of TB disease <p style="text-align: right;">28</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that detecting LTBI early is a key goal of Cls
Slide 29	<p>Contact Investigation Core Concepts</p> <hr/> <p>Effective Interviewing Skills</p> <p style="text-align: right;">29</p>	

Slide 30	<p>Effective Interviewing</p> <ul style="list-style-type: none"> • Effective interviewing skills are essential for eliciting information from cases and their contacts • Interview skills can be taught • Interview skills improve with practice  <p><i>The focus of this course is on building these skills</i></p> <p style="text-align: right;">30</p>	<ul style="list-style-type: none"> • Review slide content • Mention that there are self-study modules available from the CDC regarding effective interviewing skills for CI. These materials can be accessed via the CDC website (www.cdc.gov/tb). • Mention the rest of the course will focus on building these skills
Slide 31	<p>Contact Investigation Core Concepts</p> <hr/> <p>Data Management and Analysis Skills</p> <p style="text-align: right;">31</p>	
Slide 32	<p>Use of Data in TB Contact Investigations (1)</p> <p>Collecting and analyzing data in a systematic way helps determine the effectiveness of CI efforts</p>  <p><i>Appendix D: Sample CI Form</i></p> <p style="text-align: right;">32</p>	<ul style="list-style-type: none"> • Review slide content • Explain that simplicity is best; information can be limited to contact priority, contact information, TST/IGRA result, treatment status, etc. • Explain that each program has its own system of collecting data • Emphasize that it is important to safeguard this information • Note to facilitator: Replace appendix D sample form with specific state/local form and briefly discuss the key elements of the CI form with participants

Slide 33	<p>Use of Data in TB Contact Investigations (2)</p> <hr/> <p>Data can be used for</p> <ul style="list-style-type: none"> • Case and contact follow-up and management • Analysis of findings to help assess CI strategy <ul style="list-style-type: none"> — Contacts identified — Contacts evaluated who have TB disease — Contacts evaluated who have LTBI • Number who started and completed LTBI treatment <p style="text-align: center;">33</p>	<ul style="list-style-type: none"> • Review slide content
Slide 34	<p>Decision to Initiate a Contact Investigation</p> <hr/> <p style="text-align: center;">34</p>	
Slide 35	<p>When is a TB Contact Investigation Necessary? (1)</p> <hr/> <p>Confirmed TB Cases</p> <p>A full CI is required for all confirmed cases that have <u>infectious forms of TB disease</u></p> <ul style="list-style-type: none"> — Generally, TB of lungs, airway, or larynx <p style="text-align: center;">35</p>	<ul style="list-style-type: none"> • Review slide content • Explain that confirmed means that the case has been confirmed by culture • Explain that a full CI means that the entire CI process should be completed (i.e., Steps 1-10)

Slide 36	<p>When is a TB Contact Investigation Necessary? (2)</p> <p>Suspect TB Cases</p> <ul style="list-style-type: none"> A CI should be started for persons suspected of having infectious TB disease if they have <ul style="list-style-type: none"> Positive sputum smears* Cavities on chest x-ray Assessment of priority contacts can begin before case is confirmed <ul style="list-style-type: none"> If case is eventually confirmed, continue with full CI If person is found to NOT have infectious TB disease, stop the CI process <p>* Provided nucleic acid amplification (NAA) test, if conducted, is also positive</p> <p>36</p>	<ul style="list-style-type: none"> Review slide content
Slide 37	<p>When is a TB Contact Investigation Necessary? (3)</p> <p>Suspect TB Cases</p> <ul style="list-style-type: none"> For all other suspect cases, collect preliminary information about contacts (name, locations, and TB risk factors) Assess contacts at high-risk for progressing to TB disease without waiting for case confirmation <ul style="list-style-type: none"> If case is eventually confirmed, continue with full CI If person is found to NOT have infectious TB disease, stop the CI process <p>37</p>	<ul style="list-style-type: none"> Review slide content Explain that “all other suspect cases” may include those who are AFB negative or have non-cavitary TB disease Explain that contacts at high-risk for progressing to TB disease includes children younger than 5 years of age and immunocompromised persons (e.g., people living with HIV/AIDS)
Slide 38	<p>When is a TB Contact Investigation NOT Necessary?</p> <p>TB CI is generally NOT necessary if a case</p> <ul style="list-style-type: none"> Has positive sputum smears and a <u>negative nucleic acid amplification (NAA)</u> test Has a <u>noninfectious form of TB disease</u> (extrapulmonary disease) with no pulmonary involvement Is a child <u>under 10 years of age</u> <ul style="list-style-type: none"> However, if case less than 5 years of age, a source case investigation may be necessary <p>38</p>	<ul style="list-style-type: none"> Explain that a positive AFB smear and a negative NAA test indicates non-TB mycobacteria which do not spread person to person. A CI is not necessary. Explain that children under 10 years of age are less likely to transmit disease because they generally produce less sputum when they cough Explain that a source case investigation is conducted to find the source of transmission Note that source case investigations will be covered in special circumstances on Day 4

Slide 39	<p>Prioritizing Among Contact Investigations</p> <ul style="list-style-type: none"> If faced with multiple TB cases, health departments may have to decide which cases should be a higher priority for conducting CIs Decision will be influenced by: <ul style="list-style-type: none"> Likelihood of transmission (e.g., sputum smear positive*, cavity on chest x-ray, cough, and exposure environment) Risk of contacts rapidly progressing to TB disease (e.g., contacts in daycare, HIV care-settings, and dialysis centers) Resources available * Transmission is still possible for cases with negative sputum smears 	<ul style="list-style-type: none"> Review slide content Explain to participants that although cases with negative sputum smears are thought to be less infectious, transmission is still possible and CIs should still be conducted
Slide 40	<p>Why is it Important to Promptly Start a Contact Investigation?</p> <ul style="list-style-type: none"> Some contacts may develop TB disease soon after exposure and infection, especially <ul style="list-style-type: none"> Infants and children younger than 5 years of age HIV-infected or other persons with weakened immune systems All contacts need to be found and evaluated promptly <ul style="list-style-type: none"> As time increases, some contacts might be more difficult to locate (e.g., homeless or transient persons) There could be ongoing transmission of <i>M. tuberculosis</i> 	<p>**Animated slide**</p> <ul style="list-style-type: none"> Ask participants why it is important to promptly start a CI Click to display slide text and review slide content
Slide 41	<p>Exercise: Decision to Initiate a Contact Investigation</p> <p>Refer to Appendix E</p>	<ul style="list-style-type: none"> Have participants refer to Appendix E Have participants work in groups at their table or individually Review the answers as a group Time: 10 minutes

Slide 42	<h2 style="text-align: center;">Systematic Approach to TB Contact Investigations</h2> <hr/> <p style="text-align: right;">42</p>	
Slide 43	<p>How Do You Conduct a Contact Investigation?</p> <hr/> <ul style="list-style-type: none"> • TB programs should use a systematic approach to conduct CIs • Using a systematic approach helps to ensure the CI is carried out effectively and efficiently <p style="text-align: right;">43</p>	<ul style="list-style-type: none"> • Review slide content • Stress that this is an overview of the CI process; but that the main focus of the training course is on interviewing skills
Slide 44	<p>Systematic Approach to Contact Investigations (1)</p> <hr/> <p>The systematic approach includes 10 steps:</p> <ol style="list-style-type: none"> 1. Review existing information about the case 2. Determine an initial estimate for the infectious period and estimate the degree of infectiousness 3. Interview the case 4. Review information and develop a plan for the investigation 5. Refine the infectious period and degree of infectiousness <p style="text-align: right;">44</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that although TB contact investigations do not always follow a set sequence of steps, an effective investigation will use a systematic process that includes the following 10 steps • <i>Note to facilitator:</i> <i>The rest of the presentation goes over each of these steps in-depth</i>

Slide 45	<p>Systematic Approach to Contact Investigations (2)</p> <hr/> <ol style="list-style-type: none"> 6. Prioritize contacts 7. Conduct field visits 8. Conduct contact assessments 9. Determine whether to expand or conclude an investigation 10. Evaluate the CI activities <p><i>These steps may not always be done in sequential order</i></p> <p style="text-align: center;">45</p>	<ul style="list-style-type: none"> • Review slide content
Slide 46	<p>Systematic Approach to TB Contact Investigations</p> <hr/> <ol style="list-style-type: none"> 1. Review Existing Information about the Case <p style="text-align: center;">46</p>	
Slide 47	<p>Review Existing Information</p> <hr/> <ul style="list-style-type: none"> • The process of reviewing existing information is sometimes called the <u>pre-interview phase</u> • Reviewing information before the initial interview can ensure the right questions are being asked <p style="text-align: center;">47</p>	<ul style="list-style-type: none"> • Review slide content

Slide 48	<p>Information to Collect and Review Before the Initial Interview (1)</p> <hr/> <p>Become familiar with the case's <u>social history</u></p> <ul style="list-style-type: none"> • Case name(s), aliases, date of birth, gender, all known addresses, telephone number(s), preferred language • Substance abuse, mental illness, or other issues that could affect the interview or contact investigation • Social, or behavioral risk factors increasing the risk of TB • Known contact names, particularly children or persons with weakened immune systems • History of jail or homelessness • History of immigration or travel <p style="text-align: right;">48</p>	<p>**Animated slide**</p> <ul style="list-style-type: none"> • Ask participants what kind of information they should collect before initial interview • Click to display text and review slide content • Note to facilitator: List of information to collect continues on to next slide (slide 49)
Slide 49	<p>Information to Collect and Review Before the Initial Interview (2)</p> <hr/> <p>Become familiar with case's <u>medical history</u></p> <ul style="list-style-type: none"> • Current site(s) of TB disease • Current TB treatment regimen • TB symptoms and estimated onset date • Chest x-rays and/or other diagnostic imaging dates and results • TST or IGRA dates and results • Sputum smear and culture dates and results • NAA test dates and results • Genotype results (if available) <p style="text-align: right;">49</p>	<p>**Animated slide**</p> <ul style="list-style-type: none"> • Display slide text and review slide content • Acknowledge that TB genotype information will not likely be available during the initial interview
Slide 50	<p>Information to Collect and Review Before the Initial Interview (3)</p> <hr/> <p>Become familiar with case's <u>medical history</u> (cont.)</p> <ul style="list-style-type: none"> • HIV test dates and results • Details about prior diagnosis with LTBI or TB disease, and any treatment • Medical risk factors that could have increased the case's risk for infection with <i>M. tuberculosis</i> or development of TB disease <p style="text-align: right;">50</p>	<ul style="list-style-type: none"> • Review slide content

Slide 51

Sources of Information for TB Case

- Medical records
- Public health records
 - Cross-check case name with local TB registries and databases to determine if previous diagnosis of LTBI or TB
 - Cross-check with STD and HIV registries, if possible
- Case's clinician
- Report of Verified Case of Tuberculosis (RVCT)
- TB Genotyping Information Management System (TB GIMS)



51

- Review slide content

- Note that the medical record should be the first thing the interviewer consults before the interview

Slide 52

Systematic Approach to TB Contact Investigations

2. Determine an Initial Estimate for the Infectious Period and Estimate the Degree of Infectiousness

52

- Review slide content

Slide 53

Estimating the Degree of Infectiousness

Factors Associated with Infectiousness	Factors Associated with Noninfectiousness
Presence of a cough	No cough
Cavity in the lung	No cavity in the lung
Acid-fast bacilli on sputum smear	No acid-fast bacilli on sputum smear
TB of the lungs, airway, or larynx	Most extrapulmonary (non-respiratory) TB
Patient not covering mouth or nose when coughing	Patient covering mouth or nose when coughing
Not receiving adequate treatment	Receiving adequate treatment for 2 weeks or longer
Undergoing cough-inducing procedures	Not undergoing cough-inducing procedures
Positive sputum cultures	Negative sputum cultures

53

- Review slide content

Slide 54

What is the Infectious Period?

The time period during which a TB case is able to transmit *M. tuberculosis*



54

- Review slide content
- Emphasize that this is an estimate of when the case was infectious, not exact dates

Slide 55

Why is it Important to Estimate the Infectious Period?

- Focuses investigation on contacts most at risk for exposure
 - Especially important if the investigation involves congregate settings
- Sets the time frame for contact assessment
 - Contacts with an initial negative test will need a 2nd TST or IGRA at least 8 weeks after date of last exposure

55

- Review slide content
- Explain that the need for a 2nd TST or IGRA will be discussed during the assessment and management of TB contacts section of this presentation

Slide 56

Estimating the Start of the Infectious Period

Characteristic of Case			Likely Period of Infectiousness
TB symptoms	AFB sputum smear positive	Cavitory chest x-ray	
Yes	No	No	3 months before symptom onset or first finding consistent with TB disease, whichever is longer
Yes	Yes	Yes	3 months before symptom onset or first finding consistent with TB disease, whichever is longer
No	No	No	1 month (4 weeks) before date of suspected diagnosis
No	Yes	Yes	3 months before finding consistent with TB disease

- Review slide content

Slide 57	<p>Ending the Infectious Period</p> <p>Biologically, a case's infectious period ends with:</p> <ol style="list-style-type: none"> 1) Effective treatment for 2 weeks or more, 2) Diminished symptoms, and 3) Mycobacteriologic response* <p>*A case returning to a congregate setting should have 3 or more consecutive negative sputum smears</p> <p>However, for CI purposes effective isolation can also end the infectious period since the case is not likely to be in contact with additional persons</p>	<ul style="list-style-type: none"> • Review slide content • Point out that it is important to distinguish between the end of the infectious period biologically vs. for contact investigation purposes. If a person is effectively isolated they are not likely having physical contact with additional contacts, even if they are still biologically infectious. This is sometimes referred to as "contact break" • Ask participants what criteria they use in their jurisdiction for ending a case's infectious period. Criteria may vary among jurisdictions.
Slide 58	<p>Exercise: Determining the Infectious Period</p> <p>Refer to Appendix F</p>	<ul style="list-style-type: none"> • Have participants refer to Appendix F • Have participants work in groups at their table or individually • Review the answers as a group • Time: 10 minutes
Slide 59	<p>Systematic Approach to TB Contact Investigations</p> <p>3. Interview the Case</p>	

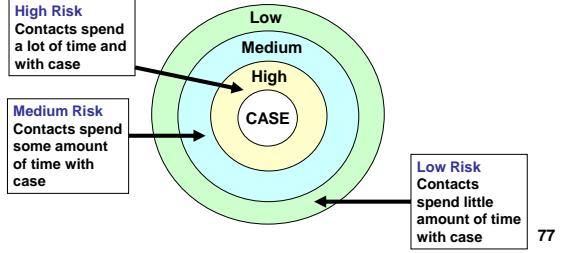
Slide 60	<p>What is the Main Goal of a TB Interview?</p> <hr/> <p>The main goal of a TB interview is to <u>identify contacts</u>.</p> <p>Why?</p>  <p>So you can assess them for TB disease and infection and start them on appropriate treatment.</p> <p style="text-align: right;">60</p>	<p>**Animated slide**</p> <ul style="list-style-type: none"> • Review slide content • Click to display “Why” question and answer
Slide 61	<p>How Do You Identify Contacts?</p> <hr/> <p>Ask the case about the following during their infectious period:</p> <ul style="list-style-type: none"> • Places WHERE they spent time • Persons with WHOM they spent time • Participation in activities and events (<i>WHAT</i> and <i>WHEN</i>) <p style="text-align: right;">61</p>	<ul style="list-style-type: none"> • Review slide content • Explain that details on how to effectively identify contacts will be covered later in the course
Slide 62	<p>What are the Other Objectives of the TB Interview?*</p> <hr/> <ul style="list-style-type: none"> • Establish rapport • Educate about TB and CI process • Discuss confidentiality • Gather and confirm information <p>* These objectives will be discussed in more detail later in the course</p> <p style="text-align: right;">62</p>	<ul style="list-style-type: none"> • Review slide content • Explain that all of this information will be covered more in-depth during the Day 2 presentation on interviewing for TB contact investigation

Slide 63	<p>How Many Interviews Should be Conducted?</p> <ul style="list-style-type: none"> Two interviews is the <u>minimum</u> (initial interview and re-interview) <ul style="list-style-type: none"> May need more interviews to develop rapport Often need to build on previously collected information Additionally, every DOT encounter is an opportunity to learn about more contacts <ul style="list-style-type: none"> Especially helpful for finding children (e.g., toys around? photos on display?) <p style="text-align: right;">63</p>	<ul style="list-style-type: none"> Review slide content
Slide 64	<p>When Should Interviews be Conducted?</p> <ul style="list-style-type: none"> <u>Initial interview</u> should be conducted <ul style="list-style-type: none"> Within 1 business day of reporting for infectious cases Within 3 business days for others <u>Second interview (re-interview)</u> conducted 1 to 2 weeks later <p style="text-align: right;">64</p>	<ul style="list-style-type: none"> Review slide content Stress that this is an ideal situation and it may not always be possible to interview the case so quickly Explain that re-interviews are especially important if the case is very sick when you first meet them
Slide 65	<p>Initial Interview with the TB Case</p> <p>Initial case interview should be conducted:</p> <ul style="list-style-type: none"> In-person At a hospital, TB clinic, case's home, or any convenient location that allows for privacy In case's primary language With cultural sensitivity Using appropriate infection control measures (e.g., respirators, masks, and ventilation) <p style="text-align: right;">65</p>	<ul style="list-style-type: none"> Review slide content Emphasize that telephone interviews are strongly discouraged

Slide 66	<h2 style="text-align: center;">Systematic Approach to TB Contact Investigations</h2> <hr/> <p style="text-align: center;">4. Review Information and Develop a Plan for the Investigation</p> <p style="text-align: right;">66</p>	
Slide 67	<p>Review Information and Develop a Plan for the Investigation</p> <hr/> <ul style="list-style-type: none"> • After conducting an interview with the case, the investigator should meet with his/her supervisor or the contact investigation team to <ul style="list-style-type: none"> — Review all of the information obtained thus far — Develop a plan on how to proceed <p style="text-align: right;">67</p>	<ul style="list-style-type: none"> • Review slide content
Slide 68	<p>Contact Investigation Team</p> <hr/> <p>CI team may include</p> <ul style="list-style-type: none"> • Case managers • Public health investigators • Surveillance coordinators • Program managers • DOT workers • Disease intervention specialists (DIS)  <p style="text-align: right;">68</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants who else is involved in the CI process in their areas

