

**Pre-Test****Multiple Choice**

1. What is included in the systematic approach to a TB contact investigation?
  - a. Assessing and managing priority contacts
  - b. Evaluating contact investigation activities
  - c. Conducting field visits
  - d. Interviewing the TB case
  - e. All of the above
  
2. What characteristics are used to assign priority level to contacts?
  - a. Age
  - b. Immune status
  - c. Extent of TB exposure
  - d. TB symptoms
  - e. All of the above
  
3. After ruling out TB disease through a medical evaluation, which contacts should be considered for prophylactic treatment even if they have a negative test for TB infection?
  - a. Children younger than 5 years of age
  - b. Healthy adults
  - c. Persons living with HIV/AIDS
  - d. College students
  - e. A and C
  
4. If the case and the interviewer do not speak the same language, who should be brought in to interpret during the interview?
  - a. A neighbor
  - b. The case's spouse
  - c. A trained interpreter
  - d. A family member
  - e. All of the above

**True or False**

5. If a contact has had the BCG vaccine in the past and they test positive on the TB skin test, they do not require further evaluation for TB.
  - a. True
  - b. False
  
6. "Who stays in your home with you?" is an open-ended question.
  - a. True
  - b. False

7. A contact who has an initial negative test for TB infection should have a second skin test done 8 to 10 weeks after their last exposure to the TB case.
  - a. True
  - b. False
  
8. A contact investigation is the responsibility of the health department.
  - a. True
  - b. False
  
9. A contact investigation is always necessary for TB cases with noninfectious forms of TB disease.
  - a. True
  - b. False
  
10. The main goal of the TB interview is to identify contacts.
  - a. True
  - b. False

## Answers to Pre-Test

### Multiple Choice

1. What is included in the systematic approach to a TB contact investigation?
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### True or False

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  - a. True
  - b. False
  
10. The main goal of the TB interview is to identify contacts.
  - a. True
  - b. False

## Pre-Course Self-Assessment of Interviewing Skills Evaluation Form

This course is designed to build TB interviewing skills. Indicate the skill level you currently have before taking this course. You will be asked to complete this form again after you have finished the course. Please respond to the following statements by circling the appropriate number of your response (from the rating scale below) in the spaces to the right of each statement.

**1 - Strongly Disagree   2 - Disagree   3 - Agree   4 - Strongly Agree**

During an interview I am currently able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Build trust and rapport with a TB case	1	2	3	4
2. Listen actively	1	2	3	4
3. Use open-ended questions	1	2	3	4
4. Communicate at the case's level of comprehension	1	2	3	4
5. Display nonjudgmental behavior	1	2	3	4
6. Utilize flexibility in the interview process	1	2	3	4
7. Recognize the need to stop and reschedule a stalled interview	1	2	3	4
8. Identify and address case concerns	1	2	3	4
9. Recognize and address verbal cues	1	2	3	4
10. Recognize and address nonverbal cues	1	2	3	4
11. Maintain control of the interview	1	2	3	4
12. Identify and resolve communication barriers	1	2	3	4
13. Determine an infectious period	1	2	3	4
14. Determine how to prioritize contacts	1	2	3	4

15. How long (e.g., years or months) have you been conducting contact investigation interviews for your job?

16. Prior to attending this course, have you been trained to conduct contact investigation interviews? If so, what type of training did you receive (e.g., self-study, on the job training)?

## **Icebreaker – Who Am I?**

### **Instructions for Facilitator**

This activity is a fun way for participants to get to know their fellow classmates. It also teaches the importance of good communication skills needed to conduct effective contact investigation interviews.

#### **Pre-Training Work**

Before the course, write the names of characters, actors, actresses, and other personalities on index cards. Make sure there are enough cards so that each participant receives one.

#### **How to Play:**

1. Tape one index card on each person's back, but don't let him or her see the name written on the card.
2. Once each participant has an index card taped to their back, he or she must go around to the other people in the room and ask them close-ended questions (i.e., “yes” or “no”) about the person whose name is on the card. Questions such as "Am I a man?," "Am I famous?," or "Am I an actor?" are typical.
3. Give the group 5-10 minutes to complete the activity. Once a participant correctly guesses the name, he or she may remove the card from their back.
4. At the end of 10 minutes, if anyone still has a card on their back, the person can start asking open-ended questions to the rest of the group (e.g., “What am I known for?,” “What is my hair color?,” or “What is my first name?”).
5. Discuss how this exercise relates to the interviewing skills participants will be learning throughout this course (i.e., the benefits of using open-ended questions vs. closed-ended questions and the amount of information that can be elicited).

## **Icebreaker – Who Am I?**

This activity is a fun way to get to know fellow classmates. It also teaches the importance of good communication skills needed to conduct effective contact investigation interviews.

### **How to Play:**

- 1.** A course facilitator will tape an index card on your back with the name of a famous person. Do not look at the card.
- 2.** Visit other people in the room and ask them closed-ended questions (i.e., “yes” or “no”) about the person whose name is on your card. Questions such as "Am I a man?," "Am I famous?," or "Am I an actor?" are typical.
- 3.** Once you correctly guess the name, you may remove the card from your back.
- 4.** At the end of 10 minutes, if you still have a card on your back, you can start asking open-ended questions to the rest of the group (e.g., “What am I known for?,” “What is my hair color?,” or “What is my first name?”).

**PLEASE PRINT OR TYPE ALL INFORMATION!**

<b>NJDHSS USE ONLY:</b>	Date Counted: _____	Final Dx (Check one):	<input type="checkbox"/> + Sputum Smear	<input type="checkbox"/> Neg. Sputum Smear/+ Sputum Culture
			<input type="checkbox"/> Pulm-Other-Cul	<input type="checkbox"/> Pulm-Clinical <input type="checkbox"/> Extra-Pulm

**New Jersey Department of Health and Senior Services  
TB Program  
PO Box 369, Trenton, NJ 08625-0369**

**RECORD OF CONTACT INTERVIEW**

Initial     Interim     Final  
 No Contacts Identified     Interview Not Done

TB-70 #
Date Reported

Name: Last	First	MI	Street Address		
City	County	Zip Code	Date of Birth	Telephone Number	
Name of Employer/School/Congregate Setting			Address		
Telephone Number of Employer/School/Congregate Setting			Occupation		
Date of Interview	Date of Reinterview	Infectious Period: From: _____ To: _____		Reason for Interview <input type="checkbox"/> Case <input type="checkbox"/> Suspect <input type="checkbox"/> Child <5 Years Old	

CONTACT INFORMATION						EXAMINATION RESULTS					Remarks
Last Name, First Name Address/Telephone Number	Nature of Contact (Codes 1-8)	DOB and/or Age	Sex	For- eign Born	Last Exposure Date	Date Done	Date Done	X-Ray Date	Therapy Date	Completed Rx Date or Incomplete Code A-G	
						Results	Results	Results	Meds (K-P)		
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				

Name and Title of Interviewer	Agency Name
Signature	Date Submitted
Agency Telephone Number	
Reviewed by NJDHSS (Initials and Date)	

**NATURE OF CONTACT:** 1-Household 2-Worksite 3-School 4-Jail/Prison 5-Health Care Facility 6-Social 7-Shelter 8-Other  
**MEDS:** K-INH L-RIF M-INH or RIF Intermittent N-Special Regimen (MDR) O-Other LTBI Rx P-Rx for TB Case/Suspect  
**RX INCOMPLETE:** A-Death B-Moved, Records Referred C-Active TB D-Adverse Effects E-Refused F-Lost G-Provider Decision

## RECORD OF CONTACT INTERVIEW, Continued

TB-70 #

Name: Last		First			MI		County				
CONTACT INFORMATION						EXAMINATION RESULTS					Remarks
Last Name, First Name Address/Telephone Number	Nature of Contact (Codes 1-8)	DOB and/or Age	Sex	For- eign Born	Last Exposure Date	Date Done	Date Done	X-Ray Date	Therapy Date	Completed Rx Date or Incomplete Code A-G	
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			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
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			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm	<input type="checkbox"/> QFT- <input type="checkbox"/> QFT+ mm				

**NATURE OF CONTACT:** 1-Household 2-Worksite 3-School 4-Jail/Prison 5-Health Care Facility 6-Social 7-Shelter 8-Other  
**MEDS:** K-INH L-RIF M-INH or RIF Intermittent N-Special Regimen (MDR) O-Other LTBI Rx P-Rx for TB Case/Suspect  
**RX INCOMPLETE:** A-Death B-Moved, Records Referred C-Active TB D-Adverse Effects E-Refused F-Lost G-Provider Decision

TB-41  
MAR 09

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## Decision to Initiate a Contact Investigation

You are a clinical TB case manager at a busy clinic. Three new TB cases have been assigned to you. Indicate which cases require you to start a contact investigation (CI) and note the reason for your decision.

Case	Yes, Start a CI	No, Do Not Start a CI	Reason
<p>1. Mr. Jones is a 35 year-old postal worker who was diagnosed with extrapulmonary TB of the kidneys (with no pulmonary involvement). He lives with his wife in a small house in the suburbs.</p>			
<p>2. Mr. Parker is a 72 year-old widower who lives alone on the south side of town. His brother and sister-in law frequently come in from their farm to stay with him. He was recently evaluated by his physician because he complained of a productive cough, shortness of breath, fatigue, and weight loss. He is sputum smear-positive. His chest x-ray shows a cavity in the right upper lobe. He started a four-drug regimen. Cultures are pending.</p>			
<p>3. Mrs. Santino is a 25 year-old woman who was seen at your clinic because of shortness of breath, a weak non-productive cough, fatigue, and weight loss. She is a recent immigrant from Mexico with a positive IGRA. Her sputum smear is positive and she has no cavities on chest x-ray. She lives with her husband in a small apartment. She started a four-drug regimen. Her cultures are still pending.</p>			

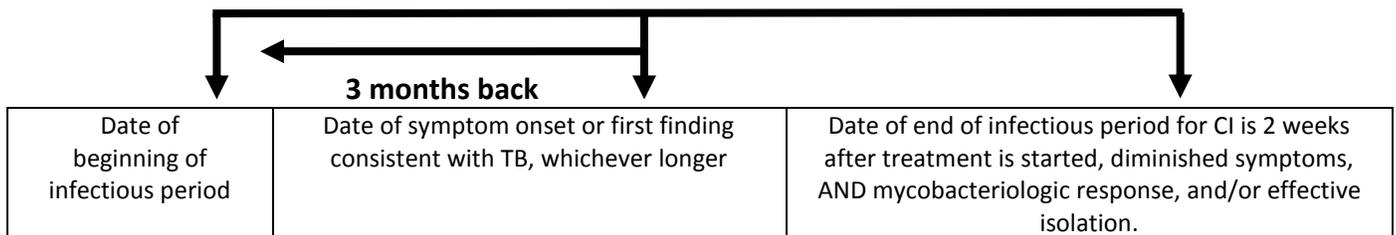
## Answers to Decision to Initiate a Contact Investigation

You are a clinical TB case manager at a busy clinic. Three new TB cases have been assigned to you. Indicate which cases require a contact investigation (CI) and note the reason for your decision.

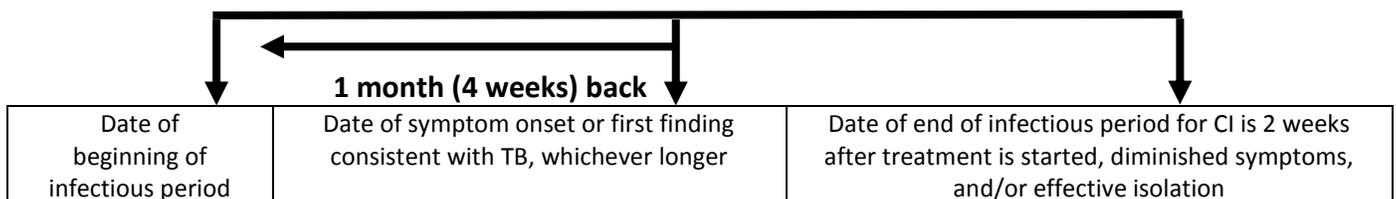
Case	Yes, Start a CI	No, Do Not Start a CI	Reason
1. Mr. Jones is a 35 year-old postal worker who was diagnosed with extrapulmonary TB of the kidneys (with no pulmonary involvement). He lives with his wife in a small house in the suburbs.		<b>X</b>	<b>Mr. Jones has extrapulmonary TB disease.</b>
2. Mr. Parker is a 72 year-old widower who lives alone on the south side of town. His brother and sister-in law frequently come in from their farm to stay with him. He was recently evaluated by his physician because he complained of a productive cough, shortness of breath, fatigue, and weight loss. He is sputum smear-positive. His chest x-ray shows a cavity in the right upper lobe. He started a four-drug regimen. Cultures are pending.	<b>X</b>		<b>Mr. Parker has cavitary TB disease and is sputum smear positive.</b>
3. Mrs. Santino is a 25 year-old woman who was seen at your clinic because shortness of breath, a weak non-productive cough, fatigue, and weight loss. She is a recent immigrant from Mexico with a positive IGRA. Her sputum smear is positive and she has no cavities on chest x-ray. She lives with her husband in a small apartment. She started a four-drug regimen. Her cultures are still pending.	<b>X</b>		<b>Since Mrs. Santino is suspected of having TB with positive sputum smears and no cavity, preliminary information about contacts should be collected to determine if any contacts are at high risk for developing TB disease. If the culture grows out <i>M. tuberculosis</i>, a full CI should continue.</b>

## Determining the Infectious Period

For TB cases/suspects with symptoms, positive smears, and/or cavitory disease



For TB cases/suspects with no symptoms, negative smears, and non-cavitory disease



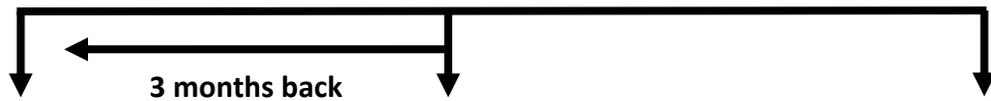
Calculate the infectious period for the following TB cases/suspects.

Period of Infectiousness			TB Case/Suspect Information
Date of symptom onset or first finding consistent with TB, whichever longer	Date of beginning of infectious period	Date of end of infectious period	
			1. John is a 42 year-old man who was hospitalized on Dec. 4 <sup>th</sup> with symptoms of fever, night sweats, and cough. As a result, he was placed in airborne infection isolation for two weeks. On the same date (Dec. 4 <sup>th</sup> ), AFB sputum smears were collected and reported as positive with final cultures pending. Chest x-rays were taken on Dec. 4 <sup>th</sup> and reported as abnormal with cavitory disease. John was diagnosed with suspected pulmonary TB with appropriate treatment started on Dec. 5 <sup>th</sup> . John states that he started coughing around Nov. 6 <sup>th</sup> . His symptoms resolved on Dec. 24 <sup>th</sup> . Three consecutive sputum AFB smears were not negative until Feb. 10 <sup>th</sup> .
			2. George, a 25 year old man, was admitted to the hospital on March 10 <sup>th</sup> as a result of a cough of unknown duration. Chest x-rays taken on March 10 <sup>th</sup> were reported as abnormal with non-cavitory disease. Sputum samples collected on March 11 <sup>th</sup> were reported as AFB positive with final cultures pending. George was diagnosed with suspected pulmonary

			<p>TB and was placed in airborne infection isolation on March 12<sup>th</sup> when appropriate TB treatment was initiated. George reported that he had been experiencing a cough and night sweats for the past several months, but he doesn't remember exactly when his symptoms began. He reports he definitely remembers not feeling well around the Christmas and New Year holidays. He had three negative AFB smears, the last on April 2<sup>nd</sup>.</p>
			<p>3. Jane, a 52 year old woman, had a checkup on May 19<sup>th</sup> with her primary care provider. During this visit, she was found to have an abnormal chest x-ray. Sputum collected on the same day was reported as AFB smear positive with final cultures pending. On May 20<sup>th</sup>, she was diagnosed with suspected pulmonary TB, started appropriate treatment, and was put on home isolation. Jane denies ever having had a cough or other symptoms. Three consecutive induced sputum AFB smears were negative on June 21<sup>st</sup>.</p>

## Answers to Determining the Infectious Period

For TB cases/suspects with symptoms, positive smears, and/or cavitary disease



Date of beginning of infectious period	Date of symptom onset or first finding consistent with TB, whichever longer	Date of end of infectious period for CI is 2 weeks after treatment is started, diminished symptoms, AND mycobacteriologic response, and/or effective isolation.
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For TB cases/suspects with no symptoms, negative smears, and non-cavitary disease



Date of beginning of infectious period	Date of symptom onset or first finding consistent with TB, whichever longer	Date of end of infectious period for CI is 2 weeks after treatment is started, diminished symptoms, and/or effective isolation
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Calculate the infectious period for the following TB cases/suspects.

Period of Infectiousness			TB Case/Suspect Information
Date of symptom onset or first finding consistent with TB, whichever longer	Date of beginning of infectious period	Date of end of infectious period	
<b>Nov. 6<sup>th</sup></b> <b>Reason:</b> Symptoms began on this date (coughing, fever, night sweats)	<b>Aug. 6<sup>th</sup></b>	<b>CI purposes: Dec. 4<sup>th</sup></b> since he was effectively isolated  <b>Biological end: Feb 10<sup>th</sup></b> because of negative sputum smears, improved symptoms, and treatment for at least 2 weeks.	1. John is a 42 year-old man who was hospitalized on Dec. 4 <sup>th</sup> with symptoms of fever, night sweats, and cough. As a result, he was placed in airborne infection isolation for two weeks. On the same date (Dec. 4 <sup>th</sup> ), AFB sputum smears were collected and were reported as positive with final cultures pending. Chest x-rays were taken on Dec. 4 <sup>th</sup> and reported as abnormal with cavitary disease. John was diagnosed with suspected pulmonary TB with appropriate treatment started on Dec. 5 <sup>th</sup> . John states that he started coughing around Nov. 6 <sup>th</sup> . His symptoms resolved on Dec. 24 <sup>th</sup> . Three consecutive sputum AFB smears were not negative until Feb. 10 <sup>th</sup> .
<b>Around Christmas (Dec. 25<sup>th</sup>)</b>  <b>Reason:</b> Symptoms began on this date (cough, night sweats)	<b>Around Sept. 25<sup>th</sup></b>	<b>CI purposes: March 12<sup>th</sup></b> since he was isolated  <b>Biological: April 2<sup>nd</sup></b> because of negative sputum smears, improved symptoms, and treatment for at least 2 weeks.	2. George, a 25 year old man, was admitted to the hospital on March 10 <sup>th</sup> as a result of a cough of unknown duration. Chest x-rays taken on March 10 <sup>th</sup> were reported as abnormal with non-cavitary disease. Sputum samples collected on March 11 <sup>th</sup> were reported as AFB positive with final cultures pending. George was diagnosed with suspected pulmonary TB and was placed in airborne infection isolation on March 12 <sup>th</sup> when appropriate TB treatment was initiated. George reported that he had been experiencing a cough and

			<p>night sweats for the past several months, but he doesn't remember exactly when his symptoms began. He reports he definitely remembers not feeling well around the Christmas and New Year holidays. He had three negative AFB smears, the last on April 2<sup>nd</sup>.</p>
<p><b>May 19<sup>th</sup></b></p> <p><b>Reason:</b> First finding consistent with TB (positive sputum smears)</p>	<p><b>February 19<sup>th</sup></b></p>	<p><b>CI purposes:</b> May 20<sup>th</sup> or June 3<sup>rd</sup> (14 days after treatment).</p> <p><b>Biological end:</b> June 21<sup>st</sup> because of negative sputum smears and treatment for at least 2 weeks.</p>	<p>3. Jane, a 52 year old woman, had a checkup on May 19<sup>th</sup> with her primary care provider. During this visit, she was found to have an abnormal chest x-ray. Sputum collected on the same day was reported as AFB smear positive with final cultures pending. On May 20<sup>th</sup>, she was diagnosed with suspected pulmonary TB, started appropriate treatment, and was put on home isolation. Jane denies ever having had a cough or other symptoms. Three consecutive induced sputum AFB smears were negative on June 21<sup>st</sup>.</p>

## Refining the Infectious Period

Refine the infectious period for the following cases.

### George

George, a 25 year old man, was admitted to the hospital on March 10<sup>th</sup> as a result of a cough of unknown duration. Chest x-rays taken on March 10<sup>th</sup> were reported as abnormal with non-cavitary disease. Sputum samples collected on March 11<sup>th</sup> were reported as AFB positive with final cultures pending. George was diagnosed with suspected pulmonary TB and was placed in airborne infection isolation on March 12<sup>th</sup> when appropriate TB treatment was initiated. George reported having a cough and night sweats for the past several months, but doesn't remember exactly when his symptoms began. He remembers not feeling well around the Christmas and New Year holidays. He had three negative AFB smears, the last on April 2<sup>nd</sup>.

#### *Update:*

During a contact notification, Sarah, George's friend from work, mentions that George has been sick for a long time. He wasn't able to attend a Thanksgiving dinner because of his bronchitis and looked very tired at the office Halloween party.

**How would this information change your infectious period estimate for George?**

### Jane

Jane, a 52 year old woman, had a checkup on May 19<sup>th</sup> with her primary care provider. During this visit, she was found to have an abnormal chest x-ray. Sputum collected on the same day was reported as AFB smear positive with final cultures pending. She was diagnosed On May 20<sup>th</sup> with suspected pulmonary TB, started appropriate treatment, and ordered on home isolation. Jane denies ever having a cough or other symptoms. Three consecutive induced sputum AFB smears were negative on June 21<sup>st</sup>.

#### *Update:*

During a re-interview with Jane, you ask her again about her symptom history. She continues to deny any cough, but remembers that back in April, she thought she was starting menopause because she kept waking up due to excessive sweating. She never went to the doctor about this.