Slide 69	<p>Developing an Investigation Plan (1)</p> <p>To develop a plan for the investigation, the team should do the following activities:</p> <ul style="list-style-type: none"> • Refine the infectious period and degree of infectiousness for the case as necessary • Prioritize identified contacts for assessment • Prioritize identified places to conduct field visits <p style="text-align: right;">69</p>	<ul style="list-style-type: none"> • Review slide content • Note to facilitator: Each of these activities are discussed later on in this presentation
Slide 70	<p>Developing an Investigation Plan (2)</p> <p>Additional activities that are a part of developing a plan:</p> <ul style="list-style-type: none"> • Establish a communication plan • Clarify any jurisdictional issues • Establish timeframes and methods for investigation activities, data collection, and management • Identify stakeholders • Determine potential media interest • Establish a schedule for meetings to review challenges and progress <p style="text-align: right;">70</p>	<ul style="list-style-type: none"> • Review slide content
Slide 71	<p>Systematic Approach to TB Contact Investigations</p> <hr/> <p>5. Refine the Infectious Period and Degree of Infectiousness</p> <p style="text-align: right;">71</p>	

Slide 72	<p>Refining the Infectious Period and Degree of Infectiousness Estimate</p> <hr/> <ul style="list-style-type: none"> • It is often necessary to refine the infectious period • Initial interview should <ul style="list-style-type: none"> – Provide more information to help refine estimate of infectious period – Help to further estimate degree of infectiousness • Refined infectious period information can be used during the re-interview to elicit more contacts if needed <p style="text-align: right;">72</p>	<ul style="list-style-type: none"> • Review slide content
Slide 73	<p>Exercise: Refining the Infectious Period</p> <hr/> <p>Refer to Appendix G</p> <p style="text-align: right;">73</p>	<ul style="list-style-type: none"> • Have participants refer to Appendix G • Have participants work in groups at their table or individually • Review answers as a group • Time: 5 minutes
Slide 74	<p>Systematic Approach to TB Contact Investigations</p> <hr/> <p>6. Prioritize Contacts</p> <p style="text-align: right;">74</p>	

Slide 75	<p>Assigning Priority to Contacts</p> <hr/> <ul style="list-style-type: none"> Once a list of contacts is obtained, the contacts should be prioritized to determine who should be immediately located and assessed for TB disease or infection. The priority assigned to individual contacts should be based on the following: <ul style="list-style-type: none"> Likelihood of transmission from the case Contact's risk for development of TB disease <p style="text-align: right;">75</p>	<ul style="list-style-type: none"> Review slide content
Slide 76	<p>Which Contacts Should be Given Priority for TB Assessment?</p> <hr/> <p>Priority should be given to contacts who</p> <ul style="list-style-type: none"> Have symptoms of TB disease Are at risk for rapid development of TB disease Had repeated or extended exposure to the case Were exposed to a case in an environment where transmission was likely, such as a small, crowded, or poorly ventilated room or vehicle Were exposed to a case undergoing medical procedures that can release substantial numbers of <i>M. tuberculosis</i> into the air (e.g., bronchoscopy) <p style="text-align: right;">76</p>	<ul style="list-style-type: none"> Review slide content Emphasize likelihood of infection is linked to the intensity, frequency, and duration of exposure as well as the environment of exposure Note that the CDC prioritization guidelines include low, medium, and high priority contacts
Slide 77	<p>Concentric Circle Tool</p> <hr/> <p>The concentric circle should <u>only</u> be used as a secondary tool to help further prioritize contacts based on exposure (duration, frequency, and distance)</p>  <p style="text-align: right;">77</p>	<ul style="list-style-type: none"> Review slide content Note to facilitator: low, medium, and high refer to exposure risk on this slide not to priority level of the contact. For example, a person has a higher risk of exposure to TB if they spent a lot of time with the case on a regular basis

Slide 78	<p>Later (Re)Prioritization of Contacts</p> <hr/> <ul style="list-style-type: none"> • Re-examine priority level assigned to contacts throughout the investigation <ul style="list-style-type: none"> – If evidence of significant transmission has occurred in priority contacts, CI may need to be expanded to additional contacts • However, investigation should not expand to additional contacts if doing so would compromise TB program's ability to assess and treat the known priority contacts <p style="text-align: right;">78</p>	<ul style="list-style-type: none"> • Review slide content
Slide 79	<p>Exercise: Prioritization of Contacts</p> <hr/> <p>Refer to Appendix H</p> <p style="text-align: right;">79</p>	<ul style="list-style-type: none"> • Have participants refer to Appendix H exercise • Have participants work in groups at their table • Review answers as a group • Time: 10 minutes
Slide 80	<p>Systematic Approach to TB Contact Investigations</p> <hr/> <p>7. Conduct Field Visits</p> <p style="text-align: right;">80</p>	

Slide 81	<p>What is a Field Visit?</p> <hr/> <p>Field Visit</p> <ul style="list-style-type: none"> Visiting a case's residence, congregate settings, and other places the case spent time while infectious Complementary to interviewing Information obtained can inform CI activities Should be made within 3 days after initial interview 	<ul style="list-style-type: none"> Review slide content
Slide 82	<p>Purpose of a Field Visit</p> <hr/> <p>Four main functions</p> <ol style="list-style-type: none"> Identify additional cases of TB disease Identify additional contacts Provide additional information about environmental characteristics of places where exposure occurred Lay a foundation for additional CI activities at those locations, if needed <p style="text-align: right;">82</p>	<ul style="list-style-type: none"> Review slide content
Slide 83	<p>What to do During a Field Visit?</p> <hr/> <ul style="list-style-type: none"> Refer persons with TB symptoms for medical assessment Observe environmental characteristics Look for evidence of other contacts Obtain list of clients, employees, volunteers, and others who frequented location during infectious period Explore possibility of offering TB testing onsite at that location <p style="text-align: right;">83</p>	<p><i>**Animated slide**</i></p> <ul style="list-style-type: none"> Ask participants what should happen during a field visit Click to display slide text Emphasize that investigators should maintain confidentiality of cases and contacts

Slide 84	<p>Field Visit Safety</p> <hr/> <ul style="list-style-type: none"> • Have identification badge • Work in pairs when visiting potentially dangerous areas • Have working cell phone • Inform coworkers of itinerary and expected return time • Practice appropriate infection control precautions as needed  <p style="text-align: right;">84</p>	<ul style="list-style-type: none"> • Review slide content • Note to facilitator: These are general suggestions and safety tips should be based on local information
Slide 85	<p>Group Discussion</p> <hr/> <ul style="list-style-type: none"> • What safety and health concerns do you have when going out into the field? • How do you address these concerns? <p style="text-align: right;">85</p>	<ul style="list-style-type: none"> • Ask participants to share any safety and health concerns they have had while conducting field visits • Ask participants for suggestions on how to address safety and health concerns and potentially dangerous situations • Time: 5 minutes
Slide 86	<p>Systematic Approach to TB Contact Investigations</p> <hr/> <p>8. Conduct Contact Assessments</p> <p style="text-align: right;">86</p>	

Slide 87	<p>What Happens After Contacts Have Been Identified and Prioritized?</p> <hr/> <p>After contacts have been identified and prioritized:</p> <ul style="list-style-type: none"> • Contacts should be located • Contact assessments should be conducted 	<ul style="list-style-type: none"> • Review slide content • Ask participants how they notify contacts in their jurisdiction
Slide 88	<p>Why Conduct a Contact Assessment?</p> <hr/> <p>Allows for</p> <ul style="list-style-type: none"> • Determination of contacts' potential TB symptoms • Gathering of social and medical information* • Referral or in-person testing for TB infection with a TST or IGRA • Provision of treatment as indicated <p>* Key information to collect during contact assessment will be discussed later in the course</p>	<ul style="list-style-type: none"> • Review slide content
Slide 89	<p>When and How Should a Contact Assessment be Conducted?</p> <hr/> <ul style="list-style-type: none"> • The initial contact assessment should be within 3 working days of the contact having been identified • Should be conducted in-person • Investigator should use effective communication skills 	<ul style="list-style-type: none"> • Review slide content • Remind participants that initial contact meeting will be discussed in detail later in the course on Day 4

Slide 90	<p>Initial Contact Assessment: Contacts with TB Symptoms</p> <p>During the initial assessment, all contacts with symptoms of TB disease should be immediately examined by a medical professional.</p>  <p style="text-align: right;">90</p>	<ul style="list-style-type: none"> • Review slide content
Slide 91	<p>Initial Contact Assessment: Testing for TB Infection - TST or IGRA</p> <ul style="list-style-type: none"> • Contacts should receive a TST or IGRA unless a previous, documented positive result exists • A TST induration of 5 mm or larger is positive • A contact with a <ul style="list-style-type: none"> — Positive TST or IGRA should be medically examined for TB disease — Negative TST or IGRA should be re-tested 8 to 10 weeks after date of last exposure to the case  <p style="text-align: right;">91</p>	<ul style="list-style-type: none"> • Review slide content
Slide 92	<p>Window Period</p> <ul style="list-style-type: none"> • The window period is the time span between the contact's last exposure to the case and when a TST or IGRA can reliably detect infection • It takes 2 to 10 weeks after TB infection for the body to mount an immune response that is detectable by a TST* • Therefore, it is recommended to repeat a TST or IGRA for contacts 8 to 10 weeks after date of last exposure to a TB case <p style="text-align: center;"><small>* Data on the timing of IGRA conversion after a new infection are not currently available; however, it is recommended to follow TST guidelines.</small></p> <p style="text-align: right;">92</p>	<ul style="list-style-type: none"> • Review slide content

Slide 93	<p>Calculating the Window Period (1)</p> <ul style="list-style-type: none"> What was the date of the contact's last exposure to the case? <ul style="list-style-type: none"> Identify the infectious period of the case Identify when <u>each</u> contact had last exposure Calculate 8 to 10 weeks from last exposure <ul style="list-style-type: none"> Administer a TST or IGRA for each contact who tested negative <p style="text-align: right;">93</p>	<ul style="list-style-type: none"> Review slide content
Slide 94	<p>Calculating the Window Period (2)</p> <p style="text-align: right;">94</p>	<p>**Animated slide**</p> <ul style="list-style-type: none"> Click to display each box
Slide 95	<p>What if a Contact has LTBI or TB Disease?</p> <ul style="list-style-type: none"> The decision to test a contact is a commitment to offer treatment If TB disease is ruled out, contacts with a positive TST or IGRA should be offered LTBI treatment <ul style="list-style-type: none"> Regardless of whether they received BCG vaccine in the past Unless there is a compelling reason not to treat Contacts with TB disease need to be treated under DOT <p style="text-align: right;">95</p>	<ul style="list-style-type: none"> Review slide content Remind participants of the importance of treatment, and that a decision to test is a decision to treat Explain that a compelling reason not to treat someone with LTBI would be if the person has hepatitis or end-stage liver disease Note that IGRAs are not influenced by BCG

Slide 96	<p>Assessment and Management of Children</p> <ul style="list-style-type: none"> After ruling out TB disease, contacts younger than 5 years of age should start treatment for LTBI even if they have a negative initial TST or IGRA result LTBI treatment can be stopped if a second TST or IGRA done 8 to 10 weeks after exposure is negative <ul style="list-style-type: none"> However, if contact is under 6 months of age, LTBI treatment should be continued until contact reaches 6 months of age and a second TST/IGRA is negative <p style="text-align: right;">96</p>	<ul style="list-style-type: none"> Review slide content Emphasize that children under 5 can rapidly progress to TB disease
Slide 97	<p>Assessment and Management of Contacts with Weakened Immune Systems</p> <ul style="list-style-type: none"> A full medical evaluation, including a chest x-ray, should be given to contacts <ul style="list-style-type: none"> With HIV/AIDS On immunosuppressive therapy for organ transplant Taking anti-tumor necrosis factor alpha (TNF-α) agents If both initial and follow-up TST/IGRA are negative, a full course of prophylactic LTBI treatment is recommended (after TB disease is excluded) Expert consultation should be sought for contacts with other immunocompromising conditions <p style="text-align: right;">97</p>	<ul style="list-style-type: none"> Review slide content
Slide 98	<p>Systematic Approach to TB Contact Investigations</p> <p>9. Determine Whether to Expand or Conclude an Investigation</p> <p style="text-align: right;">98</p>	

Slide 99	<p>When Can you Close a Contact Investigation?</p> <p>A CI can be closed if</p> <ul style="list-style-type: none"> • Identified contacts have been assessed for TB in accordance with local policy <ul style="list-style-type: none"> — At some point, the TB program must decide when all reasonable investigative efforts have been exhausted • Contacts with LTBI have completed or are close to completing treatment • No additional active TB cases among contacts 	<ul style="list-style-type: none"> • Review slide content
Slide 100	<p>When Should a Contact Investigation be Expanded?</p> <p>Sometimes a CI has to be expanded if there is evidence of recent transmission</p> <ul style="list-style-type: none"> • Unexpectedly high TB disease or LTBI rates among priority contacts • Large number of contacts with change in infection status from negative to positive • TB disease in any contacts who had been assigned low priority or TB disease in those previously not identified as contacts • Infection in any contacts younger than 5 years of age 	<ul style="list-style-type: none"> • Review slide content
Slide 101	<p>Expanding a Contact Investigation</p> <ul style="list-style-type: none"> • Decision to expand CI should be based on the investigation data <ul style="list-style-type: none"> — Results should be reviewed weekly • Decision should be made by supervisory staff • In the absence of recent transmission, the investigation should not be expanded to lower-priority groups 	<ul style="list-style-type: none"> • Review slide content

Slide 102	<p>Other Important Considerations During a Contact Investigation</p> <ul style="list-style-type: none"> • If a second TB case is found during the CI, this second case needs their own CI. • If a case is considered highly infectious and you find few contacts and/or find little evidence of transmission, you may need to go back and review your records and determine if a re-interview is needed. <p style="text-align: right;">102</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that second case needs to be considered for CI based on policy and guidelines
Slide 103	<p>Systematic Approach to TB Contact Investigations</p> <p>10. Evaluate the Contact Investigation Activities</p> <p style="text-align: right;">103</p>	
Slide 104	<p>Evaluating Contact Investigation Activities (1)</p> <p>The purpose of evaluating the activities of the CI is to determine:</p> <ul style="list-style-type: none"> • If an appropriate number of contacts were identified • How many contacts were identified with LTBI • How many contacts with LTBI completed treatment • How many additional cases of TB disease were identified <p style="text-align: right;">104</p>	<ul style="list-style-type: none"> • Review slide content • Mention that collection and use of data is crucial for assessing and evaluation the CI activities; however this course will not go over the how to analyze and evaluate the activities

Slide 105	<p>Evaluating Contact Investigation Activities (2)</p> <hr/> <ul style="list-style-type: none"> • How many contacts were not located • How many contacts were located but did not complete assessment • Timeliness of identifying and assessing contacts, and starting them on treatment • If the CI was performed in all necessary settings • If the CI was expanded appropriately • If secondary cases completed treatment for TB disease <p style="text-align: right;">105</p>	<ul style="list-style-type: none"> • Review slide content • Explain that evaluating CI activities can help identify areas that need improvement and motivate people to do a better job • Mention that TB Programs, NTIP, and cohort review activities will also inform the evaluation process
Slide 106	<p>Review</p> <hr/> <p>What are the 10 steps of the systematic approach to conducting a CI?</p> <p style="text-align: right;">106</p>	<ul style="list-style-type: none"> • Ask participants for answer to the review question • Note to facilitators: Answer to review question: <ol style="list-style-type: none"> 1. Review existing information about the case 2. Determine an initial estimate for the infectious period and estimate the degree of infectiousness 3. Interview the case 4. Review information and develop a plan for the investigation 5. Refine the infectious period and degree of infectiousness 6. Prioritize contacts 7. Conduct field visits 8. Conduct contact assessments 9. Determine whether to expand or conclude an investigation 10. Evaluate the contact investigation activities • Ask participants if they have any questions regarding the information that was presented

Facilitation Tips

Day 1: Communication Skills for Building Rapport During Contact Investigation Interviewing

	Slides	Facilitation Tips
Slide 1	<p style="text-align: center;">Communication Skills for Building Rapport During Contact Investigation Interviewing</p> <hr/> <p style="text-align: center;">1</p>	<ul style="list-style-type: none">• Explain to the participants that this section will focus on basic communication skills that can be applied to any health care worker/case encounter; however, the main goal will be to enhance the contact interviewing process• <u>Note to facilitator:</u> Demonstration of communication skills, personal examples, and allowing for discussion will greatly enhance this presentation. Please feel free to use your own examples/demonstrations.
Slide 2	<p style="text-align: center;">Learning Objectives</p> <hr/> <p>After this session, participants will be able to:</p> <ol style="list-style-type: none">1. Describe how to build rapport2. List at least six effective communication skills3. Describe assertive, passive, and aggressive behavior <p style="text-align: center;">2</p>	<ul style="list-style-type: none">• Review the learning objectives with participants

Slide 3	<p style="text-align: center;"><u>Building Rapport</u></p> <p style="text-align: right;">3</p>	<ul style="list-style-type: none"> • Ask participants if they can describe what rapport is • Ask participants how they would build rapport with a case
Slide 4	<p style="text-align: center;"><u>Building Rapport</u></p> <p>Building rapport is the key to a successful case/health care worker relationship</p> <p>What is Rapport?</p> <p>Definition:</p> <p>1: relation of trust between people</p> <p>2: a feeling of sympathetic understanding</p> <p>3: in accord, harmony</p> <p>4: having a mutual understanding</p> <p style="text-align: right;">4</p>	<ul style="list-style-type: none"> • Review slide content • Explain that establishing rapport is the result of communicating effectively
Slide 5	<p style="text-align: center;"><u>How Do You Build Rapport?</u></p> <p>Methods to build rapport</p> <ul style="list-style-type: none"> • Use effective communication skills • Find common ground • Display respect and empathy <p style="text-align: right;">5</p>	<ul style="list-style-type: none"> • Review slide content

Slide 6	<p>Effective Communication Skills</p> <hr/> <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> Mention that this section will focus on using effective communication skills to build rapport
Slide 7	<p>Effective Communication Skills</p> <hr/> <p>A. Active listening B. Using appropriate nonverbal communication C. Using appropriate voice and tone D. Communicating at the case's level of understanding E. Giving factual information F. Using reinforcement G. Summarizing important points from the conversation</p> <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> Review slide content State that these are the communication skills that will be covered and practiced throughout exercises in this section Remind participants that everyone has their own communication style; however, these tips will ensure the interview goes well. Interviewers should try to be sincere and natural when using these tips. Note to facilitator: These skills are lettered to help the facilitator keep track of where they are in the presentation
Slide 8	<p>A. What is Active Listening?</p> <hr/> <ul style="list-style-type: none"> Hearing what is said and paying attention to how it is said so the conversation can be adjusted to elicit the needed response Utilizing various verbal and nonverbal techniques <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> Review slide content