**Would this new information be enough to change her infectious period?**

## Answers to Refining the Infectious Period

Refine the infectious period for the following cases.

### George

George, a 25 year old man, was admitted to the hospital on March 10<sup>th</sup> as a result of a cough of unknown duration. Chest x-rays taken on March 10<sup>th</sup> were reported as abnormal with non-cavitary disease. Sputum samples collected on March 11<sup>th</sup> were reported as AFB positive with final cultures pending. George was diagnosed with suspected pulmonary TB and was placed in airborne infection isolation on March 12<sup>th</sup> when appropriate TB treatment was initiated. George reported having a cough and night sweats for the past several months, but doesn't remember exactly when his symptoms began. He remembers not feeling well around the Christmas and New Year holidays. He had three negative AFB smears, the last on April 2<sup>nd</sup>.

#### *Update:*

During a contact notification, Sarah, George's friend from work, mentions that George has been sick for a long time. He wasn't able to attend a Thanksgiving dinner because of his bronchitis and looked very tired at the office Halloween party.

#### **How would this information change your infectious period estimate for George?**

**Answer:** Yes, this is enough information to change George's infectious period. The original start date for George's infectious period was September 25<sup>th</sup>. The new information suggests that his symptoms started in October/November. This would change George's infectious period to approximately August 1<sup>st</sup> (3 months before onset of symptoms). The investigator should check with George to confirm this information

### Jane

Jane, a 52 year old woman, had a checkup on May 19<sup>th</sup> with her primary care provider. During this visit, she was found to have an abnormal chest x-ray. Sputum collected on the same day was reported as AFB smear positive with final cultures pending. She was diagnosed On May 20<sup>th</sup> with suspected pulmonary TB, started appropriate treatment, and ordered on home isolation. Jane denies ever having a cough or other symptoms. Three consecutive induced sputum AFB smears were negative on June 21<sup>st</sup>.

#### *Update:*

During a re-interview with Jane, you ask her again about her symptom history. She continues to deny any cough, but remembers that back in April, she thought she was starting menopause because she kept waking up due to excessive sweating. She never went to the doctor about this.

#### **Would this new information be enough to change her infectious period?**

**Answer:** No, this is not enough information to change Jane's infectious period. There is strong likelihood that the night sweats had an alternative explanation (menopause).

**Note to facilitator:** Explain to participants that determining the infectious period is an estimate, not a precise science. It requires using judgment. In a different patient (e.g., a young male or even young female), night sweats could potentially indicate TB symptoms. The investigator should ask Jane if she remembers any other symptoms that may have accompanied the night sweats.

## Prioritization of Contacts

Janice Tremble is a 54-year-old Licensed Social Worker. She has a private practice with an office in the back of her home. She specializes in family therapy and end of life issues. About 35% of her clients are children and another 30% are HIV positive.

She is married to Jim, an alcoholic, has three grown children and eight grandchildren who all live within forty miles of her home. Her youngest daughter, Jackie, just had a baby three months ago. Janice took care of Jackie's other two children, twin girls age two, for six weeks while the new baby was in and out of the hospital frequently dealing with some birth issues.

Janice was a lifetime smoker until recently when a chest x-ray taken one month ago revealed cavitory disease. The doctor ruled out lung cancer, but there were still respiratory issues that went undiagnosed until last week. Three days ago the doctor decided to collect sputum as he was still trying to find a diagnosis. The sputum came back AFB smear positive and was NAA positive for *M. TB* Complex. Appropriate TB treatment was started yesterday.

Janice has been given home isolation instructions since getting the results, but she has continued to see some of her clients without telling anyone. She stopped seeing all the HIV clients and children. She is conducting phone therapy sessions with those clients.

Her husband Jim has a productive cough and night sweats, but will not go to the doctor.

**Identify all the contacts and classify them as either a priority contact or not a priority.**

Contact Name or Description	Priority	Not a Priority at This Time	Explanation/Notes

## Answers to Prioritization of Contacts

Janice Tremble is a 54-year-old Licensed Social Worker. She has a private practice with an office in the back of her home. She specializes in family therapy and end of life issues. About 35% of her clients are children and another 30% are HIV positive.

She is married to Jim, an alcoholic, has three grown children and eight grandchildren who all live within forty miles of her home. Her youngest daughter, Jackie, just had a baby three months ago. Janice took care of Jackie's other two children, twin girls age two, for six weeks while the new baby was in and out of the hospital frequently dealing with some birth issues.

Janice was a lifetime smoker until recently when a chest x-ray taken one month ago revealed cavitory disease. The doctor ruled out lung cancer, but there were still respiratory issues that went undiagnosed until last week. Three days ago the doctor decided to collect sputum as he was still trying to find a diagnosis. The sputum came back AFB smear positive and was NAA positive for *M. TB* Complex. Appropriate TB treatment was started yesterday.

Janice has been given home isolation instructions since getting the results, but she has continued to see some of her clients without telling anyone. She stopped seeing all the HIV clients and children. She is conducting phone therapy sessions with those clients.

Her husband Jim has a productive cough and night sweats, but will not go to the doctor.

**Identify all the contacts and classify them as either a priority contact or not a priority.**

Contact Name or Description	Priority	Not a Priority at this Time	Explanation
Husband (Jim)	X		Exhibiting TB symptoms (cough, night sweats), household contact; alcohol abuse increases risk of TB infection and progression to TB disease
HIV positive clients	X		Persons living with HIV/AIDS are at risk for rapid progression to TB disease
Pediatric clients under 5 years of age	X		Children younger than 5 years of age are at risk for rapid progression to TB disease
Twin granddaughters	X		Children younger than 5 years of age are at risk for rapid progression to TB disease
New grand baby	X		Children younger than 5 years of age are at risk for rapid progression to TB disease
Daughter (Jackie)	X		Potentially spent a lot of time with her Mother
Other clients who do not have risk factors for rapid progression to TB disease		X	Clients who do not have risk factors for progressing to TB disease and have not spent "a lot of time" with Janice are not a priority at this time. If evidence of significant transmission is found among the higher priority contacts, the contact investigation may be expanded to include those persons not initially considered priority.

## Active Listening Exercise

Instructions:

1. Choose a partner near you.
2. Take turns reading the statements below to each other. Give your partner time to think of either paraphrasing or reflecting back what has been said.
3. If your partner is having trouble developing a response, work as a team to develop an appropriate response.

---

## Paraphrasing Exercise

**What is paraphrasing?** Paraphrasing is the rewording of a statement in order to verify information and display that the interviewer is actively listening.

1. **Case:** *I don't know anyone who has TB. It bugs me that someone came near me and didn't bother to tell me they were sick.*
2. **Case:** *I don't know a whole lot about TB. Just like I said, you can die from it. It can make you really sick. If you come down with it, it can be cured. You can take medication for a year or so, and that just doesn't sound like fun.*
3. **Case:** *I don't really talk about my problems with anyone. Mostly everyone I'm around has the same problems, and I'm not sure they want to hear mine when they have the same ones, like housing and feeling sick all the time.*
4. **Case:** *I don't know how I'm going to tell my wife that I have TB. She worries about other things like the kids and her mom. This will be a big blow to her.*
5. **Case:** *I don't want to tell you the names of all of my contacts. Honestly, I don't want anyone to know that I have TB.*
6. **Case:** *My workplace is pretty big with a lot of people crowded into a big room separated by cubicle walls. You asked about windows...we have windows, but they're sealed shut. The temperature is way too hot all the time.*

**OVER →**

## Reflection Exercise

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**What is reflection?** Reflection rewords a case's statement and acknowledges the underlying emotion.

1. **Case:** *The doctor told me so many things and I just didn't understand everything she said. It's all too confusing.*
2. **Case:** *I can't let people know I have TB, especially my boyfriend. He'd be really mad at me.*
3. **Case:** *You mean once I leave the hospital, someone's going to watch me take my medications? I'm a pretty busy person with a lot of friends. How will this person give me the medications without all of those people knowing my business?*
4. **Case:** *I'm feeling really tired and this whole interview is making me nervous. It doesn't help to have you asking me all of these personal questions.*
5. **Case:** *Some guy is going to come to my house and watch me take my medications and now you're going to come back to my house and interview me and talk to me again? Why? Don't you people trust me?*
6. **Case:** *I can't remember all of the people I was in contact with in the past 3 months. What if I infected a whole bunch of people and they get really sick? I couldn't live with myself then.*

## Answers to Active Listening Exercise

Instructions:

4. Choose a partner near you.
5. Take turns reading the statements below to each other. Give your partner time to think of either paraphrasing or reflecting back what has been said.
6. If your partner is having trouble developing a response, work as a team to develop an appropriate response.

---

### Paraphrasing Exercise

1. **Case:** *I don't know anyone who has TB. It bugs me that someone came near me and didn't bother to tell me they were sick.*
  - **Paraphrase:** *So, you aren't sure from whom you got TB, and you think that your TB came from someone who came near you.*
2. **Case:** *I don't know a whole lot about TB. Just like I said, you can die from it. It can make you really sick. If you come down with it, it can be cured. You can take medication for a year or so, and that just doesn't sound like fun.*
  - **Paraphrase:** *All right. So you know that TB is a serious disease that can kill you and that it can be cured by taking medicine for a long period of time.*
3. **Case:** *I don't really talk about my problems with anyone. Mostly everyone I'm around has the same problems, and I'm not sure they want to hear mine when they have the same ones, like housing and feeling sick all the time.*
  - **Paraphrase:** *You don't talk to anyone around you about your problems because they have enough of their own.*
4. **Case:** *I don't know how I'm going to tell my wife that I have TB. She worries about other things like the kids and her mom. This will be a big blow to her.*
  - **Paraphrase:** *You're concerned about telling your wife that you have TB because she has so much on her mind.*
5. **Case:** *I don't want to tell you the names of all of my contacts. Honestly, I don't want anyone to know that I have TB.*
  - **Paraphrase:** *So you are worried that if you tell me the names of your contacts, they will find out that you have TB.*
6. **Case:** *My workplace is pretty big with a lot of people crowded into a big room separated by cubicle walls. You asked about windows...we have windows, but they're sealed shut. The temperature is way too hot all the time.*

- **Paraphrase:** So you work in a big, crowded area without much ventilation.
- 

## Reflection Exercise

1. **Case:** The doctor told me so many things and I just didn't understand everything she said. It's all too confusing.
  - **Reflection:** It sounds like you feel overwhelmed by all of the information you have been receiving.
2. **Case:** I can't let people know I have TB, especially my boyfriend. He'd be really mad at me.
  - **Reflection:** You seem to be feeling anxious over people finding out about your illness.
3. **Case:** You mean once I leave the hospital, someone's going to watch me take my medications? I'm a pretty busy person with a lot of friends. How will this person give me the medications without all of those people knowing my business?
  - **Reflection:** You seem to have some concerns about keeping your privacy while receiving directly observed therapy.
4. **Case:** I'm feeling really tired and this whole interview is making me nervous. It doesn't help to have you asking me all of these personal questions.
  - **Reflection:** This interviewing process can feel overwhelming under the circumstances.
5. **Case:** Some guy is going to come to my house and watch me take my medications and now you're going to come back to my house and interview me and talk to me again? Why? Don't you people trust me?
  - **Reflection:** It sounds as though you are uncomfortable with the health department's continuing involvement with your health.
6. **Case:** I can't remember all of the people I was in contact with in the past 3 months. What if I infected a whole bunch of people and they get really sick? I couldn't live with myself then.
  - **Reflection:** So, you're feeling bad about possibly infecting your contacts.