Slide 9	<p>What are Some Active Listening Techniques?</p> <hr/> <ul style="list-style-type: none"> • Paraphrasing and summarizing • Reflecting • Being silent <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that to “actively listen” the interviewer can use both verbal and nonverbal techniques • Note to facilitator: Each topic (paraphrasing, reflection, and silence) will be discussed more in depth in slides 10-18
Slide 10	<p>Active Listening Paraphrasing and Summarizing (1)</p> <hr/> <p>What is paraphrasing and summarizing?</p> <ul style="list-style-type: none"> • Rewording or rephrasing a statement to <ul style="list-style-type: none"> — Verify information — Demonstrate engagement in the conversation <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Review slide content
Slide 11	<p>Active Listening Paraphrasing and Summarizing (2)</p> <hr/> <p>How do you do it?</p> <ul style="list-style-type: none"> • Use phrases such as “What I’m hearing is...” or “It sounds like you are saying...” • Do not repeat the person’s exact words • Avoid phrases like “I know what you mean.” <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Review slide content

Slide 12	<p>Active Listening</p> <p>Paraphrasing and Summarizing Example (1)</p> <p>Example 1:</p> <p>Case: <i>"I am feeling very tired these days and the meds mess up my drug use. I don't know if it's all worth it."</i></p> <p>How would you paraphrase this statement?</p>	<ul style="list-style-type: none"> Ask a volunteer to read the quote Ask for volunteers to try and paraphrase the quote State that one way to paraphrase the quote is to say: <i>"It sounds like you are having a problem with your medication."</i>
Slide 13	<p>Active Listening</p> <p>Paraphrasing and Summarizing Example (2)</p> <p>Example 2:</p> <p>Case: <i>"I can't tell you the names of all my contacts. I just hang out at the pool hall; there is a guy we call Slim, another one named JD."</i></p> <p>How would you paraphrase this statement?</p>	<ul style="list-style-type: none"> Ask a volunteer to read the quote Ask for volunteers to try and paraphrase the quote State that one way to paraphrase the quote is to say: <i>"Identifying places you spent time and even first names is a good start."</i>
Slide 14	<p>Active Listening</p> <p>Reflection (1)</p> <p>What is reflection?</p> <ul style="list-style-type: none"> Putting words to a case or contact's <u>emotional</u> reactions Acknowledging a case or contact's feelings shows empathy and helps build rapport Helps to check rather than to assume you know what is meant 	<ul style="list-style-type: none"> Review slide content Explain that reflection is very similar to paraphrasing, but that it adds emotion to it

Slide 15	<p>Active Listening Reflection (2)</p> <p>How do you do it?</p> <ul style="list-style-type: none"> • Reflect back to the case or contact what you think they have said • Examples... <ul style="list-style-type: none"> — It sounds like you are feeling worried... — I understand you are having trouble with... <p style="text-align: center;">15</p>	<ul style="list-style-type: none"> • Review slide content
Slide 16	<p>Active Listening Reflection Example (1)</p> <p><u>Example 1:</u></p> <p>Case: <i>"I'm feeling tired and this whole interview is making me nervous. YOU are asking me too many questions."</i></p> <p><u>How would you reflect this statement?</u></p> <p style="text-align: center;">16</p>	<ul style="list-style-type: none"> • Ask a volunteer to read the quote • Ask another volunteer to try and reflect the quote • State that one way to reflect the quote is to say: <i>"I understand that this interviewing process can be overwhelming."</i>
Slide 17	<p>Active Listening Reflection Example (2)</p> <p><u>Example 2:</u></p> <p>Case: <i>"I don't want an HIV test. I don't want to know if I have AIDS. If there is nothing I can do about it, what's the point in knowing?"</i></p> <p><u>How would you reflect this statement?</u></p> <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> • Ask a volunteer to read the quote • Ask another volunteer to try and reflect the quote • State that one way to reflect the quote is to say: <i>"It sounds like the HIV-testing process may be scary for you..."</i>

Slide 18	<p>Active Listening Using Silence</p> <hr/> <p>How can silence indicate you are actively listening?</p> <ul style="list-style-type: none"> • It allows the case an opportunity to answer questions <p style="text-align: right;">18</p>	<p>**Animated Slide**</p> <ul style="list-style-type: none"> • Ask participants how silence can be used to indicate that you are actively listening • Click to display text • State that using silence allows the person being interviewed an opportunity to answer questions – always remember the interview is about them and their contacts, not about how much you know • Mention that some people are uncomfortable with silence and will start talking to “fill the gap.” Explain that while silence may be uncomfortable, it may also be an indication of a thought process occurring; silence may reflect thinking both on the part of the interviewer and the case. Be patient; give the person time to gather their thoughts.
Slide 19	<p>Active Listening Exercise</p> <hr/> <p>Refer to Appendix I</p>  <p style="text-align: right;">19</p>	<ul style="list-style-type: none"> • Refer participants to Appendix I • Have participants pair up and complete the exercise • After the exercise is finished, ask participants if they found it useful and/or if they struggled with the concept • Time: 10 minutes

Slide 20

B. Using Appropriate Nonverbal Communication

Nonverbal communication

- Is an important aspect of building rapport
- Can be both what the interviewer or case conveys with his/her body language
- Interviewer should
 - Display appropriate body language
 - Be observant of the case's body language

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- Review slide content
- Mention that in addition to being used for actively listening, nonverbal communication can set the tone for the interview
- State that sometimes negative body language can be displayed without knowing it and this can cause the person being interviewed not to trust the interviewer

Slide 21

Appropriate Nonverbal Communication for Interviewer

- Eye contact
- Facial expressions
 - Looking attentive
- Posture
 - Leaning forward
- Gestures
 - Nodding head
- Movement and mirroring



Refer to Appendix J

21

****Animated Slide****

- Ask participants for examples of positive and negative nonverbal cues
- Click to display text
- Explain that eye contact, facial expressions, posture, gestures, and movement/mirroring are all different types of nonverbal communication
- Refer participants to **Appendix J** for more detailed information

Slide 22

Interpreting Body Language

Nonverbal Cues	Possible Meaning
Faltering eye contact	Boredom or fatigue
Intense eye contact	Fear, confrontation, or anger
Rocking	Fear or nervousness
Stiff posture	Discomfort or nervousness
Elevated voice	Confrontation or anger
Prolonged and frequent periods of silence	Disinterest, loss of train of thought, or fatigue
Fidgeting	Discomfort, disinterest, nervousness, possible drug use

22

- Explain that these are nonverbal cues that may be displayed during an interview by the case. Emphasize that interviewers should pay attention to body language.
- Point out that these are possible meanings and don't necessarily reflect what the person is actually feeling. Culture often plays a part in body language.

Slide 23	<p>C. Using Appropriate Voice and Tone</p> <hr/> <p>Voice and tone</p> <ul style="list-style-type: none"> • Use natural volume and tone <ul style="list-style-type: none"> — If voice is too loud, the case may be intimidated — If too soft, the message may be inaudible or sound hesitant <p>Pace</p> <ul style="list-style-type: none"> • Use regular pace <ul style="list-style-type: none"> — If too fast, it can indicate a feeling of being rushed — If too slow, it can sound tentative <p style="text-align: right;">23</p>	<ul style="list-style-type: none"> • Review slide content
Slide 24	<p>D. Communicate at Case or Contact's Level</p> <hr/> <ul style="list-style-type: none"> • Avoid technical terms and jargon • Limit the amount of information shared <ul style="list-style-type: none"> — “Need to Know” vs. “Nice to Know” • Clearly explain necessary medical and technical terms and concepts • Repeat important information <p style="text-align: right;">24</p>	<ul style="list-style-type: none"> • Review slide content
Slide 25	<p>E. Give Factual Information</p> <hr/> <ul style="list-style-type: none"> • Correct misconceptions • Provide comprehensive TB information • Avoid irrelevant information  <p style="text-align: right;">25</p>	<ul style="list-style-type: none"> • Review slide content • Explain that this means that as the health care worker, you must be confident in your knowledge of TB

Slide 26	<p>F. Use Reinforcement</p> <ul style="list-style-type: none"> • Sincerely compliment or acknowledge the case after hearing intentions to use, or descriptions of, healthy behaviors • Use smiles and affirmative nods and words <p style="text-align: center;">26</p>	<ul style="list-style-type: none"> • Review slide content • Examples of healthy behaviors could include the case saying they have notified their contacts about exposure or they are going to come in to the clinic for their DOT appointment
Slide 27	<p>G. Summarize Conversation (1)</p> <ul style="list-style-type: none"> • Throughout the conversation, periodically summarize what has been said • Summarizing gives the case an opportunity to correct information that you may have misunderstood <p style="text-align: center;">27</p>	<ul style="list-style-type: none"> • Review the slide with the participants • State that summarizing also shows that the interviewer really is listening
Slide 28	<p>G. Summarize Conversation (2)</p> <ul style="list-style-type: none"> • Give the case an opportunity to summarize the conversation, for example: <ul style="list-style-type: none"> — “We have covered a lot today. In your own words, review for me what we have discussed.” — “Please tell me what you heard me say. This will help me provide you with any additional information you need.” • Avoid phrases such as: <ul style="list-style-type: none"> — “Do you have any questions?” — “Do you understand?” <p style="text-align: center;">28</p>	<ul style="list-style-type: none"> • Review the slide with participants • Suggest that participants offer the case a business card to call for additional questions • Explain that participants should ask “What questions do you have”? • Explain that participants should ask “What happens next in your...(treatment, follow up tests, etc.)

Slide 29	<p style="text-align: center;">Communication Pitfalls</p> <hr/>  <p style="text-align: center;">29</p>	
Slide 30	<p>Communication Pitfalls to Avoid (1)</p> <hr/> <ul style="list-style-type: none"> • Being defensive or distant • Interrupting, not allowing patient to finish speaking • Giving false assurances • Providing personal opinion and advice <p style="text-align: center;">30</p>	<ul style="list-style-type: none"> • Review slide content
Slide 31	<p>Communication Pitfalls to Avoid (2)</p> <hr/> <ul style="list-style-type: none"> • Overpowering the case <ul style="list-style-type: none"> — Speaking loudly — Standing over the case — Making condescending statements • Asking several questions at once • Being aggressive <p style="text-align: center;">31</p>	<ul style="list-style-type: none"> • Review slide content

Slide 32	<p style="text-align: center;">Group Discussion Barriers to Communicating</p> <hr/> <ul style="list-style-type: none"> • What are some barriers to communicating with cases? • What impact could they have on the interview? • How can these be prevented or overcome? <p style="text-align: right;">32</p>	<ul style="list-style-type: none"> • Ask participants about any barriers they have had communicating with cases • Time: 5 minutes
Slide 33	<p style="text-align: center;">Assertive, Passive, and Aggressive Behavior</p> <hr/>  <p style="text-align: right;">33</p>	<ul style="list-style-type: none"> • Explain to participants that during CIs, there is often a challenge of building rapport and respecting privacy while achieving the main goal which is to protect the public from TB and to get any contact's tested immediately for TB. It can be difficult to do both. It often requires the interviewer to be assertive. • State that assertiveness is both a communication skill and a problem solving skill
Slide 34	<p style="text-align: center;">Assertive, Passive, or Aggressive Definitions</p> <hr/> <ul style="list-style-type: none"> • Assertive: to maintain one's rights without compromising the rights of others • Passive: to relinquish one's rights in deference of others • Aggressive: to demand one's rights at the expense of others <p style="text-align: right;">34</p>	<ul style="list-style-type: none"> • Review slide content

Slide 35	<p>Assertive, Passive, or Aggressive Examples (1)</p> <hr/> <ul style="list-style-type: none"> • Passive: “When you have an opportunity, it would be helpful to get the names of people you spent time with.” • Assertive: “It’s important to identify your contacts. Let’s start making a list of the people you spend the most time with.” • Aggressive: “You must give me all the names of your contacts. NOW!” <p style="text-align: right;">35</p>	
Slide 36	<p>Assertive, Passive, or Aggressive Examples (2)</p> <hr/> <ul style="list-style-type: none"> • Passive: “That smoke really bothers me. I’ll go outside while you smoke in here.” • Assertive: “Although you may smoke outside in the courtyard, smoking is not permitted in the building because it is a health risk to others.” • Aggressive: “How can you be so disgusting and insensitive smoking in here. Get out of here!” <p style="text-align: right;">36</p>	<ul style="list-style-type: none"> • State that the following statements are examples of the different approaches. Say the same thing three different ways – passive, assertive, and aggressive. • <i>Ask participants</i> about the differences between the 3 different statements • <i>Ask participants</i> how the assertive approach shows respect for the individual while representing the rights of others
Slide 37	<p>Being Assertive</p> <hr/> <ul style="list-style-type: none"> • By being assertive with cases and others we are not only asserting our rights but also the rights of those not present – the contacts who may have been exposed to TB • To be effective in this role, a belief in what you are doing is required • Remember: You have the responsibility and obligation to elicit information that will reduce TB in your community <p style="text-align: right;">37</p>	<ul style="list-style-type: none"> • Review slide content • Note that culture may play a role in how people perceive behavior

Slide 38	<p>Assertive, Passive, or Aggressive Exercise</p> <hr/> <p>Refer to Appendix K</p>  <p style="text-align: right;">38</p>	<ul style="list-style-type: none"> • Refer participants to Appendix K • Have participants pair up, discuss, and complete the exercise • Review answers with the entire group • Ask participants how they could reword the passive and/or aggressive statements to make them assertive • Note to facilitator: The answers to the TB Assertiveness Exercise are <u>suggested</u> answers. How a person communicates with tone and body language will have an impact on whether a statement comes across as passive, aggressive, or assertive. • Time: 5-10 minutes
Slide 39	<p>Review</p> <hr/> <ol style="list-style-type: none"> 1. What are some ways to build rapport with a case? 2. What are six effective communication skills? 3. What is the difference between assertive, passive, and aggressive behavior? <p style="text-align: right;">39</p>	<ul style="list-style-type: none"> • Ask participants for answers to the review questions • Note to facilitator: Answers to review questions: <ol style="list-style-type: none"> 1. <i>Methods to build rapport: Use effective communication skills, find common ground, display respect and empathy</i> 2. <i>Active listening; using appropriate nonverbal communication; using appropriate voice and tone; communicating at case's level of understanding; giving factual information; using reinforcement; and summarizing important points from conversation</i> 3. Assertive: <i>to maintain one's rights without compromising the rights of others</i> Passive: <i>to relinquish one's rights in deference of others</i> Aggressive: <i>to demand one's rights at the expense of others</i>

Facilitation Tips

Day 2: Interview Question Types

	Slides	Facilitation Tips
Slide 1	<p>Interview Question Types</p> <hr/> <hr/> <p style="text-align: center;">1</p>	
Slide 2	<p>Learning Objectives</p> <hr/> <p>After this session, participants will be able to</p> <ol style="list-style-type: none">1. Describe four types of interview questions2. List questioning pitfalls to avoid <p style="text-align: center;">2</p>	<ul style="list-style-type: none">• Review learning objectives for this session

Slide 3	<p>Interview Question Types</p> <hr/> <ul style="list-style-type: none"> • Closed-ended questions • Open-ended questions • Probing questions • Checking questions <p style="text-align: center;">3</p>	<ul style="list-style-type: none"> • State that a variety of question types will be discussed on the following slides • State that the interviewer must know when to use the appropriate type of question to promote and encourage discussion • Review slide content
Slide 4	<p>Closed-Ended Questions</p> <hr/> <p>What are closed-ended questions?</p> <p>Questions that:</p> <ul style="list-style-type: none"> • Generate short, finite answers (i.e., yes or no) • Do not encourage discussion <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> • Review slide content • Note that closed-ended questions can be used to get a direct answer from the case
Slide 5	<p>Closed-Ended Questions Examples</p> <hr/> <ul style="list-style-type: none"> • Do you have symptoms of TB? • Have you ever been tested for TB? <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • State that there are alternative ways to ask these questions so that they are open-ended: <ul style="list-style-type: none"> ○ <i>What symptoms or problems are you having? Many people with TB disease lose weight, cough, experience night sweats.</i> ○ <i>When were you tested for TB in the past? This could've been a skin test or an x-ray.</i>

Slide 6	<p>Open-Ended Questions</p> <hr/> <p>What are open-ended questions?</p> <p>Questions that:</p> <ul style="list-style-type: none"> • Generate descriptive answers that encourage discussion • Require more than a one-word response to promote discussion <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Review slide content • State that after asking open-ended questions, the interviewer should stop talking and allow the case to respond
Slide 7	<p>Open-Ended Questions Examples</p> <hr/> <ul style="list-style-type: none"> • What symptoms do you have? • When did your symptoms begin? • Who lives with you? <p>Refer to Appendix L for sample open-ended questions</p> <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants for examples of other open-ended questions they could ask a case • Refer to the “open-ended questions” handout (Appendix L) which provides sample questions to use during a TB interview
Slide 8	<p>Exercise – Change Closed-Ended Questions into Open-Ended Questions</p> <hr/> <ol style="list-style-type: none"> 1. Do you live with anyone? 2. Do you have any side effects from medications? 3. Did the doctor tell you about TB? <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Ask participants to change the closed-ended questions on the slide into open-ended questions • Have participants share their answers with the group • Examples of changing the closed-ended questions into open-ended questions: <ul style="list-style-type: none"> ○ Who else lives with you? ○ What, if any, side effects do you have? ○ What did the doctor tell you about TB?

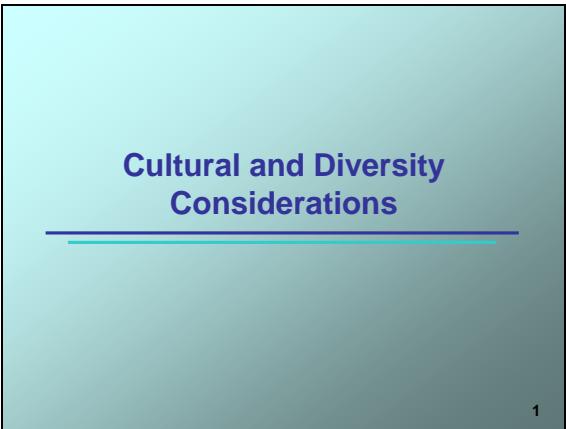
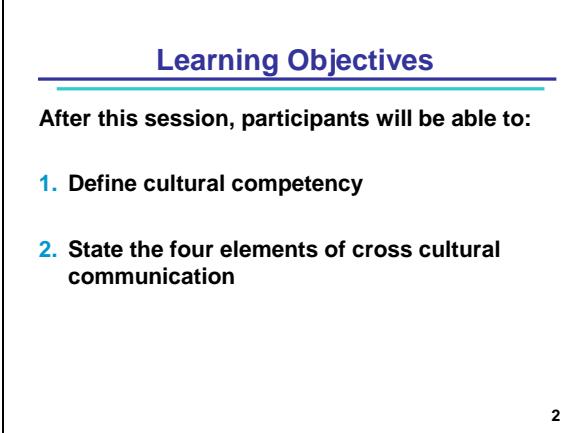
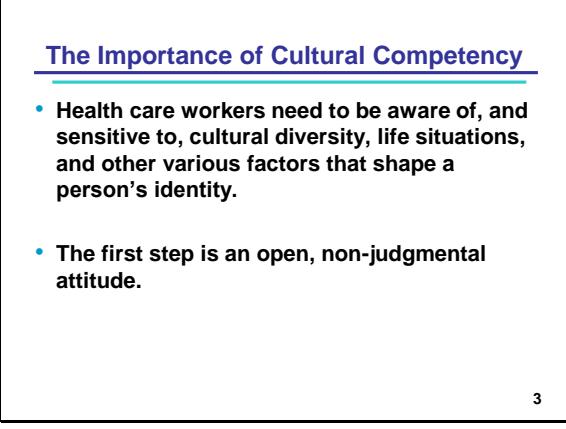
Slide 9	<p>Probing Questions/Statements</p> <hr/> <p>What are probing questions/statements?</p> <ul style="list-style-type: none"> • A question/statement used to gain more information • Can be open-ended or closed-ended <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content
Slide 10	<p>Probing Questions/Statements</p> <hr/> <p>Examples</p> <hr/> <ul style="list-style-type: none"> • Who are some of the people who have visited your home or lived with you in the past 3 months? • Describe the places you've lived in the past 3 months. • You mentioned that your aunt came for a visit, please tell me more about that. <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Review slide content • Explain that these are examples of probing statements
Slide 11	<p>Exercise – Provide a Probing Question/Statement for the Following Case's Comments</p> <hr/> <ol style="list-style-type: none"> 1. “You know, it’s really hard to say where I spend most of my time.” 2. “Taking these medications is just too much trouble and I don’t think they will do any good.” <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Ask participants to provide probing questions in response to the comments presented on the slide • Example of probing statements: <ul style="list-style-type: none"> ○ <i>What are your activities in a typical day?</i> ○ <i>Why do you feel that way?</i>

Slide 12	<p>Checking Questions</p> <hr/> <p>What are checking questions?</p> <ul style="list-style-type: none"> • Specific and targeted questions to assess the case's understanding of the information being shared with them <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> • Review slide content
Slide 13	<p>Checking Questions Examples</p> <hr/> <ul style="list-style-type: none"> • Why do you think we need to test your family members for TB? • Why is it important for you to take your medicine everyday? <p style="text-align: center;">13</p>	<ul style="list-style-type: none"> • Review slide content
Slide 14	<p>Exercise – Create Checking Questions for the Following Scenarios</p> <hr/> <ol style="list-style-type: none"> 1. You have explained to the case why you need to collect information about the people close to him or her. 2. You and the case spent a lot of time reviewing side effects of the TB medication. <p><i>What questions can the interviewer ask to assess the case's understanding of this information?</i></p> <p style="text-align: center;">14</p>	<ul style="list-style-type: none"> • Ask participants to create checking questions in response to the scenarios presented on the slide • Examples of checking questions include: <ul style="list-style-type: none"> ○ <i>Why do you think we need to collect information about the people you're close to?</i> ○ <i>What are some side effects the meds may cause, including which ones are serious and require immediate attention?</i>

Slide 15	<p>Selecting a Question Type</p>  <ul style="list-style-type: none"> • Begin with open-ended question • If your question is not answered, ask a probing question <p style="text-align: center;">15</p>	<ul style="list-style-type: none"> • Review the slide content • Note that this is a suggested format – every situation is different and may require a different approach
Slide 16	<p>Questioning Pitfalls to Avoid</p>  <ul style="list-style-type: none"> • Asking several questions at once • Interrupting • Leading questions (e.g., “you don’t live with anyone, do you?”) • Not providing enough time for the person to answer the question <p style="text-align: center;">16</p>	<ul style="list-style-type: none"> • Review slide content
Slide 17	<p>Review</p> <ol style="list-style-type: none"> 1. What question types can be used throughout an interview to generate a discussion with a case? 2. What questioning pitfalls should be avoided? <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> • Note to facilitator: answers to review questions: <ol style="list-style-type: none"> 1. Closed-ended questions, open-ended questions, probing questions, and checking questions 2. Asking too many questions at once, interrupting, asking leading questions, and not giving the person enough time to answer the question

Facilitation Tips

Day 2: Cultural and Diversity Considerations

	Slides	Facilitation Tips
Slide 1	 <p style="text-align: center;">Cultural and Diversity Considerations</p> <hr/> <p style="text-align: center;">1</p>	<ul style="list-style-type: none">• Explain to participants that this section will focus on the need to consider culture and life situations when communicating with cases and contacts during a CI• Note for facilitator: Use examples about groups commonly seen in the participant's jurisdiction (e.g., homeless, prison populations)
Slide 2	 <p style="text-align: center;">Learning Objectives</p> <hr/> <p>After this session, participants will be able to:</p> <ol style="list-style-type: none">1. Define cultural competency2. State the four elements of cross cultural communication <p style="text-align: center;">2</p>	<ul style="list-style-type: none">• Review learning objectives for this session
Slide 3	 <p style="text-align: center;">The Importance of Cultural Competency</p> <hr/> <ul style="list-style-type: none">• Health care workers need to be aware of, and sensitive to, cultural diversity, life situations, and other various factors that shape a person's identity.• The first step is an open, non-judgmental attitude. <p style="text-align: center;">3</p>	<ul style="list-style-type: none">• Review the slide content• Explain that life situation is also very important (e.g., marriage or partner status, homelessness, joblessness, literacy level, or medical problems that affect quality of life)

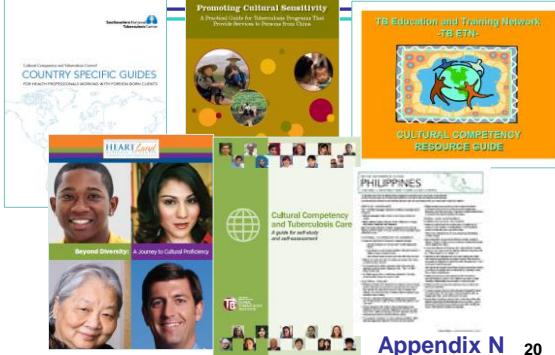
Slide 4	<p>What is Culture?</p> <hr/> <p>Culture has been defined in a number of ways, but most simply, as the learned and shared behavior of a community of interacting human beings.</p> <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that understanding culture is important when trying to build rapport with someone • Ask participants if they agree with this definition of culture. What else would they include in the definition? 		
Slide 5	<p>What is Cultural Competency?</p> <hr/> <p>Cultural competency refers to an ability to interact effectively with people of different cultures.</p> <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • Review the slide content 		
Slide 6	<p>What are Some Examples of Diversity Categories/Cultural Groups?</p> <hr/> <table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Geography • Culture • Gender • Spirituality • Parental Status • Homeless persons • Substance users </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Language • Disability • Sexual orientation • Age • Incarcerated persons • Profession (e.g., healthcare workers) </td> </tr> </table> <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Geography • Culture • Gender • Spirituality • Parental Status • Homeless persons • Substance users 	<ul style="list-style-type: none"> • Language • Disability • Sexual orientation • Age • Incarcerated persons • Profession (e.g., healthcare workers) 	<ul style="list-style-type: none"> • Review slide content • Ask participants if they can think of other diversity categories, especially when considering groups affected by TB
<ul style="list-style-type: none"> • Geography • Culture • Gender • Spirituality • Parental Status • Homeless persons • Substance users 	<ul style="list-style-type: none"> • Language • Disability • Sexual orientation • Age • Incarcerated persons • Profession (e.g., healthcare workers) 			

Slide 7	<p>Four Elements for Cross-Cultural Communication</p> <hr/> <ol style="list-style-type: none"> 1. Awareness of one's own cultural values <ul style="list-style-type: none"> • Are you attentive to your own preconceived notions of other cultural groups? 2. Awareness and acceptance of cultural differences <ul style="list-style-type: none"> • Do you look for opportunities to meet and interact with individuals who are from cultures other than your own? <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Review slide content • Explain to participants that there are four basic cross-cultural communication skills
Slide 8	<p>Four Elements for Cross-Cultural Communication</p> <hr/> <ol style="list-style-type: none"> 3. Development of cultural knowledge <ul style="list-style-type: none"> • Are you familiar with the worldviews of cultural groups other than your own? 4. Ability to adapt to the cultural context of the case <ul style="list-style-type: none"> • Do you know how to navigate cross-cultural interactions? <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Review slide content
Slide 9	<p>What Can Culture Affect? (1)</p> <hr/> <ul style="list-style-type: none"> • Description and communication of symptoms • Perceived causes of illness; understanding of infection, transmission, and contacts • Health-seeking behavior • Understanding of disease process, treatment expectations, and decision making <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content • State that it is important to recognize that your culture has an influence on how you interact with others • Point out that there is a wide variety of reasons that influence health seeking behavior including mistrust of authority, inability to communicate in the language of the health-care provider, and difficulty understanding the cultural norms of the health care providers

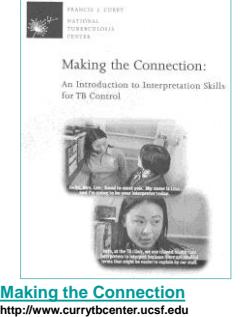
Slide 10	<p>What Can Culture Affect? (2)</p> <hr/> <ul style="list-style-type: none"> • Interaction with the health care system and health care professionals • Attitudes towards helpers and authorities; reluctance to reveal contacts • How a person identifies and describes their contacts <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Review slide content
Slide 11	<p>Cultural Diversity Exercise</p> <hr/> <p>Refer to Appendix M</p> <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Explain that this exercise will help everyone understand diversity and how we define ourselves • Note to facilitator: Follow instructions provided in Appendix M: "Exercise – What is Diversity? – Instructions for Facilitator" • Note to facilitator: Please feel free to use other cultural competency activities in place of this exercise
Slide 12	<p>Ask Questions to Get to Know the Individual Case</p> <hr/> <ul style="list-style-type: none"> • How do you prefer to be addressed? • Where were you born? • How long have you been in the U.S.? • Are you more comfortable reading information in your native language or in English? • How are important healthcare decisions made in your family? • Are there certain health care procedures and tests that your culture prohibits? <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants how often they use questions such as these during an interview • State that health care workers need to focus on the person being interviewed

Slide 13	<p><u>What do You Want to Find Out? (1)</u></p> <ul style="list-style-type: none"> • Language and literacy level • Health knowledge and health beliefs • Health seeking behaviors • Daily routine activities • Relevant relationships • Living situation • Visitors and/or travel 	<ul style="list-style-type: none"> • Review slide content • State that these are examples of personal information you need from an individual to perform a good CI
Slide 14	<p><u>What do You Want to Find Out? (2)</u></p> <ul style="list-style-type: none"> • Decision making preferences • Perception of and knowledge of U.S. health care system • Perception of “western” medicine • Other health belief systems • Relevant incentives 	<ul style="list-style-type: none"> • Review slide content
Slide 15	<p><u>Use Open-Ended Questions to Generate Helpful Conversation</u></p> <ul style="list-style-type: none"> • How did you feel when you learned you had TB? • How do you feel about knowing that you may have infected others with TB? • What matters most as you are being treated for TB? • Tell me about anything that may affect your treatment, home visits, etc. 	<ul style="list-style-type: none"> • Review slide content • State that open-ended questions are best for generating helpful conversation. The responses will help the interviewer learn more about the person and could lead to important insights.

Slide 16	<p>Cultural and Diversity Concerns in Contact Investigation (1)</p> <hr/> <p>Culture affects:</p> <ul style="list-style-type: none"> • Knowledge • Attitudes and beliefs about TB transmission • Beliefs about the BCG vaccine • Risks and benefits of LTBI treatment • Identification of contacts <p style="text-align: center;">16</p>	<ul style="list-style-type: none"> • Review slide content • Discuss beliefs surrounding the BCG vaccine and its affect on TST. For example, some patients may believe that a positive TST is the result of a BCG vaccination they received as a child.
Slide 17	<p>Cultural and Diversity Concerns in Contact Investigation (2)</p> <hr/> <p>Understanding who a contact is:</p> <ul style="list-style-type: none"> • Nuclear family, extended family • Members of a group living situation • Residents of a nursing home, shelter, or jail • Fellow drinkers, substance users • Members of a church, temple, or mosque • Co-workers, supervisor, or boss • Visitors <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> • Review the slide content • State that talking about social groups, car pooling to work (very common in migrant workers, for example) can provide useful information about contacts
Slide 18	<p>Cultural and Diversity Concerns in Contact Investigation (3)</p> <hr/> <p>Cultural background may influence the case's willingness to reveal names:</p> <ul style="list-style-type: none"> • Immigration status • Reasons not to give correct name • Reasons to hide someone or not name them • Reluctance to identify contacts <p style="text-align: center;">18</p>	<ul style="list-style-type: none"> • Review slide content • Point out that immigration status is important to persons not in the US legally • Point out that some cases may not want to provide names because they are afraid of losing a job or being deported • Point out reasons why some cases may hide someone or not name them as a contact: to not get them in trouble, maintain friendship, not get kicked out of the house, not have them know or suspect your medical condition, etc.

Slide 19	<p style="text-align: center;">Naming Systems</p> <ul style="list-style-type: none"> • Different cultures have different naming systems <ul style="list-style-type: none"> — First, middle, last? — Two last names? — Family name first? • Ask for all names, nicknames, aliases • Make sure forms and registry can accommodate • Have the case agree to always use the same name <p style="text-align: center;">19</p>	<ul style="list-style-type: none"> • Review the slide content • Stress that it is important for investigators to determine what naming system is used
Slide 20	<p style="text-align: center;">Cultural Competency Resources</p>  <p style="text-align: center;">Appendix N 20</p>	<ul style="list-style-type: none"> • State that there are numerous cultural competency resources available from the RTMCCs and CDC. The TB Education and Training Network (TB ETN) cultural competency resource guide is a great way to find resources. It can be downloaded from the Find TB Resources website: www.findtbreources.org//behavioral.aspx#OtherResources • Note to facilitator: Become familiar with these resources and briefly describe each to the participants. <ul style="list-style-type: none"> ○ The GTBI and HNTC guides focus on cultural competency skills building ○ The CDC and SNTC resources focus on specific cultural information for different ethnic groups. These are great resources to help provide insight on cultural norms and health-seeking behaviors for different ethnic groups. However, participants should be reminded that these are generalizations, and that it is important to know the individual and his or her personal beliefs. It is important not to make assumptions or stereotype people based on general ideas about their culture. ○ Refer participants to Appendix N for more information about these resources

Slide 21	<h2 style="text-align: center;">Working with Interpreters</h2> <hr/> <p style="text-align: center;">21</p>	<ul style="list-style-type: none"> State that this section will cover how to effectively work with interpreters <i>Ask participants</i> if they have worked with interpreters before
Slide 22	<p style="text-align: center;">Language Access Barrier</p> <hr/> <p style="text-align: center;">45 million people in the United States speak a language other than English at home</p>  <p style="text-align: center;">22</p>	<ul style="list-style-type: none"> Review the slide content Note that approximately 14% of the U.S. population speak a language other than English at home (~45 million out of ~315 million U.S. population)
Slide 23	<p style="text-align: center;">Impact of Language Barriers</p> <hr/> <ul style="list-style-type: none"> Less likely to receive care Less likely to understand care Increased risk of medical errors Reduced quality of care Less satisfied with care <p style="text-align: center;">23</p>	<ul style="list-style-type: none"> Review slide content

Slide 24	<p>Using an Interpreter</p> <hr/> <ul style="list-style-type: none"> • Make sure you agree on ground rules with both the case and the interpreter before the interview begins • Always speak directly to the case • Ask for clarification as needed • Children should not be used as interpreters! <p style="text-align: center;">24</p>	<ul style="list-style-type: none"> • Review slide content • Explain to participants that although a trained interpreter is always preferred, there are times when a trained interpreter may not be available. Planning is required when asking an untrained interpreter to interpret (e.g., bilingual staff member). It is the health care worker's responsibility to conduct a pre-session with the untrained interpreter. It is also helpful to provide the interpreter with disease-specific education materials and any questions that will be asked of the case. Request that the interpreter review the materials and questions before meeting with the case. • Explain that using untrained family members as medical interpreters is strongly discouraged; however, do not exclude them if the case wants them to be part of the clinic visit.
Slide 25	<p>Resource for Interpretation</p> <hr/> <p>Video and viewer's guide</p>  <p>Making the Connection http://www.currytbcenter.ucsf.edu</p> <p style="text-align: center;">25</p>	<ul style="list-style-type: none"> • Show participants a clip from the "Making the Connection" DVD (minutes 14:30 – 20:50) • Explain that this portion of the video shows how to correctly use an interpreter when meeting with a patient • State that the DVD is available through the Curry International TB Center website. The viewer's guide also contains many resources for choosing and using interpreters. • After the clip is over, ask participants what they thought of the video (e.g., what went well?)

Review

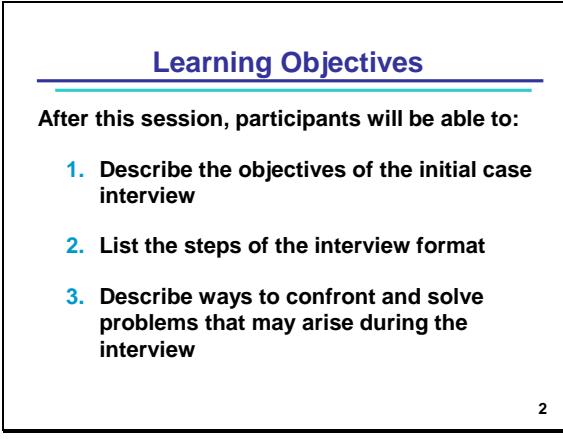
1. What is cultural competency?
2. What are the four elements of cross cultural communication?