## Building Rapport through Nonverbal Communication

Communication Through Body Language	
Builds Rapport	Does Not Build Rapport
<b>Eye Contact</b>	
<ul style="list-style-type: none"> <li>• Making eye contact without being aggressive</li> </ul>	<ul style="list-style-type: none"> <li>• Looking at other objects</li> <li>• Looking down</li> <li>• Shifting eyes from object to object</li> <li>• Looking away when someone looks at you or responds</li> </ul>
<b>Facial Expressions</b>	
<ul style="list-style-type: none"> <li>• Pleasant expression</li> <li>• Brow relaxed</li> <li>• Sincerity</li> </ul>	<ul style="list-style-type: none"> <li>• Frown</li> <li>• Scowl</li> <li>• Smirk/Grin</li> </ul>
<b>Posture</b>	
<ul style="list-style-type: none"> <li>• Leaning slightly toward the case</li> <li>• Sitting in a relaxed but attentive manner</li> <li>• Facing the case</li> <li>• Consideration of personal space</li> </ul>	<ul style="list-style-type: none"> <li>• Sitting sideways</li> <li>• Slouching</li> <li>• Crossing arms</li> <li>• Taking an aggressive stance</li> <li>• Standing over someone</li> </ul>
<b>Gestures</b>	
<ul style="list-style-type: none"> <li>• Using appropriate hand gestures</li> <li>• Nodding in recognition or agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Flailing arms</li> <li>• Tapping feet</li> <li>• Fidgeting</li> <li>• Shrugging shoulders</li> <li>• Winking</li> <li>• Tending to other tasks during the interview</li> </ul>
<b>Movement and Mirroring</b>	
<ul style="list-style-type: none"> <li>• Interviewer moves in relation to movement initiated by the case</li> <li>• Subtly mirror person's posture</li> </ul>	<ul style="list-style-type: none"> <li>• Interviewer moves away from someone as they move closer</li> <li>• Interviewer takes initiative in establishing distance</li> </ul>
<b>Touching</b>	
<p>In most cultures, touching someone you have not developed a rapport with is not acceptable. However, a handshake is usually acceptable upon greeting.</p>	

## TB Assertiveness

Read each statement or question below and label as assertive, passive, or aggressive.

1. Let's talk about some ways to help keep you from coming down with TB disease.
2. After being diagnosed with TB infection, some people choose not to take their medications, and some choose to take them. What would work for you?
3. You can't have any TB services unless you answer all my questions.
4. You must change your lifestyle or you will die.
5. You have to stop using illegal drugs.
6. Taking medication is the only way to treat the disease you have.
7. I'd like to help you plan a way to ensure you take your medication properly. What have you tried before that helped you take medication?
8. We need to work together to identify the people you have been around.
9. You have not given us the names of all your contacts.
10. I don't want to upset you, but would you please tell me about some more contacts that you haven't told me about?
11. It would be irresponsible for you not to get another TB test and an HIV test.
12. It's a waste of my time to talk to you. You aren't going to name your contacts.

13. What difficulties do you anticipate when talking to your girlfriend about getting a TB test?
  
14. If there are any children in your household, do you mind bringing them to the clinic on Monday?
  
15. You need to collect three sputum samples and bring them to the clinic by Wednesday morning.

## **Suggested Answers to TB Assertiveness**

- 1. Assertive**
- 2. Passive**
- 3. Aggressive**
- 4. Aggressive**
- 5. Assertive or Aggressive, depending on tone**
- 6. Assertive**
- 7. Assertive**
- 8. Assertive**
- 9. Aggressive**
- 10. Passive**
- 11. Aggressive**
- 12. Aggressive**
- 13. Assertive**
- 14. Passive**
- 15. Assertive**

*Note: Many of these phrases can sound either assertive or aggressive, depending on the interviewer's tone.*

## Sample Open-Ended Questions

### Concerns: Open-ended Questions

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- What brought you to the clinic today?
- What questions do you have about your clinic visit?
- How has your clinic visit been?
- Tell me, what concerns, if any, do you have?

### Social History: Open-ended Questions

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- In order for me to help you, I need to know a little about you. I also may need to contact you in the next few days. Where are you staying?
- What other names do you go by? What do friends/family members call you?
- What is your phone number?
- What kind of work do you do?
- Where do you work?
- What is the best time to reach you?
- Where is the best place to reach you?
- In order to keep this as private as possible, I need to know who else might answer the door or phone. Who are you staying with?
- What is your cell phone number?
- Where do you go to school?
- In case of an emergency or if I have to contact you very quickly, who is the best person to leave a message with? What is their number?
- What do you do in your spare time?
- How many children do you have?
- Where have you traveled in the last (infectious period)?

## Medical History: Open-ended Questions

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- When was the last time you were treated for TB?
- When was the last time you were tested for TB? Why were you tested?
- What other health problems have you had?
- How long have you had your symptoms?
- What kind of drugs do you take?
- What other prescription drugs are you taking now?

## Disease Comprehension: Open-ended Questions

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- Tell me what you know about TB.
- What do you know about TB?
- What have you heard about TB?
- What have you heard about how you get this?
- What's the relationship between HIV and TB?
- What did they tell you about your treatment?

## Contact Elicitation Open-ended Questions

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### NAME

- When do you think you got this disease? Who were you were around then?
- Who do you spend most of your time with?
- Who did you spend time with on your birthday/Christmas/the holidays/Fourth of July/Valentine's Day, etc.?
- Who are the mothers/fathers of your children? When was the last time you were around them?
- How many children do you have?
- What other names do they go by?
- Who are you most concerned about?
- Who did you travel with during your vacation?

**EXPOSURE**

- When did you first start hanging around with \_\_\_\_\_?
- What do you do with...?

**LOCATING**

- What is the address where \_\_\_ is living right now?
- What is a phone number where they may be reached?
- Where do they work?
- When is the best time to reach him/her?
- What clubs or places does s/he usually hang out?
- What is his/her email address?
- Who can get a message to this person?

**IDENTIFYING INFORMATION (DESCRIPTION)**

- Describe that person for me
- What does s/he look like?
- What is his/her marital/partner status?
- How old is this person?
- What is her/his build?
- What color is his/her hair?
- What other things can you tell me about this person to help me identify him/her?
- How tall is s/he?

## What is Diversity?

### Instructions for Facilitator

#### Purpose

This activity gives the participants an opportunity to realize the dimensions of diversity by examining their own identities and the diversity within the group.

#### Time Required

20 minutes

#### Materials

- Whiteboard/flipchart and markers

#### Process

- Ask participants to think about how they would describe themselves to a stranger. They can use characteristics or qualities they were born with (e.g., male/female, Latino/White/African-American) or they could use roles they've chosen or otherwise have (e.g., husband/wife, outreach worker, brother/sister). They can choose things they like to do or skills they have (e.g., weight lifter, artist). Ask them to write these descriptors down on a sheet of paper.
- Give participants a few minutes to complete their list. Then ask them to get into groups of 3 to 4 and share a few of their characteristics. Give the groups about 5 minutes to share.
- *Ask:* Looking at your descriptors, which ones are the most central to who you are? As participants call their descriptors out, write them on whiteboard or flipchart.
- Lead a group discussion by asking the following questions:
  - How did you decide which characteristic is most central to you?
  - Was it the same 5, 10, 20 years ago?
  - Do you think it will be the same in 5, 10, 20 years?
  - What do you feel are the advantages and disadvantages of being who you are in your personal life? In your professional life?
  - How many of you have experienced discrimination, stereotyping, oppression, or prejudices based on your most central characteristic?

#### Participant Take Home Points:

- Culture and diversity are not just about race and ethnicity, but also gender, age, sexual orientation, ability, geography, class, religion, etc.
- We are all individuals who have many dimensions. When we see somebody and think "Oh, she is a Latina — I know about Latinas," we may be focusing entirely on the wrong thing. That she is Latina may be less important to her than being a mother or being single or having a health concern or any other dimension of her that we may not even be able to see.
- Cultural differences can be influenced by: sociopolitical factors, poverty, history of oppression, experience of prejudice and racism, religious practices, family role and structure, and personal values and attitudes.
- All of these aspects of culture affect our healthcare in many ways. It can influence the description of symptoms, communication about the symptoms, thoughts on the source of the illness, attitudes toward helpers, and expectations of treatment.

## What is Diversity?

### Purpose

This activity gives you an opportunity to examine your own identity and discuss the diversity within the group.

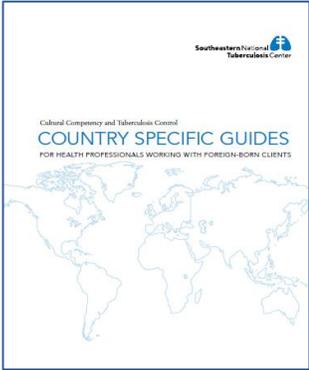
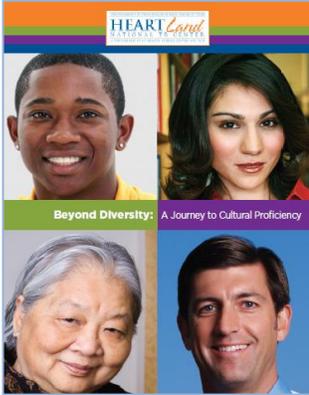
### Process

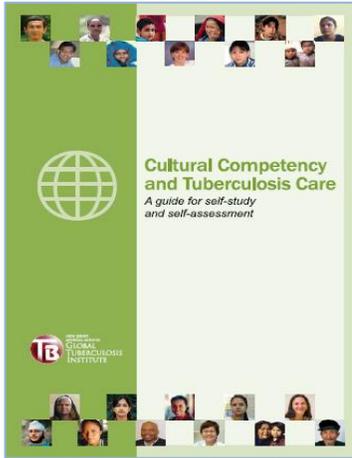
- Think about how you would describe yourself to a stranger. Choose characteristics or qualities you were born with (e.g., male/female, Latino/White/African-American) or you could use roles you've chosen or otherwise have (e.g., husband/wife, outreach worker, brother/sister). You can choose things you like to do or skills you have (e.g., weight lifter, artist). Write these descriptors down on a sheet of paper. You will have a few minutes to complete your list.
- Form groups of 3 to 4 people and share a few of your characteristics.
- After a few minutes, discuss with the larger group the following questions:
  - How did you decide which characteristic is most central to you?
  - Was it the same 5, 10, 20 years ago?
  - Do you think it will be the same in 5, 10, 20 years?
  - What do you feel are the advantages and disadvantages of being who you are in your personal life? In your professional life?
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- Cultural differences can be influenced by: sociopolitical factors, poverty, history of oppression, experience of prejudice and racism, religious practices, family role and structure, and personal values and attitudes.
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## Cultural Competency and Translation Resources

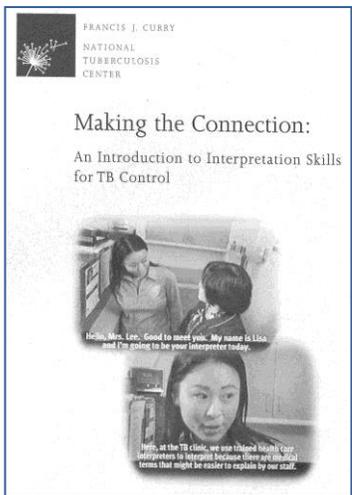
 <p>The cover features a green background with several circular images showing people in various settings. At the bottom, it includes the U.S. Department of Health and Human Services and CDC logos.</p>	<p><b>CDC Ethnographic Guides</b> <b>Promoting Cultural Sensitivity - A Practical Guide for Tuberculosis Programs</b> <a href="http://www.cdc.gov/tb/publications/guidestoolkits/EthnographicGuides">www.cdc.gov/tb/publications/guidestoolkits/EthnographicGuides</a></p> <p>This series of five guides aims to increase the knowledge and cultural sensitivity of TB program staff who provide services to foreign-born persons.</p> <p>Each guide includes information about a group's history and culture, as well as program tips and useful resources. The guides focus on populations from the following countries: Burma, China, Laos (Hmong), Mexico, Somalia, and Vietnam.</p>
 <p>The cover features a world map and the text: 'Cultural Competency and Tuberculosis Control COUNTRY SPECIFIC GUIDES FOR HEALTH PROFESSIONALS WORKING WITH FOREIGN-BORN CLIENTS'. The Southeastern National Tuberculosis Center logo is in the top right.</p>	<p><b>Southeastern National TB Center: Country Specific Guides</b> <a href="http://sntc.medicine.ufl.edu/Products.aspx">http://sntc.medicine.ufl.edu/Products.aspx</a></p> <p>These guides provide information regarding the epidemiology, common misperceptions and beliefs about TB and HIV/AIDS, and cultural norms for the following countries: Brazil, Cambodia, China, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, India, Indonesia, Mexico, Myanmar (formerly Burma), Peru, Philippines, Somalia, South Korea, and Vietnam.</p>
 <p>The cover features a rainbow header with the 'HEARTland' logo. Below are four portraits of diverse individuals. The text reads: 'Beyond Diversity: A Journey to Cultural Proficiency'.</p>	<p><b>Heartland National TB Center: Beyond Diversity: A Journey to Cultural Proficiency Facilitator's Guide</b> <a href="http://www.heartlandntbc.org/products/hntc_cultural_prof_guide.pdf">www.heartlandntbc.org/products/hntc_cultural_prof_guide.pdf</a></p> <p>A facilitator guide used to build internal capacity within TB programs.</p>



**New Jersey Medical School Global TB Institute: Cultural Competency and Tuberculosis Care: A Guide for Self-Study and Self-Assessment**

[www.umdnj.edu/globaltb/products/tbculturalcompguide.htm](http://www.umdnj.edu/globaltb/products/tbculturalcompguide.htm)

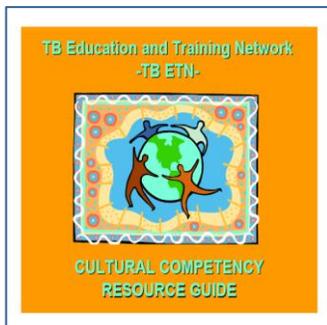
This booklet was developed for the public health workforce and other healthcare providers. It is intended as a tool to begin to explore the knowledge, skills, and attitudes necessary for cultural competency in general, with a focus on TB control activities. The guide utilizes a culture general perspective and includes a self-assessment tool, teaching cases, and links to other cultural competency resources.



**Curry International TB Center: Making the Connection: An Introduction to Interpretation Skills for TB Control, 2nd Edition**

[www.currytbcenter.ucsf.edu/products/product\\_details.cfm?productID=EDP-09W](http://www.currytbcenter.ucsf.edu/products/product_details.cfm?productID=EDP-09W)

This video and viewer's guide serve as an introduction to the use of interpreters in the TB setting. The materials address skills that facilitate an interpreted session.



**CDC TB Education and Training Network (TB ETN): Cultural Competency Resource Guide**

<http://findtbresources.org/material/CCGuide.pdf>

This resource guide was developed by the Cultural Competency Workgroup of TB ETN. The guide includes a list of organizations, readings, and assessment tools associated with cultural competence and health.

## TB Contact Investigation Interview Checklist

### Pre-Interview Activities

- Review medical record
- Establish preliminary infectious period
- Develop an interview plan
- Arrange interview time and place

### A. Introduction

- Introduce self
- Provide identification
- Explain role in TB control
- Build trust and rapport
- Explain purpose of the interview
- Ensure confidentiality

### B. Information and Education Exchange

1. Observe case's physical and mental state, body language, and communication skills
2. Collect and confirm the following information:

___ Name	___ Known exposure to TB
___ Alias(es)/nicknames	___ Recent hospitalization(s) for TB
___ Date of birth	___ Medical provider for TB
___ Address	___ Transportation availability
___ Telephone number	___ Other medical conditions
___ Next of kin	___ Outpatient DOT plan
___ Other locating information	___ Barriers to adherence
___ Physical description	

3. Assess disease comprehension/provide TB education
4. Obtain and confirm TB symptom history
5. Discuss case's current diagnosis
6. Discuss disease intervention behaviors, infection control, and medical appointments
7. Refine infectious period and review with the case

### C. Contact Identification

- Focus on infectious period
- Explain priority and non-priority contacts
- Stress importance of identification of all contacts
- Collect information on case's contacts in the household, workplace, school, congregate settings, and social/recreational environments during the infectious period
- Information about contacts should include:

___ Name	___ Other locating information
___ Alias(es) nickname(s)	___ Physical description
___ Age, race, sex	___ Hours of exposure per week
___ Address	___ Dates of first and last exposures
___ Telephone number	

### D. Conclusion of the Interview

- Request, then answer case's questions
- Review and reinforce adherence plan
- Restate next appointment (if known)
- Arrange reinterview and home visit (if not already completed)
- Leave your name and telephone number
- Thank the case and close interview

## Medical Terminology

Rewrite the following medical terms using an easier word or phrase with the same meaning.

Medical Term	Plain language translation
Active tuberculosis	
Bacilli Calmette-Guerin vaccine (BCG)	
Bacteria	
Bronchoscopy	
Contact investigation	
Culture	
Directly observed therapy (DOT)	
Dose/dosage	
Drug-resistant	
Drug susceptibility	
Exposure to TB	
Extrapulmonary TB	
Hepatitis	
Interferon-gamma release assay (IGRA)	
Infectious	
Intermittent therapy	
Latent TB infection (LTBI)	
Liver function tests	
Lung cavity	
Mantoux Tuberculin skin test (TST)	
Medical history	
Negative pressure	
Personal respirator	
Pulmonary TB	
Smear	
Sputum	
Symptom	
Transmission	

## Answers to Medical Terminology Exercise

Rewrite the following medical terms using an easier word or phrase with the same meaning.

Medical Term	Plain language translation – sample answers
Active tuberculosis	Sick with tuberculosis disease
Bacilli Calmette-Guerin (BCG) vaccine	A shot that may prevent young children from getting sick with tuberculosis
Bacteria	Germs
Bronchoscopy	A test that looks for tuberculosis in your lungs
Contact investigation	A way to find people who may have been exposed to TB and need to be tested
Culture	A laboratory test that can identify germs
Directly observed therapy (DOT)	Watching someone swallow their pills
Dose/dosage	Amount of medicine
Drug-resistant	TB germ that cannot be killed by drugs
Drug susceptibility	The ability of a drug to kill germs
Exposure to TB	Spent time with someone who is sick with tuberculosis
Extrapulmonary TB	Tuberculosis disease not in the lungs
Hepatitis	Liver sickness
Interferon-gamma release assay (IGRA)	A blood test to see if a person has any tuberculosis germs in their body
Infectious	Can pass TB germs others
Intermittent therapy	Medications do not have to be taken every day
Latent TB infection (LTBI)	Having TB germs in your body but are not sick
Liver function tests	Tests to see if the liver is OK
Lung cavity	A hole in the lung
Mantoux Tuberculin skin test (TST)	A test that shows if a person has any TB germs in their body; it consists of a shot that may cause a bump after 2-3 days. A special liquid is put under the skin with a needle; it must be checked in 2-3 days to see if there is swelling.
Medical history	A list of sicknesses and other health related events in your life
Negative pressure room	A room where the air is constantly replaced
Personal respirator	A special mask that goes over the nose and mouth; keeps germs from being inhaled
Pulmonary TB	Tuberculosis disease that is in the lungs
Smear	A quick test that can show if germs may be in your lungs

Sputum	Phlegm from deep in the lungs (not spit)
Symptom	Sign of disease or sickness
Transmission	Spread to other people
Treatment	Medicine that improves or cures sickness

## **TB Interview Contact Identification Exercise**

- 1.** Pair up with a partner near you.
- 2.** One of you will play the role of a TB interviewer and the other will play the role of a TB case. Practice identifying contacts using the Contact Identification section of the TB Interview Checklist (Appendix O).
- 3.** Scenario details (e.g., contacts) should be based on your own life. For example, think back over the course of 3 months and try to remember all of the persons you spent time with, activities you participated in, and places you went. This will help you understand how hard it can be for a TB case to sometimes remember all of their contacts.
- 4.** After 5 minutes, switch roles.

## **TB Interview Strategy Exercise**

### **Instructions for Facilitator**

#### **Objectives**

- To formulate a strategy for the TB interview
- To practice the TB interview

#### **Time Allotted:** 90 minutes total

- 5 minutes of instruction
- 30 minutes for group work/preparation
- 30 minutes for group interview
- 15 minutes for facilitator/small group discussion
- 10 minutes for large group discussion

#### **Pre-Course Procedures**

1. Ask three or four experienced TB interviewers to lead this exercise. These individuals will play the role of the case described. They should become familiar with their role prior to the course and be able to spontaneously react to the interviewers, as well as give feedback to participants about their interviewing skills.
2. Identify timekeepers for this session. Since the interview will be broken up into timed portions, it is important that someone is able to keep track of time and allow for everyone in the group to have a chance to interview the case.