26

- Ask participants for answers to review questions
- **Note to facilitator:** answers to review questions:
 1. *Cultural competency refers to an ability to interact effectively with people of different cultures*
 2. *The four elements of cross cultural communication:*
 - *Awareness of one's own cultural values*
 - *Awareness and acceptance of cultural differences*
 - *Development of cultural knowledge*
 - *Ability to adapt to fit the cultural context of the case*

Facilitation Tips

Day 2: Interviewing for TB Contact Investigation

	Slides	Facilitation Tips
Slide 1	 <p>Interviewing for TB Contact Investigation</p> <hr/> <p style="text-align: center;">1</p>	<ul style="list-style-type: none">• Explain to participants that this session will focus on applying all of the previously learned information on the CI process, communication, and effective interviewing skills to the actual TB contact investigation interview
Slide 2	 <p>Learning Objectives</p> <hr/> <p>After this session, participants will be able to:</p> <ol style="list-style-type: none">1. Describe the objectives of the initial case interview2. List the steps of the interview format3. Describe ways to confront and solve problems that may arise during the interview <p style="text-align: center;">2</p>	<ul style="list-style-type: none">• Review slide content• State that these objectives are an important part of the interview process

Slide 3	<p>Difference Between STD Interview and TB Interview</p> <table border="0"> <tr> <td style="vertical-align: top;"> STD Interview <ul style="list-style-type: none"> • Usually only 1 interview conducted • Rapport building not so much a priority • Only have to ask about one specific type of contact (sexual) so much less people you will need to follow up with • Transmission period specific </td><td style="vertical-align: top;"> TB Interview <ul style="list-style-type: none"> • Multiple interviews required • Building rapport is key since you need to ensure patient returns to clinic...and you will have multiple opportunities to re-interview • Have to ask about multiple types of contacts (e.g., all sex partners, family, friends, co-workers, classmates) • Transmission period may be vague, and for a long period of time </td></tr> </table>	STD Interview <ul style="list-style-type: none"> • Usually only 1 interview conducted • Rapport building not so much a priority • Only have to ask about one specific type of contact (sexual) so much less people you will need to follow up with • Transmission period specific 	TB Interview <ul style="list-style-type: none"> • Multiple interviews required • Building rapport is key since you need to ensure patient returns to clinic...and you will have multiple opportunities to re-interview • Have to ask about multiple types of contacts (e.g., all sex partners, family, friends, co-workers, classmates) • Transmission period may be vague, and for a long period of time 	<ul style="list-style-type: none"> • Before going over components of a TB interview, it is important to point out that there are differences between conducting a CI interview for STD and TB especially for those health care workers who worked in STDs before working in TB • <i>Ask participants</i> if they have worked in STD • If you have participants that have worked in STD, review slide content • If there are no participants that have worked in STDs, there is no need to review the slide
STD Interview <ul style="list-style-type: none"> • Usually only 1 interview conducted • Rapport building not so much a priority • Only have to ask about one specific type of contact (sexual) so much less people you will need to follow up with • Transmission period specific 	TB Interview <ul style="list-style-type: none"> • Multiple interviews required • Building rapport is key since you need to ensure patient returns to clinic...and you will have multiple opportunities to re-interview • Have to ask about multiple types of contacts (e.g., all sex partners, family, friends, co-workers, classmates) • Transmission period may be vague, and for a long period of time 			
Slide 4	<p>What is the Main Goal of a TB Interview?</p> <hr/> <p>The main goal of a TB interview is to <u>identify contacts</u>.</p> <p>Why?</p>  <p>So you can assess them for TB disease and infection and get them on appropriate treatment.</p> <p style="text-align: center;">4</p>	<p>**Animated slide**</p> <ul style="list-style-type: none"> • Review slide content • <i>Click</i> to display “Why” question and answer 		
Slide 5	<p>When Should the TB Interview Be Conducted?</p> <hr/> <ul style="list-style-type: none"> • Initial interview should be conducted <ul style="list-style-type: none"> — Within 1 business day of reporting for infectious cases — Within 3 business days for others • Second interview (re-interview) should be conducted 1 to 2 weeks later • Additional interviews may be needed to gather more information and to build trust <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • Review slide content • Stress that this is an ideal situation and may not always be possible to interview the case so quickly 		

Slide 6	<p>Where Should the Interview Take Place?</p> <ul style="list-style-type: none"> Interview should be conducted in person <ul style="list-style-type: none"> Hospital TB clinic Case's home or living space Other location convenient for the case At least one interview should be conducted in the case's home or living space 	<ul style="list-style-type: none"> Review slide content Clarify that the initial interview should be done wherever the case is during that time frame Explain to participants that it is important to conduct an interview in the case's home or living space because it can help them to identify clues that may suggest there are more contacts (e.g., pictures of children, toys laying around)
Slide 7	<p>What are the Objectives of the Initial Interview?</p> <ul style="list-style-type: none"> Establish rapport Educate the case about TB and the CI process Verify and expand on information collected in the pre-interview phase Identify <ul style="list-style-type: none"> Places WHERE they spent time Persons with WHOM they spent time Participation in activities and events (<i>WHAT</i> and <i>WHEN</i>) 	<ul style="list-style-type: none"> Review slide content Remind participants that they need to focus on the infectious period when identifying people, places, and activities
Slide 8	<p>What are the Objectives of the Re-Interview?</p> <ul style="list-style-type: none"> Identify gaps in information Identify additional contacts Review/refine the infectious period Continue to build trust and rapport 	<ul style="list-style-type: none"> Review slide content

Slide 9

Effective Interviewer Musts

- Build rapport
- Maintain confidentiality
- Arrange for privacy
- Listen actively
- Be objective and nonjudgmental
- Be creative
- Develop a style that works for you

9

- Review slide content
- Explain that everyone has different interviewing styles

The TB Interview: Video



10

- Introduce the CDC “Effective TB Interviewing for Contact Investigations” DVD
- Mention that different video interview scenarios will be shown during the session, so participants can observe a variety of interviews and discuss
- Note that the interviews were developed to demonstrate correct and incorrect methods
- *Show the Introduction section (1:49 minutes) and the first scenario with Jerry (22:09 minutes)*
- **Ask participants**
 - *How do you feel about the way Pete continued to ask for Jerry's contacts?*
 - *What communication and interviewing techniques did Pete use effectively in this interview?*
 - *How did Pete handle the issue of confidentiality?*
 - *Is there anything you would have done differently in this situation?*
- **Note to facilitator:** *Ensure DVD equipment is working prior to training. View and become familiar with all interview scenarios prior to the course. This will allow flexibility to decide which interview clips to show participants if time becomes an issue.*

Slide 11

Interview Format

11

Slide 12

Interview Format

- 1. Introduction**
- 2. Education**
- 3. Information collection and confirmation**
- 4. Contact identification**
- 5. Conclusion of the interview**

12

Slide 13

TB Interview Checklist

TB Contact Investigation Interview Checklist	
I. Interviewer Questions:	A. General Information:
• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____ • Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____	<ul style="list-style-type: none">• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____
B. Household:	C. Contact Information:
• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____	<ul style="list-style-type: none">• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____
D. Medical History:	E. Contact Response:
• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____	<ul style="list-style-type: none">• Name _____ • Address _____ • Telephone number _____ • Date of birth _____ • Sex _____ • Race _____ • Ethnicity _____ • Marital status _____ • Children _____ • Other household members _____
II. Contact Information:	
1. Assess interviewee's knowledge of TB infection: _____	
2. Assess interviewee's knowledge of TB transmission: _____	
3. Assess interviewee's knowledge of TB symptoms: _____	
4. Assess interviewee's knowledge of TB treatment: _____	
5. Assess interviewee's knowledge of TB prevention: _____	
6. Assess interviewee's knowledge of TB screening: _____	
7. Assess interviewee's knowledge of TB testing: _____	
8. Assess interviewee's knowledge of TB treatment completion: _____	
9. Assess interviewee's knowledge of TB prevention: _____	
10. Assess interviewee's knowledge of TB screening: _____	
11. Assess interviewee's knowledge of TB testing: _____	
12. Assess interviewee's knowledge of TB treatment completion: _____	
13. Assess interviewee's knowledge of TB prevention: _____	
14. Assess interviewee's knowledge of TB screening: _____	
15. Assess interviewee's knowledge of TB testing: _____	
16. Assess interviewee's knowledge of TB treatment completion: _____	
17. Assess interviewee's knowledge of TB prevention: _____	
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19. Assess interviewee's knowledge of TB testing: _____	
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24. Assess interviewee's knowledge of TB treatment completion: _____	
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29. Assess interviewee's knowledge of TB prevention: _____	
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32. Assess interviewee's knowledge of TB treatment completion: _____	
33. Assess interviewee's knowledge of TB prevention: _____	
34. Assess interviewee's knowledge of TB screening: _____	
35. Assess interviewee's knowledge of TB testing: _____	
36. Assess interviewee's knowledge of TB treatment completion: _____	
37. Assess interviewee's knowledge of TB prevention: _____	
38. Assess interviewee's knowledge of TB screening: _____	
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40. Assess interviewee's knowledge of TB treatment completion: _____	
41. Assess interviewee's knowledge of TB prevention: _____	
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75. Assess interviewee's knowledge of TB testing: _____	
76. Assess interviewee's knowledge of TB treatment completion: _____	
77. Assess interviewee's knowledge of TB prevention: _____	
78. Assess interviewee's knowledge of TB screening: _____	
79. Assess interviewee's knowledge of TB testing: _____	
80. Assess interviewee's knowledge of TB treatment completion: _____	
81. Assess interviewee's knowledge of TB prevention: _____	
82. Assess interviewee's knowledge of TB screening: _____	
83. Assess interviewee's knowledge of TB testing: _____	
84. Assess interviewee's knowledge of TB treatment completion: _____	
85. Assess interviewee's knowledge of TB prevention: _____	
86. Assess interviewee's knowledge of TB screening: _____	
87. Assess interviewee's knowledge of TB testing: _____	
88. Assess interviewee's knowledge of TB treatment completion: _____	
89. Assess interviewee's knowledge of TB prevention: _____	
90. Assess interviewee's knowledge of TB screening: _____	
91. Assess interviewee's knowledge of TB testing: _____	
92. Assess interviewee's knowledge of TB treatment completion: _____	
93. Assess interviewee's knowledge of TB prevention: _____	
94. Assess interviewee's knowledge of TB screening: _____	
95. Assess interviewee's knowledge of TB testing: _____	
96. Assess interviewee's knowledge of TB treatment completion: _____	
97. Assess interviewee's knowledge of TB prevention: _____	
98. Assess interviewee's knowledge of TB screening: _____	
99. Assess interviewee's knowledge of TB testing: _____	
100. Assess interviewee's knowledge of TB treatment completion: _____	

Refer to Appendix O

13

- Review slide content
- Explain that this is a suggested guide – interviews don't always follow this format

• Explain to participants that it can be helpful to have an interview checklist to make sure everything is covered during the interview

• Refer participants to sample checklist in Appendix O

Slide 14	<h2 style="text-align: center;">Interview Format</h2> <hr/> <h3 style="text-align: center;">Introduction</h3> <p style="text-align: right;">14</p>	
Slide 15	<h3 style="text-align: center;">Interview Introduction (1)</h3> <hr/> <ul style="list-style-type: none"> • The first interaction with the case can influence the remainder of the interview • Building trust and rapport early in the interview process is essential <p style="text-align: right;">15</p> 	<ul style="list-style-type: none"> • Review slide content • State that this was discussed earlier in the course
Slide 16	<h3 style="text-align: center;">Interview Introduction (2)</h3> <hr/> <ul style="list-style-type: none"> • Introduce yourself and shake hands if appropriate • Provide a business card or other identification • Explain your role in the TB program • Ask the case how they are feeling • Demonstrate respect towards the case <p style="text-align: right;">16</p> 	<ul style="list-style-type: none"> • Review slide content

Slide 17	<p><u>Explain the Purpose of the Interview</u></p> <p>Explain the purpose of the interview to the case</p> <ol style="list-style-type: none"> 1. To identify contacts at risk of infection and refer them for medical assessment 2. To provide TB education <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> • Review slide content • State that if possible, interviewers should set the expectations for the interview. For example, explain to the case how long the interview will last, what information you hope to collect, etc.
Slide 18	<p><u>Discuss Confidentiality</u></p> <ul style="list-style-type: none"> • Explain that information will only be shared with persons who need to know <ul style="list-style-type: none"> — Health care providers who provide direct care — Public health authorities for the purpose of TB control • Stress that confidentiality is reinforced by local program policies and state regulations <p style="text-align: center;">18</p>	<ul style="list-style-type: none"> • Review slide content • Stress that the protection of private information is essential in TB contact investigations and that public health workers must be familiar with established confidentiality policies and procedures for their jurisdiction and adhere to these at all times • State that emphasizing confidentiality should not take more than a few minutes unless the client has specific concerns. If you spend too much time on confidentiality, the case may become frightened. • <i>Ask participants</i> if they have any additional questions on confidentiality • Let participants know that maintaining the confidentiality of the case when assessing contacts will be discussed on Day 4

Slide 19	<p style="text-align: center;">Interview Format</p> <hr/> <p style="text-align: center;">Education</p> <p style="text-align: right;">19</p>	
Slide 20	<p style="text-align: center;">Importance of Education</p> <hr/> <ul style="list-style-type: none"> • Increases knowledge of TB • Influences desired behavior <ul style="list-style-type: none"> — Identification of contacts — Treatment adherence — Infection control activities • Helps the case make informed decisions <p style="text-align: right;">20</p>	<ul style="list-style-type: none"> • Review slide content • State that education should not be the main focus of the interview. If a significant amount of time is spent on health education, the case may get exhausted before the end of the interview and not be willing to share additional information when the time comes to name contacts. The interviewer should learn how to balance between providing necessary information and focusing on obtaining contact information.
Slide 21	<p style="text-align: center;">What Education Should be Provided to the Case?</p> <hr/> <p>The case should be educated about the following:</p> <ol style="list-style-type: none"> 1. Components of treatment and care plan 2. Infection control measures 3. Importance of maintaining medical care 4. Importance of the contact investigation <p style="text-align: right;">21</p>	<ul style="list-style-type: none"> • Review slide content • Explain that some of these activities depend on how the TB program is set up – not every investigator will do this • Explain that it is important to assess the case's knowledge before discussing education • <i>Note to facilitator:</i> These 4 topics are discussed in more detail on the following slides

Slide 22	<p>1. Treatment and Care Plan</p> <hr/> <ul style="list-style-type: none"> • Explain that medications kill TB germs when taken properly • Stress the importance of treatment adherence and follow-up medical care • Establish a specific schedule for treatment  <p style="text-align: center;">22</p>	<ul style="list-style-type: none"> • Review slide content
Slide 23	<p>2. Infection Control Measures</p> <hr/> <ul style="list-style-type: none"> • Review the importance of the case using a mask or tissue to cover cough • In some situations, the interviewer may need to wear a respirator to protect themselves from inhaling TB germs/bacteria • Discuss the importance of ventilation • Describe other topics as appropriate <ul style="list-style-type: none"> – Home isolation – Visitors to the home – Return to work or school   <p style="text-align: center;">23</p>	<ul style="list-style-type: none"> • Review slide content
Slide 24	<p>3. Importance of Maintaining Medical Care</p> <hr/> <p>Discuss the importance of:</p> <ul style="list-style-type: none"> • Adhering to all medical appointments and directly observed therapy (DOT) • Sputum collection, chest x-rays, and medical evaluations  <p style="text-align: center;">24</p>	<ul style="list-style-type: none"> • Review slide content

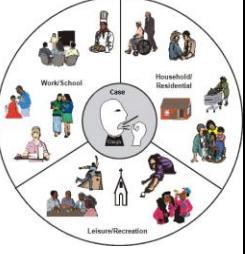
Slide 25	<p>4. Importance of Contact Investigation</p> <ul style="list-style-type: none"> • Stress the importance and urgency of identification of all contacts • Emphasize the role of the case in helping to protect family and friends from TB <p style="text-align: right;">25</p>	<ul style="list-style-type: none"> • Review slide content
Slide 26	<p>What is Effective Education?</p> <ul style="list-style-type: none"> • Listening carefully • Asking questions • Understanding the case's needs and concerns • Demonstrating a caring attitude • Helping to solve problems • Clarifying misinformation <p style="text-align: right;">26</p>	<ul style="list-style-type: none"> • Explain that effective education is more than just providing information • Review slide content • State that a balance is needed between educating the case on TB and eliciting information about contacts • An example of demonstrating a caring attitude – if the case is getting tired, the interviewer can say that they will come back later for the information
Slide 27	<p>Tips for Providing Effective Education (1)</p> <p>Use visuals</p> <ul style="list-style-type: none"> • Visuals can complement verbal and written information <ul style="list-style-type: none"> — Pictures — Calendars — Flipbooks • Real-life examples <ul style="list-style-type: none"> — Pills <p style="text-align: right;">27</p>	<ul style="list-style-type: none"> • Review slide content

Slide 28	<p>Tips for Providing Effective Education (2)</p> <p>Use culturally appropriate materials</p>  <p>28</p>	<ul style="list-style-type: none"> Mention culturally appropriate educational materials available through the CDC Division of TB Elimination Website (www.cdc.gov/tb) Point out a brochure specifically about CI (highlighted in pink)
Slide 29	<p>Tips for Providing Effective Education (3)</p> <ul style="list-style-type: none"> • Speak clearly and simply • Use simple non-medical terms • Use familiar words the case will understand <ul style="list-style-type: none"> — Simple: “These pills will help you get better” vs. — Complex: “This drug, isoniazid, is a bactericidal agent that is highly active against <i>Mycobacterium tuberculosis</i>.” <p>29</p>	<ul style="list-style-type: none"> Review slide content State that using words familiar to the case will make the information more relevant to them. Never talk down to cases. It is easy to sound condescending or preachy without meaning to.
Slide 30	<p>Medical Terminology Exercise</p> <p>Appendix P</p> <p>30</p>	<ul style="list-style-type: none"> Refer participants to Appendix P Ask participants to pair up, complete, and discuss the exercise Discuss participant answers in a large group discussion Note to facilitator: If time is an issue, instruct participants to complete only a portion of the exercise Time: 5-10 minutes

Slide 31	<p>The TB Interview: Video</p>  <p>31</p>	<ul style="list-style-type: none"> • Show the third scenario with Sheila (24:16 minutes) • Ask participants <ul style="list-style-type: none"> ○ How well did Marianne handle sensitive questions related to infectiousness, contacts, and HIV status? ○ What were some of the benefits of the home visit? ○ What might Marianne have done differently in this scenario?
Slide 32	<p>Interview Format</p> <hr/> <p>Information Collection and Confirmation</p> <p>32</p>	
Slide 33	<p>Information Collection and Confirmation</p> <hr/> <p>During the interview, information previously collected during the pre-interview phase should be reviewed and confirmed</p> <ul style="list-style-type: none"> • Personal information • Medical information • Infectious period <p>33</p>	<ul style="list-style-type: none"> • Review slide content