#### **Course Procedures**

1. Refer participants to Appendix R to read the bullet points describing the case. Each group will have the same case scenario. Tell participants that they will be interviewing the case as part of a group.
2. The participants should be instructed to evenly divide the interview time between themselves (e.g., 5 group members would each get 6 minutes to complete a 30 minute interview). This allows for more fluid conversation rather than having participants stick to an assigned portion of the interview. Additionally, it requires participants to actively listen to what the case is saying so that their questions during their allotted time are relevant to interview. For example, if it becomes obvious during the introduction section that education about TB disease is needed, the participant should provide education at that time to allow for natural conversation flow. Once each person has finished their portion of the interview, other members of the group can jump in and ask the case questions, if time allows.
3. Divide the participants into three evenly numbered groups by asking them to count off by 3 (if you have a large number of participants you may decide to have 4 groups). Ask all of the 1s, 2s, and 3s, etc. to gather in locations you designate.
4. Give each group about 30 minutes to prepare for the interview.
5. After 30 minutes, have each group assemble chairs in a circle with the case. Ask them to sit in the order in which they will be conducting the interview.

6. Upon completion of the interview, the leader can break and give some feedback to the participants on their interviewing skills.
7. At the end of all the interviews, reconvene the class for a discussion. Ask for a volunteer to read the case description and then explain how the process went. The group leaders who were in the case roles may also contribute and mention positive skills they observed in the groups.

## **TB Interview Strategy Exercise**

### **Case Information for Facilitator**

You are playing the role of Walter, a 47-year-old single, unemployed male. He is a veteran, receives a small disability pension, and sometimes picks up odd jobs in warehouses and diners. He lives in a single-room occupancy hotel.

Walter was brought by the police to the emergency room of General Hospital for treatment of stab wounds to the right arm and cuts on the neck and face resulting from a fight outside of a bar. Upon admission, he was intoxicated, appeared poorly nourished and underweight, and had a productive cough.

A chest x-ray revealed a cavity in his lung and his sputum smear results were positive. He was started on a standard four-drug regimen (isoniazid [INH], rifampin [RIF], pyrazinamide [PZA], and ethambutol [EMB]) and was hospitalized for 5 days. Against medical advice, Walter left the hospital. During a field investigation a few days later, Walter was found lying on a park bench near the hotel where he lives. Walter agreed to ride with the outreach worker to the clinic, a distance of 6 miles from his hotel.

The clinician at the clinic left orders for the staff to counsel Walter and put him on directly observed therapy (DOT). Two hours after arriving at the clinic, Walter had not received these services. He asked to speak with the outreach worker who had picked him up, but was told that they had left for the field and were not expected back until later that evening. Walter then left the clinic without being seen by staff.

Walter has been relocated in the field and, after much persuasion, has been brought back to the clinic for an interview.

## **TB Interview Strategy Exercise Information for Interviewer**

You will be conducting a case interview as a group. Each member of the group will have approximately 5 minutes to interview the case. While conducting the interview, group members should act as one interviewer to keep continuity and flow. After the interview is complete, the group and the case can discuss the interview and then convey the whole experience back to the rest of the class.

You may use the TB Interview Checklist (Appendix O) during your interview.

Patient profile:

- Age: 47
- Name: Walter
- Hospitalized for 5 days, left hospital against medical advice
- Located a few days later lying on a park bench and was taken into the TB clinic
- After waiting at the clinic for two hours, he left without being seen by clinic staff
- Relocated and brought back to clinic for an interview

Interview takes places at the health department.

## TB Interview Role Play Demonstration by Course Facilitators

<b>Objective</b>	To demonstrate how to conduct an entire TB interview with a case.
<b>Time Allotted</b>	<ul style="list-style-type: none"><li>• 35 minutes for the interview</li><li>• 5 minutes for the interviewer self-assessment</li><li>• 5 minutes for case/patient feedback</li><li>• 10 minutes for observer/facilitator feedback</li><li>• 30 minutes for group discussion</li></ul>
<b>Activity Instructions</b>	<p>Determine who will play each role ahead of time so that the facilitators have time to prepare for the demonstration. One facilitator will play the role of a TB case, one will play the role of the interviewer, and one will be the observer who will provide feedback after the demonstration.</p> <p>Remind facilitators that the main point of the role play is to demonstrate how to <b>elicit contacts from the case</b>. Ensure that the interviewer demonstrates the process for eliciting:</p> <ol style="list-style-type: none"><li>1) All names of contacts</li><li>2) Relationship to the case</li><li>3) Locating information</li><li>4) Exposure time</li><li>5) Setting size</li><li>6) Physical description</li></ol> <p>The course participants will be observers of the demonstration and should be provided with copies of the observer assessment form. After the demonstration, discuss with participants what went well in the interview and what could have been improved. The facilitator playing the role of the observer should demonstrate the feedback techniques that were discussed in the morning's presentation.</p>
<b>Materials</b>	<p>Copies of:</p> <ul style="list-style-type: none"><li>• Case Role</li><li>• Interviewer Role</li><li>• TB Interview Checklist (Appendix O)</li><li>• Observer Instructions</li><li>• Observer Assessment Form (Appendix T)</li></ul>

**Case Role:**

You are the TB case in this interview. At the end of this interview, let the interviewer know how you think he or she did. Think about how you felt as a TB 'patient.'

You are a TB case named Reese, a 21-year-old college student who went to the Student Health Center of a local college because you had a bad cough, chills, night sweats, were coughing up blood, and had no appetite for about one month. You were referred to the TB clinic where they took a chest x-ray, gave you a tuberculin skin test (TST), and collected a sputum specimen. Based on the chest x-ray results and cough, you were admitted to a hospital.

You live with a roommate in off-campus housing. You are a psychology major attending 5 classes, and you tutor other college students. You are worried about who may have gotten TB from you, but are also concerned about people finding out about your illness. Today you are being interviewed at the hospital by a health department worker.

## **Interviewer Role:**

You are the interviewer in this scenario. Use the TB interview checklist (Appendix O) to conduct your interview. Make sure that you **elicit the names of contacts** during your interview.

You will have 35 minutes to complete the interview.

The case you interview is Reese, a 21-year-old college student. Reese was referred by a local college health center to the TB clinic. The interview is taking place in the hospital.

- Symptoms: productive cough, night sweats, and loss of appetite for one month
- Chest x-ray revealed cavity
- TST induration: 10 mm
- Three sputum specimens were collected over a 3-day period and all reported as smear positive
- An appropriate 4-drug regimen was started

## Observer Instructions:

You are the observer in this scenario. **Use the Observer's Assessment Form** (Appendix T) to make comments and provide feedback to the interviewer after the demonstration is complete.

### This is what the case's information says:

You are the TB case in this interview. At the end of this interview, let the interviewer know how you think he or she did. Think about how you felt as a TB 'patient.'

You are a TB case named Reese, a 21-year-old college student who went to the local college health center because you had a bad cough, chills, night sweats, were coughing up blood, and had no appetite for about a month. You were referred to the TB clinic where they took a chest x-ray, gave you a tuberculin skin test (TST), and collected a sputum specimen. Based on the chest x-ray results and cough, you were admitted to a hospital.

You live with a roommate in off-campus housing. You are a psychology major attending 5 classes, and tutor other college students. You are worried about who may have gotten TB from you, but are also concerned about people finding out about your illness. Today you are being interviewed at the hospital by a health department worker.

### This is what the interviewer's information says:

You are the interviewer in this scenario. Use the TB interview checklist (Appendix M) to conduct your interview. Make sure that you **elicit the names of contacts** during your interview.

You will have 35 minutes to complete the interview.

The case you interview is Reese, a 21-year-old college student. Reese was referred by a local college Student Health Center to the TB clinic. The interview is taking place in the hospital.

- Symptoms: productive cough, night sweats, and loss of appetite for one month
- Chest x-ray revealed cavity
- TST induration: 10 mm
- Three sputum specimens were collected over a 3-day period and all reported as smear positive
- An appropriate 4-drug regimen was started

## Role Play Instructions for Course Facilitator

### Overview

This activity involves conducting a full interview in a simulated environment with observation and feedback from other course participants and a course facilitator.

### Objectives

- To demonstrate effective communication and interviewing skills
- To recognize strengths and areas requiring improvement in interviewing skills via self-assessment and observer feedback

### Time allotted: 60 minutes total per interview

- 35 minutes for the interview
- 5 minutes for interviewer self-assessment
- 5 minutes for case feedback
- 10 minutes for observer/facilitator feedback
- 5 minutes for break between interviews

### Materials

- Packets for each participant containing information regarding their roles (for more information, refer to the **Pre-Course Procedures** section below)
- Video camera with tripod
- Watch/clock

### Pre-Course Procedures

#### 1. *Determine Role Play Groups and Create Participant Packets*

There are seven interview scenarios. Choose which roles you will use ahead of time. You can either choose to use the same three cases in each group or have the groups use different combinations of the seven possible cases. The groups should have no more than three participants plus a facilitator.

For each interview scenario, participants will interchange the interviewer, observer, and case roles. You should create these groups and assign their facilitator ahead of time. When creating groups, it is a good idea to have a mix of experienced and inexperienced interviewers. Create a master plan for the interviews and make copies for the participants. An example of how to organize a group is presented below:

	Interviewer	Case	Observer	Facilitator
Case 1	Sarah	Jim	David	Kate
Case 2	Jim	David	Sarah	Kate
Case 3	David	Sarah	Jim	Kate

Each participant should be given a folder the day before the activity with the interviewer instructions for the case they'll interview and the role instructions for the case they'll role play, and the related instructions and forms. For example, using the table above, Sarah's folder would contain:

- Case Information for the Interviewer: Case #1
- Role Information for Case #3
- One copy of the Interviewer Instructions
- One copy of the Case Instructions
- One copy of the Case Evaluation Form
- One copy of the Observer Instructions
- Two copies of the Observer Assessment Form

*Note: Actors may be used to play the role of the case in each scenario, allowing participants to focus on preparing for their interview. If you choose to use actors, make sure you provide them with their role information ahead of time so that they can prepare.*

## **2. Make Arrangements for Videotaping**

Each participant interview should be videotaped. Prior to the role plays, videotaping equipment should be set-up in each room and the chairs should be set up so that the interviewer and the case are both visible on the video. Participants should be given an electronic copy of their interview so they can view it on their own. Because there may not be time during the course to provide each participant with their interview, arrangements should be made to give each participant a copy of their taped interview after the course (e.g., emailed as an electronic file or mailed on a CD). Although it does require extensive preparation, videotaping is the gold standard for this type of skills-building course and it allows for additional self-assessment.

## **Course Procedures**

1. Provide participants with their folders that contain the handouts described above.
2. Instruct participants which group and room they have been assigned.
3. Ensure that there is a person in charge of running the video camera for each group (either the group facilitator or another staff person).
4. The interview should take approximately 35 minutes. Prior to anyone giving feedback, the interviewer should be asked how he or she felt about his or her interview performance.
5. During the interview, observers should take notes and fill out the Observer Assessment Form. This will enable them to give better feedback with specific examples.
6. After the entire activity is complete, all of the course participants should come back into the classroom together, along with the facilitators. Encourage the participants to discuss their experiences. You may ask observers and facilitators to comment on their colleagues' skills, mentioning strategies they used to address challenging situations.
7. Participants should be instructed to complete the video self-assessment form to receive their certificate of completion.

## **Role Play Instructions for Interviewer**

In this exercise, you will simulate interviewing a TB case for a contact investigation. Role-playing is a means of practicing interviewing skills and tasks in a simulated atmosphere. This role play involves one person playing the role of a case, another person playing the role of the interviewer, and one observing. For the purposes of this exercise, it can be assumed that the interviewer or the case is wearing the appropriate respiratory protection (i.e., a mask for the patient or respirator for the interviewer). You have received the “Case Information for the Interviewer” handout which provides information regarding the case you will be interviewing.

### **Before the Interview**

- Become familiar with the case’s background. This information is similar to what you may obtain from a medical record review prior to an interview.
- Ask your course facilitator any questions you have about the information that you received about the case.
- *Note: The name and age of the case has not been provided on the case information sheets. This is to allow the person playing the role of the TB case to tailor the role. In a real-life interview, the interviewer would have this information prior to the interview.*

### **During the Interview**

- Apply the effective communication and interviewing skills you have learned throughout the course.
- Remember that the primary objective of the interview is to elicit contacts.
- Although the case has received very detailed information about his or her role, he or she may have to rely on creativity for developing certain circumstances. Keep this in mind if the case needs a minute to remember or devise some information.

### **After the Interview**

- Let the group know how you thought you did during the interview.
- You will receive feedback from the case, the observer, and the facilitator. This will provide an opportunity to learn new interviewing skills or refresh those that you have.
- After the course, you will receive a copy of your videotaped interview. As part of completing this course, you will be asked to view the interview at your office or home and complete a self-assessment form.

## Case Information for the Interviewer: Case #1

**Name:**

**Phone Number:**

**Address:**

Interview takes place at the TB clinic.

### Case Profile

- \_\_\_\_\_ years old
- Visited the health department one week ago
- Productive cough for two months
- Ten-pound weight loss over one month
- Fever
- TST induration = 16 mm
- Chest x-ray was abnormal with noncavitary disease
- Sputum smear positive
- Culture pending
- HIV-test results pending
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) initiated
- Home-based, daily DOT
- On home isolation as ordered by clinic physician
- Self-employed, traveling singer

## Case Information for the Interviewer: Case #2

**Name:**

**Phone Number:**

**Address:**

TB interview takes place in hospital.

### Case Profile

- \_\_\_\_ years old
- Went to hospital emergency room two weeks ago complaining of cough, night sweats, chills, high fever, loss of appetite, vomiting, and dizziness. The case was sent home with prescriptions for antibiotics
- Returned to emergency room without symptom resolution a few days later, and was admitted to hospital
- TST induration = 22 mm
- Chest x-ray abnormal with cavitory disease
- Sputum smear positive
- Culture pending
- HIV status unknown
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Employed as an accountant

## **Case Information for the Interviewer: Case #3**

**Name:**

**Phone Number:**

**Address:**

The interview takes place in the hospital.

### **Case Profile**

- \_\_\_\_ years old
- Admitted to the hospital through the emergency room three days ago with complaints of cough for two months and acute hemoptysis (coughing up blood), and night sweats
- TST induration = 0 mm
- Chest x-ray abnormal with cavitary disease
- Sputum smear positive
- Culture pending
- HIV positive; treatment was started during hospital admission
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RBT, PZA, EMB) started in hospital
- Lives in a homeless shelter
- Unemployed

## **Case Information for the Interviewer: Case #4**

**Name:**

**Phone Number:**

**Address:**

The interview takes place at the case's home.

### **Case Profile**

- \_\_\_ years old
- Productive cough for six weeks
- Fever
- Ten-pound weight loss
- Chills
- Visited private doctor three weeks ago
- Chest x-ray was abnormal with right upper lobe infiltrate
- Admitted to the hospital four days ago; left against medical advice two days ago
- TST induration = 20 mm
- Sputum smear positive
- Culture pending
- HIV-test result pending
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Treatment self-administered daily at home
- Stay-at-home parent

## Case Information for the Interviewer: Case #5

**Name:**

**Phone Number:**

**Address:**

The interview takes place in the hospital.

### Case Profile

- \_\_\_ years old
- History of documented positive TST two years ago, with no history of treatment for latent TB infection
- Admitted to the hospital through the emergency room with an asthma attack four days ago
- Cough for one month
- Fever
- Unspecified weight loss
- Chest x-ray was abnormal with cavitory disease
- Sputum smear positive
- Culture pending
- Diagnosed with suspected pulmonary TB
- HIV-test result pending; previously negative
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Employed as school-bus driver

## **Case Information for the Interviewer: Case #6**

**Name:**

**Home Number:**

**Address:**

The interview takes place in the hospital.

### **Case Profile**

- \_\_\_ years old
- Admitted to the hospital from the county jail one week ago with fever, night sweats, and cough
- Chest x-ray abnormal with left upper lobe infiltrate
- Skin test performed at the jail was 5 mm
- Sputum smear positive
- HIV testing refused
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Active substance abuser (cocaine and heroin)
- Unemployed

## Case Information for the Interviewer: Case #7

**Name:**

**Phone Number:**

**Address:**

The interview takes place in the hospital.

### Case Profile

- \_\_\_ years old
- Productive cough for three months with intermittent fever for one week
- Admitted to the hospital through the emergency room three days ago after collapsing at work
- Chest x-ray showed a cavity in the lung
- Sputum smear was positive
- Culture pending
- TST induration = 20 mm
- Positive IGRA
- HIV-test results pending
- Diagnosed with suspected TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Employed as assembly-line worker in a factory
- Foreign born
- English speaking, but comprehension is limited; interpreter is unavailable

## Role Play Instructions for Case

The activity that you are participating in is for training purposes. Your role is to help develop interviewing skills. The case background information that you have been given contains information about the TB case you will portray. Even though you are feeling ill, you will be interviewed by a health care worker. For the purposes of this exercise, it can be assumed that the interviewer or the case is wearing the appropriate respiratory protection (i.e., a respirator for the interviewer or a mask for the patient).

The purpose of the interview is to build rapport, identify whom you may have infected (contacts), and provide TB education. Keep this in mind along with the case's background information, to make your role as effective as possible. The interviewer has your medical background information, but limited information in other areas.

### Before the Interview

- Become familiar with the case you will portray. You will need to come up with a name, age, address, and phone number for the case you are portraying. Feel free to elaborate on the general background information that is provided without losing the essence of the role. The interviewer will ask you the names, ages, and addresses of people you associate with closely. Read the scenario carefully so that you can come up with relevant information that is easy for you to remember. Other information may be asked about the people you associate with, as well as how much time you spend with them (e.g., when you last saw them and their physical descriptions).
- Become familiar with the "Case Evaluation Form" to assess the skills the interviewer uses while interacting with you. You will use this form at the end of the interview to provide feedback to the interviewer.

### During the Interview

- During the interview, remain focused on the role you are playing. The purpose of this exercise is to help the interviewer simulate the process of a TB interview for contact investigation.
- You may challenge the interviewer, but if he or she is having difficulty, try to assist by revealing some information as appropriate, particularly if this is an inexperienced interviewer. If the interviewer seems more experienced, you may challenge him or her further.
- Act naturally and react as though you are the actual case you are portraying. For example, your role may specify that you are a person who does not reveal much information. If the interviewer appears trustworthy and explains to you the importance of sharing certain information, you may then be more forthcoming.

- React to the interviewer’s interactive style. For example, if the interviewer is empathetic, you may be more willing to open up to him or her.

### **After the Interview**

At the end of the interview, take a few minutes to complete the “Case Evaluation Form” to provide the interviewer with constructive feedback. Review the list with the interviewer and include both the interviewer’s strengths and areas requiring improvement. When providing feedback, start with positive characteristics and then move into the areas needing improvement. Remember, you are assisting the interviewer to become more proficient while maintaining his or her confidence.

## Case Evaluation Form

Case: After the interview, check off the appropriate column and write additional comments. Please share your ratings and comments with the interviewer and observer in your group.

Process and Skill	Excellent	Good	Ok
Used simple language and gave clear explanations <i>Comments:</i>			
Established trust <i>Comments:</i>			
Appeared professional and nonjudgmental <i>Comments:</i>			
Appeared comfortable and confident <i>Comments:</i>			
Identified your contacts <i>Comments:</i>			
Identified and addressed your concerns <i>Comments:</i>			
Invited your questions and asked if you understood information given to you <i>Comments:</i>			
Made you feel comfortable about sharing personal information <i>Comments:</i>			

Additional Comments:

## Role Information for Case #1

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Lounge singer

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place at the health department clinic.

During the interview, you are:

- Distracted and frequently talking about yourself, but not your medical condition.
- Eager to learn more about TB.
- Coughing frequently.

### Medical History

#### Symptoms

- Persistent cough, with phlegm, for about two months.
- Ten pound weight loss during the past month. You were not concerned about the weight loss because you had been dieting.
- Never checked your temperature, but have occasionally felt feverish. You took aspirin to feel better, which worked temporarily.

#### Medical Evaluation

You visited a clinic at the local health department one week ago. At the health department you received a TB skin test, which was positive, and a chest x-ray, which was abnormal. Your phlegm was also collected for testing. An HIV test was done and you are awaiting results.

You were told that your test results were suspicious for TB and you were placed on four different TB medications, but you aren't sure of the names or the number of pills. You are on directly observed therapy (DOT), which means a health care worker must go to your house to watch you take medications every day.

The doctor instructed you to stay home until you are no longer contagious, but you have to make a living and are thinking about going back to work regardless of what the doctor says. When you go back on tour with your band, you don't see how DOT can be arranged.

## Contacts

### Household

- None; you live alone.

### Work

- Four-member band that travels with you on a private bus.
- Audiences are small and intimate; you travel to a new location each week within a 250-mile radius.

### Social

- Your significant other travels with you about 25% of the time. You do not reveal much about this person unless prompted by the interviewer.
- You have many friends who you see about once every few weeks, depending on when you are in town

### Family

- You frequently visit your grandmother in the nursing home where she lives.
- You do not keep in touch with the rest of your family.
- You have no children.

## Role Information for Case #2

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Very busy accountant who works for a prestigious firm

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place in the hospital.

During the interview, you are:

- Impatient and frequently looking at your watch because you are expecting visitors and want the interview to end soon.
- Reluctant to share information about your contacts, but eventually do so if the interviewer is persuasive enough.
- Angry with any references made to HIV testing and “directly observed therapy” or “DOT.”
- Uneducated about many aspects of TB; you try to hide your lack of knowledge at first, but eventually are willing to listen to what the interviewer shares.
- Concerned with having to continue your treatment with the health department. You would prefer treatment by your private doctor, whom you think is more qualified to handle your case and knows you better.

### Medical History

#### Symptoms

- Cough for about one month.
- Chills, high fever, loss of appetite, vomiting, and dizziness for about two weeks.