Slide 34	<p>Confirm Personal Information</p> <hr/> <ul style="list-style-type: none"> • Full name, aliases, and nicknames • Date of birth • Place of birth • If born in another country, date arrived in United States • Current address • Telephone number • Next of kin • Emergency contact information • Physical description • Other locating information <div style="text-align: right; margin-top: -20px;">34</div> 	<ul style="list-style-type: none"> • Review slide content
Slide 35	<p>Confirm Medical Information (1)</p> <hr/> <p>Obtain and/or confirm:</p> <ul style="list-style-type: none"> • Known exposure to TB (who, where, when) • Recent hospitalization for TB (name of hospital, admission date, discharge date) • Other medical conditions • HIV status • Substance use (frequency, type, how long) • Medical provider for TB (private or public clinic, name, telephone number, address) • DOT plan (where, when, by whom) • Any barriers to adherence <div style="text-align: right; margin-top: -20px;">35</div>	<ul style="list-style-type: none"> • Review slide content <p>• State that it is important to help the case retrieve this information as much as possible</p>
Slide 36	<p>Confirm Medical Information (2)</p> <hr/> <p>Review the following symptoms, including onset dates and duration:</p> <ul style="list-style-type: none"> • Cough • Coughing up blood • Hoarseness • Unexplained weight loss • Night sweats • Chest pain • Loss of appetite • Fever • Chills • Fatigue <div style="text-align: right; margin-top: -20px;">36</div> 	<ul style="list-style-type: none"> • Review slide content <p>• State that asking the case about specific holidays/events can help jog their memory of when symptoms began. For example, “Did you have any symptoms around Thanksgiving? Your birthday?” This information is needed to refine the infectious period.</p>

Slide 37	<p>Confirm Medical Information (3)</p> <p>Discuss the case's current diagnosis</p> <ul style="list-style-type: none"> • TST or IGRA results • Site of disease • Symptom history • Radiographic and bacteriologic results  <p>37</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize the importance of reviewing the case's current diagnosis
Slide 38	<p>Review the Infectious Period</p> <ul style="list-style-type: none"> • Refine the previously established infectious period based on a medical record review • Review the significance of the infectious period with the case and discuss its role in the contact identification <p>38</p>	<ul style="list-style-type: none"> • Review slide content • Point out that the infectious period may be revised several times during the investigation depending on the information gathered
Slide 39	<p>Interview Process</p> <hr/> <p>Contact Identification</p> <p>39</p>	

Slide 40	<p>Contact Identification (1)</p> <ul style="list-style-type: none"> • Contact identification is the most important part of the initial interview with the case • Get as much information as possible about contacts from the case during the interview <ul style="list-style-type: none"> — Talk to the case as if it is the last time you will see them <p style="text-align: right;">40</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that identifying contacts prevents future cases • Note that the case may leave the hospital against medical advice or give incorrect locating information, so it is important to gather as much information as possible
Slide 41	<p>Contact Identification (2)</p> <p>To help identify contacts, interviewers should collect and confirm information regarding:</p> <ul style="list-style-type: none"> • Places WHERE they spent time • Persons with WHOM they spent time • Participation in activities and events (<i>WHAT</i> and <i>WHEN</i>) <p style="text-align: right;">41</p>	<ul style="list-style-type: none"> • Review slide content
Slide 42	<p>Identify Places WHERE Case Spent Time (1)</p> <p>Ask the case where they spent time during the infectious period</p> <ul style="list-style-type: none"> • Residence • Work, school, or volunteer sites • Social, leisure, religious, or recreation sites • Sites where illicit activities might have occurred • Homeless shelters or jails  <p style="text-align: right;">42</p>	<ul style="list-style-type: none"> • Review slide content • Stress the importance of asking the case where they spent time

Slide 43	<p>Identify Places WHERE the Case Spent Time (2)</p> <hr/> <p>After getting the list of places, ask the case about</p> <ul style="list-style-type: none"> • Amount of time spent at each • Environmental characteristics <ul style="list-style-type: none"> — Number of rooms — Room size/square footage — Crowding — Ventilation <ul style="list-style-type: none"> • Windows open or closed • HVAC systems <p style="text-align: right;">43</p>	<ul style="list-style-type: none"> • Review slide content <p>• Note to facilitator: HVAC stands for heating, ventilation, and air conditioning</p>
Slide 44	<p>Identify Places WHERE the Case Spent Time (3) - Residence</p> <hr/> <p>• Residence can include:</p> <ul style="list-style-type: none"> — House — Apartment — Congregate settings <ul style="list-style-type: none"> • Nursing home • Assisted living facilities • Dormitory • Correctional facility • Shelters <p style="text-align: right;">44</p>	<ul style="list-style-type: none"> • Review slide content
Slide 45	<p>Identify Places WHERE the Case Spent Time (4) - School</p> <hr/> <p>If attending school, collect information regarding:</p> <ul style="list-style-type: none"> • Name of school, address, telephone number • Grade in school • Hours per day/week • Transportation type to and from school, length of commute <p style="text-align: right;">45</p>	<ul style="list-style-type: none"> • Review slide content <p>• Explain that this is the type of information an interviewer should collect if the case is attending school</p> <p>• <i>Ask participants</i> if there is any other information that should be collected</p>

Slide 46	<p>Identify Places WHERE the Case Spent Time (5) - Workplace</p> <ul style="list-style-type: none"> • If employed, collect information regarding: <ul style="list-style-type: none"> — Employer name, address, telephone number — Full or part-time, hours worked per day/week — How long employed — Transportation type to and from work, length of commute — Occupation/type of work — Indoor or outdoor work space, enclosed or open work space • If unemployed <ul style="list-style-type: none"> — Source of income 	<ul style="list-style-type: none"> • Review slide content
Slide 47	<p>Identify WHO the Case Spent Time With (1)</p> <p>Ask the case who they spent time with during the infectious period, for example:</p> <ul style="list-style-type: none"> • Wife, husband, or partner • Children • Household members • Other family members • Friends • Roommates • Cellmates • Coworkers 	<ul style="list-style-type: none"> • Review slide content • Explain to the participants the importance of asking about contacts who may have TB or would rapidly progress to TB disease if infected (e.g., contacts who have HIV, children)
Slide 48	<p>Identify WHO the Case Spent Time With (2)</p> <ul style="list-style-type: none"> • Ask for names and aliases of contacts • Ask if contacts <ul style="list-style-type: none"> — Have TB symptoms — Have weakened immune systems — Are children younger than 5 years of age 	<ul style="list-style-type: none"> • Review slide content • Emphasize infectious period

Slide 49	<p>Identify WHEN and WHAT Activities or Events the Case Participated In (1)</p> <ul style="list-style-type: none"> Ask about activities during infectious period <ul style="list-style-type: none"> Travel, vacations Social events Holidays Ask the case to review calendar or appointment book Review cell phone logs and social networking sites (e.g., Facebook)   <p style="text-align: center;">49</p>	<ul style="list-style-type: none"> Review slide content
Slide 50	<p>Identify WHEN and WHAT Activities or Events the Case Participated In (2)</p> <ul style="list-style-type: none"> Examples of social/recreational places and activities <ul style="list-style-type: none"> Hangouts, bars, clubs Team sports Community centers Bands, choir Places of worship Ask about the number of hours per day/week, and means of transportation   <p style="text-align: center;">50</p>	<ul style="list-style-type: none"> Review slide content
Slide 51	<p>What Information Should Be Collected About Contacts?</p> <ul style="list-style-type: none"> Name/aliases/nicknames Relationship to the case Address, telephone number, and other locating information Hours of exposure per week and date of first and last exposure Setting in which exposure took place Age, sex, race, and physical description <p style="text-align: center;">51</p>	<ul style="list-style-type: none"> Review slide content Note that each of these topics will be discussed in greater detail on the next few slides

Slide 52	<p>Process for Collecting Contact Information (1)</p> <p>Contact and place information can be gathered using the following format:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px;">3. Locating</td><td style="padding: 2px;">4. Exposure Time</td><td style="padding: 2px;">5. Setting Size</td><td style="padding: 2px;">6. Description</td></tr> </table> <p style="text-align: center;">52</p>	1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size	6. Description	<ul style="list-style-type: none"> Explain that this strategy is helpful because it emphasizes gathering all of the names of the contacts first. Sometimes cases may become fatigued if they need to respond to all of the information about each contact upfront, therefore they may leave out additional contacts. 			
1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size	6. Description						
Slide 53	<p>Process for Collecting Contact Information (2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table> <ul style="list-style-type: none"> Get a name and/or alias Ask the case to list as many contact names as possible before moving on <p style="text-align: center;">53</p>	1. Name							<ul style="list-style-type: none"> Review slide content 		
1. Name											
Slide 54	<p>Process for Collecting Contact Information (3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table> <p>Ask the case what their relationship is to the contact</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> ▪ Spouse ▪ Boyfriend/Girlfriend ▪ Child ▪ Friend ▪ Co-worker </td> <td style="width: 50%;"> <ul style="list-style-type: none"> ▪ Classmate ▪ Roommate ▪ Teammate ▪ Any other “mate” </td> </tr> </table> <p style="text-align: center;">54</p>	1. Name	2. Relationship						<ul style="list-style-type: none"> ▪ Spouse ▪ Boyfriend/Girlfriend ▪ Child ▪ Friend ▪ Co-worker 	<ul style="list-style-type: none"> ▪ Classmate ▪ Roommate ▪ Teammate ▪ Any other “mate” 	<ul style="list-style-type: none"> Review slide content Note that this step can be combined with the previous step
1. Name	2. Relationship										
<ul style="list-style-type: none"> ▪ Spouse ▪ Boyfriend/Girlfriend ▪ Child ▪ Friend ▪ Co-worker 	<ul style="list-style-type: none"> ▪ Classmate ▪ Roommate ▪ Teammate ▪ Any other “mate” 										

Slide 55	<p>Process for Collecting Contact Information (4)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px; background-color: #d9e1f2;">3. Locating</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table> <p>Collect information on how to get in touch with the contact:</p> <ul style="list-style-type: none"> • Address or map to home/living space • Phone number • Best time to contact • Email address <p style="text-align: center;">55</p>	1. Name	2. Relationship	3. Locating				<ul style="list-style-type: none"> • Review slide content
1. Name	2. Relationship	3. Locating						
Slide 56	<p>Process for Collecting Contact Information (5)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px;">3. Locating</td><td style="padding: 2px; background-color: #d9e1f2;">4. Exposure Time</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table> <ul style="list-style-type: none"> • Gather exposure information for each contact: <ul style="list-style-type: none"> — First and last time the case saw the contact — Frequency of interaction • Use significant dates (birthdays, holidays, etc.) to jog case's memory <p style="text-align: center;">56</p>	1. Name	2. Relationship	3. Locating	4. Exposure Time			<ul style="list-style-type: none"> • Review slide content
1. Name	2. Relationship	3. Locating	4. Exposure Time					
Slide 57	<p>Process for Collecting Contact Information (6)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px;">3. Locating</td><td style="padding: 2px;">4. Exposure Time</td><td style="padding: 2px; background-color: #d9e1f2;">5. Setting Size</td><td style="padding: 2px;"></td></tr> </table> <p>Determine the size of the setting in which exposure took place:</p> <ul style="list-style-type: none"> • Size of a bedroom? • Size of a car/van? • Size of a house? <p style="text-align: center;">57</p>	1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size		<ul style="list-style-type: none"> • Review slide content • Explain to participants that asking the case about the setting size in terms of well-known items (e.g., a car) could help provide information about the likelihood that transmission may have occurred (for example, if the setting was small like a car, it is more likely that TB was transmitted vs. if the setting was very large, like a house)
1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size				

Slide 58	<p>Process for Collecting Contact Information (7)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. Name</td><td style="padding: 2px;">2. Relationship</td><td style="padding: 2px;">3. Locating</td><td style="padding: 2px;">4. Exposure Time</td><td style="padding: 2px;">5. Setting Size</td><td style="padding: 2px; background-color: #d9e1f2;">6. Description</td></tr> </table> <p>Obtain a detailed physical description for each contact</p> <ul style="list-style-type: none"> • Age • Hair color and length • Height • Weight • Complexion • Identifying features (e.g., tattoos, piercings) <p style="text-align: right;">58</p>	1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size	6. Description	<ul style="list-style-type: none"> • Review slide content • Explain that this information is especially useful if you do not have the full name of the contact
1. Name	2. Relationship	3. Locating	4. Exposure Time	5. Setting Size	6. Description			
Slide 59	<p>Contact Identification Exercise</p> <hr/> <p>Refer to Appendix Q</p>  <p style="text-align: right;">59</p>	<ul style="list-style-type: none"> • Refer participants to Appendix Q • Ask participants to pair up, complete, and discuss the exercise • Time: 10 minutes 						
Slide 60	<p>Interview Process</p> <hr/> <p>Conclusion of the Interview</p> <hr/> <p style="text-align: right;">60</p>							

Slide 61	<p>Conclusion of the Interview (1)</p> <hr/> <ol style="list-style-type: none"> 1. Answer the case's questions. 2. Review and reinforce all components of the adherence plan. 3. Evaluate the case's remaining needs or potential adherence problems. 4. Confirm the date of the next medical appointment, if known. <p style="text-align: right;">61</p>	<ul style="list-style-type: none"> • Review slide content
Slide 62	<p>Conclusion of the Interview (2)</p> <hr/> <ol style="list-style-type: none"> 5. Arrange for both a re-interview and home visit, if not already completed. 6. Confirm referral procedure of each contact. 7. Leave information on how the case can contact you. 8. If appropriate, shake the case's hand, express appreciation, and close the interview. <p style="text-align: right;">62</p>	<ul style="list-style-type: none"> • Review slide content
Slide 63	<p>Problem Solving During the Interview</p> <hr/> <p style="text-align: right;">63</p>	

Slide 64	<p>Potential Interview Problems</p> <hr/> <p>The case:</p> <ul style="list-style-type: none"> • Does not believe or trust the health care worker • Will not talk • Is distracted or not paying attention • Is hostile, abusive, or aggressive <p style="text-align: right;">64</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants for examples of other problems they have encountered
Slide 65	<p>Methods to Confront and Solve Problems</p> <hr/> <ol style="list-style-type: none"> 1. Provide Information 2. Direct Challenge 3. Self-Involvement 4. Withdrawal of Reinforcement <p style="text-align: right;">65</p>	<ul style="list-style-type: none"> • Review slide content
Slide 66	<p>1. Provide Information</p> <hr/> <p>Use a factual statement to challenge what a case has told you.</p> <p>For example:</p> <ul style="list-style-type: none"> • If the case says: “I knew I shouldn’t have shaken my neighbor’s hand when he offered it.” <p><u>How would you confront this statement by providing information?</u></p> <p style="text-align: right;">66</p>	<p>** Animated slide **</p> <ul style="list-style-type: none"> • Review slide content • Click to display example of case statement • Ask participants how they can confront the statement using the “providing information” method • State that one way to confront the statement by providing information is to say: “Seems like you believe you got TB from shaking someone’s hand. From what we know about the disease, that isn’t possible.”

Slide 67	<p>2. Direct Challenge</p> <p>A direct challenge is confronting a statement that is false. Use when the case says something which can lead to greater problems if not addressed.</p> <p>For example:</p> <ul style="list-style-type: none"> • A case denies any contact with children. However, there are toys in the front yard and a picture of the case and a baby hanging on the wall. <p>How would you directly challenge this statement?</p>	<p>** Animated slide **</p> <ul style="list-style-type: none"> • Review slide content • Click to display example of case statement • Ask participants how they can confront the statement using the “direct challenge” method • State that one way to directly challenge the statement is to say: “<i>You know TB is very dangerous for young children. Who plays with those toys in the front yard?</i>”
Slide 68	<p>3. Self Involvement</p> <p>Used to challenge information or commitments a case has made in interviewer's presence.</p> <p>For example:</p> <ul style="list-style-type: none"> • A case states that they don't have a phone number for a contact. When looking through their cell phone address book, with permission, you notice a number for that contact. <p>How would you use self-involvement to address this statement?</p>	<p>** Animated slide **</p> <ul style="list-style-type: none"> • Click to display example of case statement • Ask participants how they can confront the statement using the “self involvement” method • State that one way to use self-involvement is to say: “<i>Let's try calling that phone number right now to see if it is still current.</i>”
Slide 69	<p>4. Withdrawal of Reinforcement</p> <p>Designed to appeal to a case's need for positive reinforcement: the interviewer expresses disappointment with the case's present behavior and/or withdraws positive feedback previously given.</p> <p>For example:</p> <ul style="list-style-type: none"> • “You know, I thought you acted responsibly by coming into the clinic so quickly; however, by saying that you don't care if your co-workers get examined for TB, that's demonstrating little concern for their health.” 	<ul style="list-style-type: none"> • Review slide content • State that this technique should be used with care

Slide 70	<p>If You Continue to Have Challenges...</p> <ul style="list-style-type: none"> • Recognize the need to stop and reschedule a stalled interview. • Assign another team member to conduct the interview at a later time if you are unable to gather necessary information. <p style="text-align: right;">70</p>	<ul style="list-style-type: none"> • Review slide content • Explain that it is ok to switch interviewers
Slide 71	<p>The TB Interview: Video</p> <hr/>  <p style="text-align: right;">71</p>	<ul style="list-style-type: none"> • Show the second scenario with Javier (17:03 minutes) • Ask participants <ul style="list-style-type: none"> ○ What they thought of the way Khalil dealt with Javier's home remedy (tea)? ○ What might they have done differently in this scenario? ○ Any other things that could have been improved upon – cultural issues, building rapport, etc.?

Review

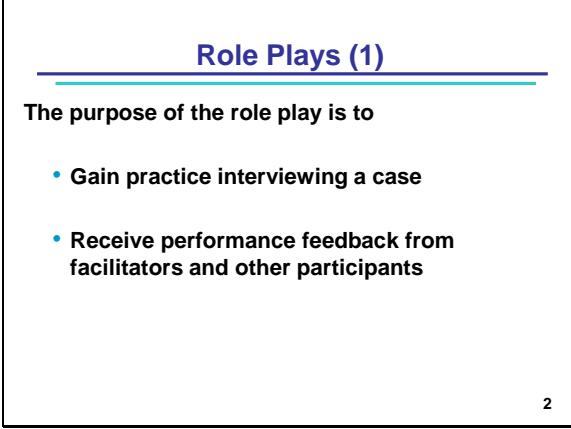
- 1. What are the objectives of the initial case interview?**
- 2. What are the steps of a TB interview?**
- 3. What are some ways in which to confront and solve problems that may arise during the interview?**

72

- Ask participants to answers to the review questions
- **Note to facilitator:** Answers to review questions:
 1. *Objectives of the initial case interview are to:*
 - *Identify contacts*
 - *Establish rapport*
 - *Educate the case about TB and the CI process*
 - *Verify and expand on information collected in the pre-interview phase*
 - *Identify: Places case spent time (WHERE), persons case spent time with (WHO), and activities/events where case participated (WHEN and WHAT)*
 2. *The steps of the TB interview format are:*
 - *Introduction*
 - *Education*
 - *Information collection and confirmation*
 - *Contact identification*
 - *Conclusion of the interview*
 3. *Ways to confront and solve problems include:*
 - *Provide Information*
 - *Direct Challenge*
 - *Self-Involvement*
 - *Withdrawal of Reinforcement*

Facilitation Tips

Day 2: Contact Investigation Role Plays

	Slides	Facilitation Tips
Slide 1	 <p>Contact Investigation Role Plays</p> <p>1</p>	
Slide 2	 <p>Role Plays (1)</p> <p>The purpose of the role play is to</p> <ul style="list-style-type: none">• Gain practice interviewing a case• Receive performance feedback from facilitators and other participants <p>2</p>	<ul style="list-style-type: none">• Review slide content• Emphasize that the TB case, observer, and facilitator will all provide feedback to the interviewer

Role Plays (2)

- There are 3 roles that are played within each role play; TB case, interviewer, and observer
- During the exercise, each participant will have the opportunity to play each of the roles



TB Case
who is being interviewed



Health Care Worker
who interviews the case



Observer
who observes the role play and provides verbal and written feedback to the health care worker

3

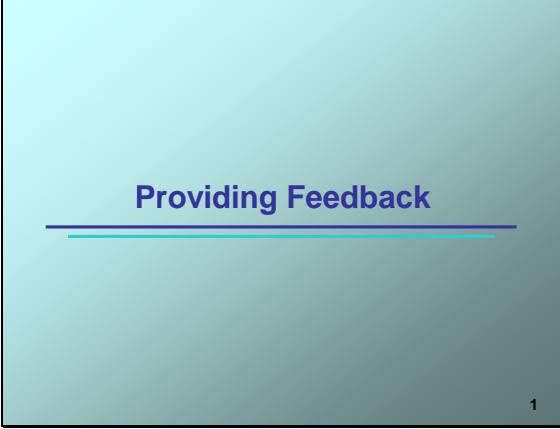
- Review slide content

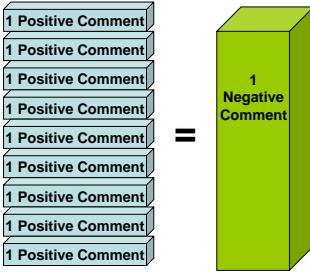
- **Note to facilitator:** state that participants will be given their role play assignments so that they can become familiar with their roles

- Mention that facilitator will also provide feedback on the role play

Facilitation Tips

Day 3: Providing Feedback

	Slides	Facilitation Tips
Slide 1	 <p>Providing Feedback</p> <hr/> <p>1</p>	<ul style="list-style-type: none">• <u>Note to facilitator:</u> If you have an exercise that can help explain the importance of providing constructive feedback, please feel free to include it during this session
Slide 2	<p>Why is Feedback Important?</p> <hr/> <ul style="list-style-type: none">• Essential to an individual's learning process• Provides the participant information about their performance they may not otherwise see• Gives the participant an opportunity to ask specifically how they can improve• Boosts confidence for someone who may not realize how good they really are! <p>2</p>	<ul style="list-style-type: none">• Review slide content• Explain that it is difficult to learn, improve a skill, or gain confidence without feedback

Slide 3	<p>Giving Feedback</p> <p><i>It takes 8 - 9 positive comments to undo the damage of 1 negative comment</i></p> 	<ul style="list-style-type: none"> • Review slide content
Slide 4	<p>Components of Constructive Feedback</p> <ol style="list-style-type: none"> 1. Actual behavior 2. Descriptive 3. Specific 4. Nonjudgmental 5. Invites a response 	<ul style="list-style-type: none"> • Review slide content • <u>Note to facilitator:</u> These components are covered in detail with the next slides
Slide 5	<p>1. Actual Behavior</p> <p>Comment on what the person does (behavior) and not what you think of them</p>	<ul style="list-style-type: none"> • Review slide content

Slide 6	<p>2. Be Descriptive</p> <hr/> <p>Use words that describe actions instead of adjectives about the person</p> <ul style="list-style-type: none"> • Appropriate: “I observed that you rarely paused while speaking” • Inappropriate: “You talk way too fast” • Appropriate: “I see you tend to keep your eyes on your notes” • Inappropriate: “You don’t seem very friendly” <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Review slide content
Slide 7	<p>3. Be Specific</p> <hr/> <ul style="list-style-type: none"> • Aimed at concrete, specific, <i>changeable</i>, behaviors • Things which can be focused on: <ul style="list-style-type: none"> — Rate of speech — Use of jargon — Technique — Content • Things not to focus on: <ul style="list-style-type: none"> — Speech qualities (e.g., high pitch, accent) — Nervousness — Physical challenges <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Review slide content • Emphasize that feedback should only be about changeable behaviors – never focus on physical challenges that are not changeable
Slide 8	<p>4. Nonjudgmental</p> <hr/> <ul style="list-style-type: none"> • Use “I” statements – not “You...” <ul style="list-style-type: none"> — “I see you have another way of doing it...” vs. “Your technique is wrong.” — “I wish you projected more and made eye contact” vs. “You looked depressed.” <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Review slide content

Slide 9	<p>5. Invite Response</p> <hr/> <ul style="list-style-type: none"> • “How do you think you did?” • “Would you have done anything differently?” <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content
Slide 10	<p>Order of Feedback</p> <hr/> <ol style="list-style-type: none"> 1. Start off positive: “I liked when...” <ul style="list-style-type: none"> – Emphasize strengths – Focus on unique contributions and creativity – Mention challenges that were handled well 2. Transition into areas needing improvement (1-3) <ul style="list-style-type: none"> – State what the improvement could be <ul style="list-style-type: none"> • Example: “I think you have a very pleasant voice. I wish you could project better so others can hear you.” 3. End with a summary and positive general statement <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Review slide content • State that “the sandwich approach” keeps comments positive in the beginning, constructive advice in the middle, and positive at the end
Slide 11	<p>Receiving Feedback</p> <hr/> <ul style="list-style-type: none"> • Accept feedback without being defensive • Listen to comments without interrupting • Accept feedback with appreciation – feedback is not easy to provide • Request further clarification if needed <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Review slide content

Slide 12	<p style="text-align: center;">Concluding Thoughts</p> <hr/> <ul style="list-style-type: none"> • Everyone brings unique experiences to the interviewing process • Your peers are the best teachers you will have – value their feedback <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> • Review slide content • Remind participants that to be an effective interviewer, it takes practice, practice, practice. Don't worry about making mistakes here. That is what we are here for. • Emphasize that this environment is safe to try new techniques
Slide 13	<p style="text-align: center;">TB Interview Demonstration by Facilitators</p> <hr/>  <p style="text-align: center;">13</p>	<ul style="list-style-type: none"> • Note to facilitator: This role play is to be demonstrated by the facilitators (Appendix S) <ul style="list-style-type: none"> ○ 35 minutes for the interview ○ 5 minutes for the interviewer self-assessment ○ 5 minutes for case/patient feedback ○ 10 minutes for observer/facilitator feedback ○ 30 minutes for group discussion

Facilitation Tips

Day 4: Meeting with Contacts for TB Assessment

	Slides	Facilitation Tips
Slide 1	<p style="text-align: center;">Meeting with Contacts for TB Assessment</p> <hr/> <p style="text-align: right;">1</p>	
Slide 2	<p style="text-align: center;">Learning Objectives</p> <hr/> <p>After this session, participants will be able to:</p> <ol style="list-style-type: none">1. Explain why contact assessments are conducted2. Explain how contacts are referred for assessment3. Explain what information needs to be obtained from a TB contact4. Describe how to maintain confidentiality when meeting with contacts <p style="text-align: right;">2</p>	<ul style="list-style-type: none">• Review slide content• Remind participants that the objectives of assessing contacts were covered in Day 1• Explain to participants that this session will continue focusing on effective communication skills when meeting with contacts

Slide 3	<p>Why Conduct a Contact Assessment?</p> <ol style="list-style-type: none"> 1. Determination of contacts' TB symptoms 2. Gathering of social and medical information 3. Referral or in-person testing for TB infection with a TST or IGRA 4. Provision of treatment as indicated <p style="text-align: center;">3</p>	<ul style="list-style-type: none"> • Review slide content
Slide 4	<p>How Are Contacts Referred for an Assessment?(1)</p> <ul style="list-style-type: none"> • Health department referral <ul style="list-style-type: none"> — Health care worker informs the contact about exposure and the need for a medical evaluation • Case referral <ul style="list-style-type: none"> — Case agrees to inform the contact about exposure and the need for a medical evaluation <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> • Review slide content • State that if case is going to do the referral, an agreement should be made on a timeline and follow-through if the timeline is not met • Referral process may vary by jurisdiction, thus it is important to follow local policy regarding referrals • Ask participants how contacts are referred in their jurisdiction
Slide 5	<p>How Are Contacts Referred for an Assessment? (2)</p> <ul style="list-style-type: none"> • The case should be given a choice of whether to inform contacts about their exposure to TB prior to health department referral process • Discuss referral options with case <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> • Review slide content

Slide 6	<p>When and How Should a Contact Assessment be Conducted?</p> <ul style="list-style-type: none"> The initial contact assessment should be within 3 working days of the contact having been identified Should be conducted in-person The investigator should use effective communication skills  <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> Review slide content Remind the participants that some of these slides will be a review of the process that they learned on Day 1
Slide 7	<p>How Do You Conduct the Contact Visit? (1)</p> <p>Introduce yourself and explain purpose of visit</p> <ul style="list-style-type: none"> Ask to speak to the contact Verify the contact's identity Ask to speak in privacy Inform the contact that the purpose of the visit is to discuss a health matter Discuss the contact's potential exposure to TB, but maintain the case's confidentiality <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> Review slide content Emphasize that it is important to confirm the identity of the contact. For example, there may be a "John Smith Senior" and "John Smith Junior" – if you don't verify age, you may be notifying the wrong person and breaking the other person's confidentiality Explain to the participants that it is important to inform the contact about your reason for meeting with them. The people you investigate have a right to know why they are being visited. Explain that the investigators should discuss potential exposure but maintain the case's confidentiality. Maintaining confidentiality is discussed more on the next few slides.

Slide 8	<p>How to Maintain the Case's Confidentiality When Meeting with a Contact</p> <ul style="list-style-type: none"> • Do not reveal the case's name • Use gender neutral language • Do not mention the name of the case's health care worker, place and dates of diagnosis, or hospitalization • Do not reveal specific dates or environment in which exposure occurred • Confidentiality should not be violated even if the contact refuses to be evaluated <p style="text-align: right;">8</p>	<ul style="list-style-type: none"> • Review slide content • Note that confidentiality is key to CI interviews and requires skill. Be aware that people will try creative ways to find out who the case is. • Share any examples you have had meeting with contacts and confidentiality challenges • Explain to the participants that they can achieve their goal by convincing contacts to act promptly and appropriately
Slide 9	<p>How to Maintain the Contact's Confidentiality</p> <ul style="list-style-type: none"> • Inform the contact that medical evaluations may be shared with health care workers who have a "need to know" • Assure the contact that their information will not be shared with family, friends, or others without consent • Stress that confidentiality is reinforced by local and state policies, statutes, and/or regulations <p style="text-align: right;">9</p>	<ul style="list-style-type: none"> • Review slide content • Mention that permission to reveal the case's name may be jurisdiction specific
Slide 10	<p>How Do You Conduct the Contact Visit? (2)</p> <ul style="list-style-type: none"> • Provide education on TB • Describe TB assessment process <ul style="list-style-type: none"> — Assess for TB symptoms — Administer TST/ IGRA or schedule an appointment • Ask questions to gather social and medical information to assess the contact's TB risk and further guide CI efforts • Identify barriers to care and treatment <p style="text-align: right;">10</p>	<ul style="list-style-type: none"> • Review slide content • Explain that asking additional questions about social information can help guide the CI efforts by potentially identifying additional contacts

Slide 11	<p>Educating the Contact about TB</p> <hr/> <ul style="list-style-type: none"> • Explain <ul style="list-style-type: none"> — The difference between LTBI and TB disease — The progression from LTBI to TB disease — Testing for TB infection <ul style="list-style-type: none"> • Initial test • Possibility for follow-up test • Stress the importance of taking LTBI treatment, if needed <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Review slide content
Slide 12	<p>Tips for Educating Contacts about TB</p> <hr/> <ul style="list-style-type: none"> • Have culturally and language-specific education materials available • Avoid using medical terms and recognize when to refer questions to appropriate personnel <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> • Review slide content
Slide 13	<p>Determination of Contacts' Potential TB Symptoms</p> <hr/> <p>During the initial assessment, all contacts with symptoms of TB disease should be medically examined immediately</p>  <p style="text-align: center;">13</p>	<ul style="list-style-type: none"> • Review slide content

Slide 14	<p>Referral or In-Person Testing for TB Infection with a TST or IGRA</p> <ul style="list-style-type: none"> Contacts should receive a TST or IGRA unless a previous, documented positive result exists A TST induration of 5 mm or larger is positive A contact with a <ul style="list-style-type: none"> Positive TST or IGRA should be medically examined for TB disease Negative TST or IGRA should be re-tested 8 to 10 weeks after date of last exposure (window period)  <p style="text-align: right;">14</p>	<ul style="list-style-type: none"> Review slide content Remind participants what the window period is (discussed on Day 1)
Slide 15	<p>Obtaining Social and Medical Information</p> <p>Key information to obtain from contacts:</p> <ul style="list-style-type: none"> Current TB symptoms (if any) and onset dates Previous LTBI or TB (and related treatment) Previous TST or IGRA results HIV status <ul style="list-style-type: none"> Offer HIV testing if status unknown Other medical conditions or treatments that increase TB risk Socio-demographic factors <p style="text-align: right;">15</p>	<ul style="list-style-type: none"> Review slide content Explain that if no documentation of previous LTBI or TB treatment/results exists, the test will need to be repeated
Slide 16	<p>Provision of Treatment</p> <ul style="list-style-type: none"> The decision to test a contact should be considered a commitment to treat Contacts with a positive TST or IGRA should be offered LTBI treatment <ul style="list-style-type: none"> Once TB disease is excluded Regardless of whether they received BCG vaccine in the past Unless there is a compelling reason not to treat Contacts with TB disease need to be treated under DOT <p style="text-align: right;">16</p>	<ul style="list-style-type: none"> Review slide content Remind participants of the importance of treatment, and that a decision to test is a decision to treat Explain that a compelling reason not to treat someone with LTBI would be if the person has hepatitis or end-stage liver disease Note that IGRAs are not influenced by BCG

Slide 17	<p>Reminder: Communication Tips</p> <ul style="list-style-type: none"> • Two-way communication is essential to ensure the contact <ul style="list-style-type: none"> — Understands the information — Appreciates the seriousness of the situation • Be sure to <ul style="list-style-type: none"> — Use open-ended questions — Reinforce the contact's understanding by asking him or her to explain your message <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> • Review slide content
Slide 18	<p>Meeting with a Contact: Demonstration by Facilitators</p>  <p style="text-align: center;">18</p>	<ul style="list-style-type: none"> • Note to facilitator: This demonstration should be between you and another facilitator. The main purpose is to demonstrate how to maintain confidentiality even when a contact is being persistent in trying to identify how they may have been exposed <ul style="list-style-type: none"> ○ One facilitator should play the interviewer and one should play the contact ○ The interviewer should introduce themselves and explain the purpose of the contact assessment meeting ○ The contact should try and get the interviewer to reveal the name of the case • Time: 5-10 minutes
Slide 19	<p>Meeting with a Contact Exercise</p> <p>Refer to Appendix U</p>  <p style="text-align: center;">19</p>	<ul style="list-style-type: none"> • Note to facilitator: Refer to instructions provided in Appendix U • Have participants pair up and practice meeting with a contact • Time: 20 minutes

Review

- 1. Why are contact assessments conducted?**
- 2. How are contacts referred for assessment?**
- 3. What information needs to be obtained from a TB contact?**
- 4. How can confidentiality be maintained when meeting with contacts?**

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- Review slide content
- **Note for facilitator:** Answers to review questions:
 1. *Contact assessments are conducted because it allows for:*
 - *Determination of contacts' potential TB symptoms*
 - *Obtaining social and medical information*
 - *Referral or in-person testing for TB infection with a TST or IGRA*
 - *Provision of treatment as indicated*
 2. *Contacts are referred by the health department or by the case*
 3. *Information to obtain from the case includes:*
 - *Current TB symptoms (if any) and onset dates*
 - *History of previous TB exposure or TST/IGRA*
 - *History of previous LTBI or TB disease treatment*
 - *HIV status*
 4. *Ways to maintain confidentiality include:*
 - *Do not reveal case's name*
 - *Use gender neutral language*
 - *Do not reveal specific details*

Facilitation Tips

Day 4: Special Circumstances

	Slides	Facilitation Tips
Slide 1	<p>Special Circumstances</p> <hr/> <p>1</p>	
Slide 2	<p>Learning Objectives</p> <hr/> <p>After completing this session, participants will be able to:</p> <ol style="list-style-type: none">1. Decide when to use a proxy for an interview2. Explain how to work with the management of congregate settings3. List two strategies for working with the media during a contact investigation <p>2</p>	<ul style="list-style-type: none">• Review slide content

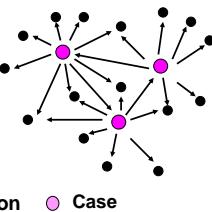
Slide 3	<p>Conducting Interviews with Persons Other than the Case</p> <hr/> <p style="text-align: center;">3</p>	
Slide 4	<p>Proxy Interviews</p> <hr/> <p style="text-align: center;">4</p>	<ul style="list-style-type: none"> Ask participants if they know what a proxy interview is
Slide 5	<p>What is a Proxy Interview?</p> <hr/> <p>A proxy interview is when a person is interviewed in place of the case.</p> <p style="text-align: center;">5</p>	<ul style="list-style-type: none"> Read the definition of a proxy interview Ask participants to share any experiences they have had interviewing a proxy

Slide 6	<p>When to Use Proxy?</p> <p>Proxies are used when a case cannot be interviewed because they are</p> <ul style="list-style-type: none"> • A child • Physically or mentally unable to communicate • Deceased • Unable to be located  <p style="text-align: center;">6</p>	<ul style="list-style-type: none"> • Review slide content • Stress that a contact investigation will occur even if it is not possible to interview the case • Ask participants if they can think of other circumstances a proxy would be appropriate to use
Slide 7	<p>Who is an Appropriate Proxy? (1)</p> <p>An appropriate proxy is someone who</p> <ul style="list-style-type: none"> • Knows the case's practices, habits, and behaviors • Is able to identify persons whom the case has been in contact with <p style="text-align: center;">7</p>	<ul style="list-style-type: none"> • Review slide content
Slide 8	<p>Who is an Appropriate Proxy? (2)</p> <p>An appropriate proxy can be:</p> <ul style="list-style-type: none"> • A family member • A close friend • Someone else who knows the case well <ul style="list-style-type: none"> — In congregate settings, the proxy may not have personal knowledge of the case, but may have access to documentation about the case. <p style="text-align: center;">8</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants if they can think of other appropriate proxies • Note that family members who visit the case in the hospital or at home regularly or are designated as next of kin or emergency contacts are the best choice • Provide an example of a congregate setting proxy interview: In a correctional setting, if a case has been released and cannot be located, a worker within the setting may be able to provide information on contacts based on records of the inmate's locations during incarceration and his or her documented routine

Slide 9	<p>What Information Should be Gathered from a Proxy?</p> <hr/> <ul style="list-style-type: none"> • Where the case spent time • Who the case spent time with • What activities the case participated in <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> • Review slide content • Ask participants for examples of other information they may need to collect from a proxy • Emphasize that needed information relates to the case's infectious period (i.e., you want to know where the case spent time while infectious)
Slide 10	<p>Maintaining Confidentiality</p> <hr/> <p>Proxies should be educated about</p> <ul style="list-style-type: none"> • His or her responsibility to keep the case's information confidential • The health department's confidentiality policy <p style="text-align: center;">10</p>	<ul style="list-style-type: none"> • Review slide content • Explain that because proxy interviews have the potential to jeopardize case confidentiality, it is important for interviewer to discuss the importance of maintaining confidentiality
Slide 11	<p>When NOT to Use a Proxy Interview</p> <hr/> <ul style="list-style-type: none"> • Proxies should not be used simply because the case <ul style="list-style-type: none"> — Is unwilling to be interviewed — Speaks a different language than the interviewer  <p style="text-align: center;">11</p>	<ul style="list-style-type: none"> • Review slide content • Note that an interpreter should be used when necessary (for example, the interviewer and the case do not speak the same language)

Slide 12	<p>Source Case Investigations</p> <hr/> <p style="text-align: center;">12</p>	<ul style="list-style-type: none"> Ask participants if they know what a source case investigation is
Slide 13	<p>What is a Source Case?</p> <hr/> <p>A source case is a person with TB disease who is responsible for transmitting <i>M. tuberculosis</i> to another person or persons.</p> <p style="text-align: center;">13</p>	<ul style="list-style-type: none"> Review slide content
Slide 14	<p>What is a Source Case Investigation?</p> <hr/> <p>A source case investigation is a method of identifying source cases of TB disease.</p> <p style="text-align: center;">14</p>	<ul style="list-style-type: none"> Review slide content Ask participants if they have ever conducted a source case investigation

Slide 15	<p>When to Conduct a Source Case Investigation</p> <hr/> <ul style="list-style-type: none"> Source-case investigations should be considered for <ul style="list-style-type: none"> Children younger than 5 years of age who have TB disease Children younger than 2 years of age who have LTBI Health care workers whose serial testing indicates recent transmission  <p style="text-align: right;">15</p>	<ul style="list-style-type: none"> Review slide content Note that source case investigations for children with LTBI are generally not very productive
Slide 16	<p>Procedures for a Source Case Investigation</p> <hr/> <ul style="list-style-type: none"> Use the same procedures as a standard contact investigation, but in the opposite direction. The case or guardians are the best informants. Focus on associates who have symptoms of TB disease. Begin with the closest associates such as household members. <p style="text-align: right;">16</p>	<ul style="list-style-type: none"> Review slide content Explain that source case work in the opposite direction as a contact investigation, but that the same principles still apply Mention to participants to remember child care providers and frequent visitors
Slide 17	<p>Social Networks</p> <hr/> <p style="text-align: right;">17</p>	

Slide 18	<p>What is a Social Network?</p> <ul style="list-style-type: none"> A social network is a group of people connected by common behavior/activities <ul style="list-style-type: none"> Drug use Gathering places (e.g., church, work, bars) Other connections that promote disease transmission Focuses on groups and places rather than individuals  <p>18</p>	<ul style="list-style-type: none"> Review slide content Explain that social network in this context is not the same thing as social network sites such as Facebook or MySpace
Slide 19	<p>Why Use a Social Network Strategy for a TB Contact Investigation?</p> <ul style="list-style-type: none"> Complements the traditional CI approach by interviewing contacts for more information related to potential TB transmission Helps narrow or expand CI activities by <ul style="list-style-type: none"> Identifying groups of contacts that might be infected because of common activities and/or locations Identifying possible places of transmission (exposure settings) Helps to detect and stop outbreaks <p>19</p>	<ul style="list-style-type: none"> Review slide content Note that sometimes contacts and the case may not even know each other (e.g., they might just both go to the same bar at the same time everyday). It is important to look outside the case's circle of friends.
Slide 20	<p>When to Use Social Network Strategies?</p> <ul style="list-style-type: none"> There are gaps in information provided by case Epidemiology indicates transmission is ongoing There is insufficient locating information for contacts <ul style="list-style-type: none"> Homeless populations, drug partners, full name of contact not known, etc. There are gaps in exposure dates <p>20</p>	<ul style="list-style-type: none"> Review slide content Explain that the case may be unclear or withholding information, so talking to contacts can help provide more information related to potential TB transmission

Slide 21

How is the Social Networking Strategy Implemented for CI?

- Interview the case and contacts to increase an understanding of who is part of the “social network”
- Use the information from various interviews to identify commonly named
 - Locations of exposure
 - Contacts
- Conduct a field visit at commonly named sites and assess commonly named contacts

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- Review slide content
- Explain to the participants that sometimes actual names may not all be the same, as some cases may identify contacts by nicknames, a first name, or by physical description. Sort cases by first name and look for persons who may be mentioned several times (e.g., Dave, David, Davey or Rich, Richie, Ricco, Richard, Dick).
- Explain to the participants that further details can be noted and more field visits conducted to common exposure sites. The field visits should be conducted per health department guidelines on congregate-setting investigations. However, if the congregate setting is social in nature, it may take the interviewer several visits to determine the pattern of social mixing, who frequents the setting, and who are the appropriate individuals from whom to gain additional information. Again, this process should be completed while only revealing the name of the case per health department standards of practice.

Slide 22

What Types of Questions to ask in Social Network Interview?

- What kind of activities are you involved in?
- Who do you know who has been coughing or may have TB?
- Where do you like to spend your time/hangout?
- Who are your closest friends?

22

- Review slide content

Slide 23	<h2 style="text-align: center;"><u>Congregate Settings</u></h2> <p style="text-align: right;">23</p>	<ul style="list-style-type: none"> Ask participants if they can define a congregate setting
Slide 24	<p style="text-align: center;"><u>What is a Congregate Setting?</u></p> <p>A congregate setting is a setting in which a group of usually unrelated persons reside, meet, or gather either for a limited or extended period of time in close physical proximity.</p> <p style="text-align: right;">24</p>	<ul style="list-style-type: none"> Read definition of congregate setting Ask participants for examples of congregate settings
Slide 25	<p style="text-align: center;"><u>Examples of Congregate Settings (1)</u></p> <ul style="list-style-type: none"> Schools Nursing homes Correctional facilities Places of worship Hospitals Shelters Social settings Workplace settings  <p style="text-align: right;">25</p>	<ul style="list-style-type: none"> Cover any settings that were not mentioned by the participants Examples of additional congregate settings: day care, adult care facilities

Slide 26

Examples of Congregate Settings (2)

Adolescents	Adults	Elderly
House of Worship	House of Worship	House of Worship
Hospital	Hospital	Hospital
Work	Work	Work
School	School	
Juvenile Detention Center	Correctional Facilities	Correctional Facilities
	Drug Treatment Center	
Shelters	Shelters	Shelters
		Long Term Care

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- Explain that sometimes based on the age of the case, you can identify a list of potential congregate settings that may be applicable to the case
- Review slide content
- Ask participants if they agree with this list and if they can think of other age-specific examples
- Additional examples: senior centers, bars, etc.

Slide 27

What Are Some Challenges for Contact Investigations in Congregate Settings?

- Collaboration with officials and administrators unfamiliar with TB
- Legal implications
- Media coverage
- Substantial number of contacts
- Incomplete information regarding contact names and location
- Incomplete data for determining priorities
- Difficulty in maintaining confidentiality

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*** Animated slide ***

- Ask participants to name some challenges they have encountered while conducting CIs in congregate settings
- Click to display slide content
- Review slide content

Slide 28	<p>Working with Congregate Setting Management</p> <p>When a CI is needed in a congregate setting, it is important to communicate effectively and immediately begin to build trust and rapport with the management.</p> <ul style="list-style-type: none"> • Initial notification of the need for a CI can occur by telephone <ul style="list-style-type: none"> — Do not provide specific case information and risk violating medical privacy • An in-person meeting to discuss CI process should be scheduled <p style="text-align: center;">28</p>	<ul style="list-style-type: none"> • Review slide content • Explain that the initial notification should occur by telephone because mail is too slow, impersonal, and unreliable. Also, unscheduled visits or emails are generally inappropriate ways to notify management. • Explain that an in-person meeting should be scheduled after initial telephone notification because: <ul style="list-style-type: none"> ○ Providing case information over the telephone risks violating medical privacy ○ The telephone is an inappropriate means to provide TB education ○ In a very brief period of time on the telephone, health care worker must project a sense of professionalism, sensitivity, and expertise • Stress that it is important to start building trust and rapport early on. If the management of the congregate setting does not trust you or the health department, it will not be easy to work with them in the future
Slide 29	<p>What Should Occur at the Initial Meeting? (1)</p> <p>Agenda items to discuss:</p> <ul style="list-style-type: none"> • Provide basic TB education • Discuss potential media interest • Discuss confidentiality issues <ul style="list-style-type: none"> — In some situations, the case's identity may be released to management. If so, obtain signed confidentiality agreement • Discuss case information (e.g., medical status, infectiousness) <p style="text-align: center;">29</p>	<ul style="list-style-type: none"> • Review slide content

Slide 30	<p>What Should Occur at the Initial Meeting? (2)</p> <hr/> <p>Agenda items to discuss (continued)</p> <ul style="list-style-type: none"> • Explain infectious period • Conduct site tour • Determine total number of individuals in setting • Explain process of identifying and testing contacts <ul style="list-style-type: none"> — Provision of TB education — Explanation of testing — Who will be administering tests — Where testing will take place — Follow-up testing <p style="text-align: right;">30</p>	<ul style="list-style-type: none"> • Review slide content • Explain that the site tour should include looking at factors such as: <ul style="list-style-type: none"> ○ Volume of shared air space ○ Adequacy of ventilation ○ Re-circulated air ○ Upper room ultraviolet light (if applicable)
Slide 31	<p>What are the Steps for Conducting the CI for a Congregate Setting?</p> <hr/> <ul style="list-style-type: none"> • Identify and prioritize contacts to be assessed <ul style="list-style-type: none"> — Can be challenging to limit to high priority contacts • Assess contacts <ul style="list-style-type: none"> — Most convenient approach: on-site — Alternative approach: at the health dept. with additional personnel and extended hours — Last resort: notify contacts to seek TB evaluation with own healthcare provider <p style="text-align: right;">31</p>	<ul style="list-style-type: none"> • Review slide content • Explain that it can be difficult to track results if contacts seek evaluation with their own providers
Slide 32	<p>Working with Congregate Settings: Correctional Facilities</p> <hr/> <ul style="list-style-type: none"> • Establish collaboration between the correctional facility and the health department • Identify priority contacts who have been transferred, released, or paroled • Unless follow-up supervision can be arranged, there is a possibility of low completion rate  <p style="text-align: right;">32</p>	<ul style="list-style-type: none"> • Review slide content • Explain that when conducting a site visit at a correctional facility, investigators should assess the size and ventilation of cells, review work assignments, and identify activities of prison staff and prisoners

Slide 33	<p>Working with Congregate Settings: Workplaces</p> <ul style="list-style-type: none"> Duration and proximity of exposure can be greater than in other settings Details to gather from the case during the initial interview include <ul style="list-style-type: none"> Employment hours Working conditions Workplace contacts Occasional customers are not a priority <p style="text-align: right;">33</p>	<ul style="list-style-type: none"> Review slide content
Slide 34	<p>Working with Congregate Settings: Health Care Settings</p> <ul style="list-style-type: none"> Majority of hospitals and other health care settings test employees for TB infection on regular basis Plan CI jointly with health care settings <ul style="list-style-type: none"> Responsibilities should be divided between occupational health and TB program <p style="text-align: right;">34</p>	<ul style="list-style-type: none"> Review slide content Mention that during a CI involving hospital employees, shifts, and work areas should be identified Explain that visitors and roommates might also be considered contacts Note that sometimes hospitals have their own protocols for TB
Slide 35	<p>Working with Congregate Settings: Schools</p> <ul style="list-style-type: none"> Early collaboration with school officials and community members is recommended Issues of consent and disclosure of information more complex for minors Establish and focus on priority contacts rather than testing the whole school <ul style="list-style-type: none"> Be aware of possible political pressure <p style="text-align: right;">35</p>	<ul style="list-style-type: none"> Review slide content Mention that information needs to be collected on potential exposure: <ul style="list-style-type: none"> Number and duration of classes Transportation Social clubs and teams Cafeteria Explain that with schools, sometimes parents can become very concerned and demand that everyone should be tested (even if they wouldn't normally be considered 'true contacts')

Slide 36	<p>Working with Congregate Settings: Homeless Shelters</p> <hr/> <ul style="list-style-type: none"> • Challenges include <ul style="list-style-type: none"> — Locating cases and contacts — Mental illness — Periodic incarceration — Migration between jurisdictions • Site visits and interviews are crucial • Work with administrators to offer onsite treatment <p style="text-align: right;">36</p>	<ul style="list-style-type: none"> • Review slide content
Slide 37	<p>Working with the Media</p> <hr/> <p style="text-align: right;">37</p>	
Slide 38	<p>Possible Situations for News Coverage</p> <hr/> <ul style="list-style-type: none"> • Certain Cls have potential for sensational news coverage • Examples include Cls that <ul style="list-style-type: none"> — Involve numerous contacts (especially children) — Occur in public settings — Occur in workplaces — Are associated with TB fatalities — Are associated with drug-resistant TB <p style="text-align: right;">38</p>	<ul style="list-style-type: none"> • Review slide content • <i>Ask participants</i> if they have ever had TB contact investigations that generated a lot of media interest

Slide 39	<p>Reasons for Participating in News Media Coverage (1)</p> <hr/> <ul style="list-style-type: none"> • Educates the public about TB • Reminds the public of the continued presence of TB and the importance of public health efforts • Provides another method to alert exposed contacts for the need to seek a medical evaluation • Relieves public fears regarding TB <p style="text-align: right;">39</p>	<ul style="list-style-type: none"> • Review slide content • Mention that media coverage may result in an influx of worried-well • Emphasize that each agency has their own policy for speaking to the media; most government employees are not allowed to speak to the media unless they are granted permission
Slide 40	<p>Reasons for Participating in News Media Coverage (2)</p> <hr/> <ul style="list-style-type: none"> • Illustrates health department leadership in communicable disease control • Guides public inquiries to the health department • Validates the need for public resources to be directed to disease control  <p style="text-align: right;">40</p>	<ul style="list-style-type: none"> • Review slide content • Mention that participants should be prepared to provide timely and accurate information to a spokesperson
Slide 41	<p>Potential Drawbacks to News Coverage</p> <hr/> <ul style="list-style-type: none"> • May increase public anxiety • Persons may seek unnecessary medical care • Could contribute to unfavorable views of the health department • Could contribute to the spread of misinformation • Unintended disclosure of confidential information <p style="text-align: right;">41</p>	<ul style="list-style-type: none"> • Review the slide content

Slide 42	<p>Strategy for News Coverage</p> <hr/> <ul style="list-style-type: none"> • Prepare media messages • Develop communication objectives • Issue news release in advance of any other media coverage • Collaborate with partners outside the health department  <p>42</p>	<ul style="list-style-type: none"> • Review slide content • Remind participants that there may be a designated staff member at the health department who deals with media inquiries • Inform participants that a good resource is the CDC Crisis Emergency Risk Communication by Leaders for Leaders: http://emergency.cdc.gov/cerc/pdf/leaders.pdf
Slide 43	<p style="text-align: center;">Review</p> <hr/> <p style="text-align: center;">43</p>	

Slide 44

Review

1. What is a proxy interview?
2. Who is considered an appropriate proxy?
3. What should be discussed with the management of a congregate setting if one of their clients has been diagnosed with TB disease?

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- Review slide content
- **Note to facilitator:** Answers to review questions:
 1. *A proxy interview is when a person is interviewed in place of the case.*
 2. *An appropriate proxy is someone who knows the case's practices, habits, and behaviors and is able to identify persons whom the case has been in contact. Examples include:*
 - *Family member*
 - *Close friend*
 - *Someone else who knows the case well*
 3. *Items to discuss with congregate settings management may include:*
 - *Describe purpose of meeting*
 - *Provide basic TB education*
 - *Discuss potential media interest*
 - *Discuss confidentiality issues*
 - *Discuss case information*
 - *Explain infectious period*
 - *Conduct site tour*
 - *Determine total number of individuals in setting*
 - *Explain process of identifying and testing contacts*

Slide 45

Role Plays

Refer to Appendix V

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- Inform participants that they will be broken into different groups and will conduct role plays regarding the following situations:
 1. *School*
 2. *Homeless shelter director*
 3. *Proxy interview*
- Refer participants to Appendix V for further instructions