#### Medical Evaluation

You went to the hospital emergency room two weeks ago for severe “flu-like” symptoms. You were sent home with a prescription for antibiotics. When the symptoms did not resolve, you went back to the emergency room where a chest x-ray was taken. Your chest x-ray was abnormal. As a result of the abnormal chest x-ray, you were admitted to the hospital, where you received additional tests, including a TB skin test. An HIV test was offered to you, but you refused, fearing the result. You were told that all of the initial test results indicated that you have TB but final test results were pending.

A nurse watches you take four different TB medications every day. A physician told you that you should be hospitalized while you are contagious (about 2 weeks). For infection-control precautions, you were told to cover your mouth and nose when you cough.

## Contacts

### Household

- Spouse
- Two young children, ages 3 and 5

### Work

- Three high-profile clients who you have seen regularly in your office over the last 3 months.
- Ten coworkers in a large, spacious, modern building; you work in your own office.
- You are having an extramarital affair with a co-worker, whom you allude to, but remain evasive about unless the interviewer is persistent.

### Social

- Large circle of friends that you see once a week at parties. You are very anxious about the possibility that you gave TB to them and would be embarrassed if anyone found out about your condition.

### Role Information for Case #3

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Unemployed with no income

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Interview Scenario

The interview takes place in the hospital.

You are:

- Homeless and have been staying at a local homeless shelter for the past six months.
- Anxious to get back to the streets.
- Very concerned about having shelter, food, and money. Your health is a secondary priority. You frequently deviate from the interview topics and talk about other aspects of your life.
- Not very educated about TB. In the hospital, not much has been told to you, except that you have TB and may be contagious. You feel that the hospital staff have treated you rudely by not sharing much information.
- Coughing frequently during the interview, without covering your mouth, unless the interviewer asks you to do so.

#### Medical History

##### Symptoms

- Persistent cough for the past two months. You coughed up blood one time, before entering the hospital.
- Frequent night sweats during the past month.
- Chills and body aches for the past several weeks. You were unaware of your actual temperature because you never checked it.

##### Medical History

You were diagnosed with HIV infection three years ago, but have not followed up with HIV clinic appointments and have not been on any HIV medications.

You visited the hospital emergency room three days ago after one episode of coughing up blood. You were admitted to the hospital that day after a chest x-ray was read as abnormal. After admission, a TB skin test and sputum collection were done.

You were prescribed many TB pills, which you have taken each morning for the past three days. A nurse watches you take the medications. This bothers you somewhat because you think you are reliable and do not need anyone to watch you take pills.

You are now taking HIV medications regularly after being hospitalized, since the doctor

explained that these medications will also help fight off the TB. All of the medications make you feel nauseous after taking them. You tell the interviewer how you feel about the pills when talking about your TB treatment and that it could be tough to take both the HIV and TB medications once you leave the hospital.

### **Contacts**

#### **Household**

- You live in the local homeless shelter. The shelter houses about 50 people who sleep on cots close together in one large room; you sleep in the same corner each night. You are not allowed to spend the entire day at the shelter.

#### **Social**

- During the day, you spend time at soup kitchens and the bus station with two other people from the shelter. You are afraid that talking about your friends would get them in trouble. You only know their first names.

## Role Information for Case #4

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Unemployed; stay-at-home parent

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place in your home.

During the interview, you are:

- Cooperative with giving information about yourself and your family.
- Very concerned about the possibility that you gave your family TB.
- Not very knowledgeable about TB and want to learn more.
- Concerned about the confidentiality of this interview, asking about it several times.
- Worried about your friends finding out you have TB.

### Medical History

#### Symptoms

- Persistent cough for about six weeks. You took cough syrup, which seemed to help until recently. There is no pain associated with the cough, but some phlegm comes up.
- Shortness of breath hindered your early morning walks starting about two weeks ago.
- Ten-pound weight loss during the past month.
- Chills for the past few nights.
- Fever for one week which would not decrease with aspirin.

#### Medical Evaluation

Three weeks ago, you visited your primary care doctor about your persistent cough and were prescribed a 10-day course of antibiotics. The antibiotics did not help your symptoms, and your cough worsened. You went back to your doctor and received a chest x-ray which was read as abnormal. You were referred to a pulmonologist (lung doctor). The pulmonologist immediately admitted you to the hospital.

In the hospital, a TB skin test (positive), sputum collection, and an HIV test (awaiting results) were done. You were told you most likely have TB disease based on your test results and were started on TB medications.

You left the hospital against medical advice since you had made no child care arrangements. You are currently taking your medications on your own, but wouldn't object, if asked, to someone watching you take these medications at home (i.e., directly observed therapy).

## Contacts

### Household

- Ten month old infant daughter who is sleeping upstairs during the interview.
- Teenage son who is at school during the interview.
- Spouse who is at work during the interview.

### Social

- Two good friends seen during early morning walks.
- You attend your son's outdoor soccer games twice per week; you cheer from the sidelines.
- You attend a creative writing class at the local community college one evening each week. There are 20 students in the class.

## Role Information for Case #5

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Bus driver for a junior high school

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place in the hospital.

During the interview, you are:

- Vague when giving information about your job, since you are afraid you may get fired. However, you will eventually reveal information about your job if the interviewer is persuasive regarding the importance of identifying contacts.
- Willing to reveal details about your friends.
- Anxious to get back to work.
- Not very knowledgeable about TB and listen patiently if the interviewer tries to educate you.
- Coughing frequently.

### Medical History

#### Prior TB History

- You had a positive TB skin test two years ago as part of a pre-employment physical.
- At that time, you were referred to a doctor for a chest x-ray, which was normal.
- You were told that since you were over the age of 35 you did not need to take medicine that could prevent you from developing TB disease. You are angry that you now have TB disease and that you were not offered medications in the past.

#### Current Symptoms

- Persistent cough for about one month. Two weeks ago the cough got worse and was accompanied by phlegm.
- Low grade fever for one week.
- Lost an unknown amount of weight over the past month.
- Asthma and frequent colds. You use an inhaler for the asthma, as needed, for symptom relief.

#### Medical Evaluation

Four days ago, you had a very bad asthma attack and went to the hospital emergency room. You were admitted that day after receiving a chest x-ray and an exam. In the hospital, an HIV test was done (awaiting result) and sputum was collected; you were told by a doctor that you have TB.

You take many TB pills, but don't know what they are. The nurse in the hospital leaves pills in a cup by your bed for you to take each morning. By the time you get to the fourth pill you feel sick, so you wait until late afternoon to take the rest of the pills.

You were told some things about your medical condition, but the doctor used so much medical jargon that you remain confused about many things.

## **Contacts**

### **Household**

- You live alone and haven't had any visitors to your apartment in several months.

### **Work**

- You drive a school bus (6:30 a.m. to 7:30 a.m.; 2:30 p.m. to 3:30 p.m.; and 5:00 p.m. to 5:30 p.m. on weekdays). During the first two routes, the bus is full (about 30 students; same students each day). The last route is for students in after-school activities and is about half full (students vary day to day).
- All bus windows are always shut since the children were caught throwing objects at cars; you never open your window since you have a fan on your dashboard, which keeps you cool.

### **Social**

- You associate with two friends at a small pool hall about three nights a week.

## Role Information for Case #6

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Unemployed

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place in the hospital.

You are:

- A drug dealer and have used heroin and cocaine steadily for several years. You have been jailed many times in the past five years for a variety of offenses.
- Withdrawn and tired; you feel the need to get high.
- A two-pack-a-day smoker, but not allowed to smoke in the hospital.
- Not trusting of others and don't say much unless you come across someone who may help you with money, food, or shelter; once you find someone like this, you eventually open up.
- Very reluctant to share information about your illness and whom you associate with.
- Coughing occasionally during the interview without covering your mouth, unless reminded by the interviewer.

### Medical History

#### Symptoms

- Cough on and off for about one year. The cough worsened about one month ago; has been a dry cough.
- Fever on and off for the past week.
- Night sweats began about four days ago.

#### Medical Evaluation

You were arrested two weeks ago and put in the county jail. A TB skin test was done when you entered the jail; it was read as negative. While you were in jail, your symptoms got worse and you were transferred to a hospital one week ago. In the hospital, a chest x-ray was taken and sputum was collected. Your doctor also asked about taking an HIV test but you refused, since you were scared to find out the results.

It was explained to you that you had an abnormal chest x-ray and your sputum test was positive. Based on these results, you were prescribed four different TB medications. When you take the TB medications, you swallow all of them because a nurse watches you take them. You don't want to take all of these pills after you leave the hospital.

## Contacts

### Household

- You live in your significant other's apartment, but your official mailing address is your mother's home.

### Family

- Mother and aunt whom you care for greatly. You see them only occasionally because they disapprove of your lifestyle.

### Social

- Two drug users who you know by first name only. You don't know their addresses but can point out where they live. They come to your significant other's apartment to use drugs every two or three days.

### Other

- While in jail, you were in a cell with six other people.
- You meet drug buyers on the street and the meetings are very quick.

## Role Information for Case #7

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: Assembly-line worker in a shoe factory (night shift)

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Interview Scenario

The interview takes place in the hospital.

You are:

- An immigrant who arrived three years ago with your spouse and child.
- Learning English. You can understand English if it is spoken slowly; you ask the interviewer to slow down if speaking too quickly.
- Open to discussing your medical condition, but not your family and work. You ask with whom this information will be shared because you fear being fired from your job.
- Concerned about your aunt and uncle finding out about your TB. You live with them and you are worried about being asked to leave their home.
- Very anxious to get home since you have no medical insurance to cover the cost of hospitalization.
- Not convinced you actually have TB disease since you were given the BCG vaccine as a child.

### Medical History

#### Symptoms

- Cough on and off for about three months, but it has worsened recently. There is a lot of phlegm with the cough.
- Fever on and off for the past week.

#### Medical Evaluation

You were brought to the hospital emergency room three days ago after you collapsed at work. After receiving a chest x-ray, you were admitted to the hospital. During the hospital admission, a skin test, blood test, and sputum collection were done. You were told you had TB disease. You were also told some other things about your tests, which you didn't really understand; you ask the interviewer what the tests mean and why they were done.

You were prescribed many pills; a nurse watches you take your medications. The medications are hard to swallow all at once, but you manage to do so.

## Contacts

### Household

- Elderly uncle and aunt
- Spouse
- Ten year-old son

### Work

- Two co-workers who stand on either side of you on an assembly line in a large open room; there are about 25 people in the room, but you rarely talk or associate with the others
- Commute to work by car (round trip approximately four miles) with a co-worker

### Social

- Cousin visits every few weeks and stays for the weekend
- Not much time to socialize, as you sleep much of the day and spend the rest of your free time with your family

## Role Play Instructions for Observer/Facilitator

### Observer Role

In addition to being an observer in this interview activity, you will help facilitate and manage the group's activities. Please keep the following in mind:

- You will keep time for the group
  - 35 minutes – Interview
  - 5 minutes – Interviewer's self-assessment
  - 5 minutes – Case's feedback based on the "Case Evaluation Form"
  - 10 minutes – Observer's feedback based on the "Observer Assessment Form" and feedback from the facilitator
- While observing the interview, remain at a distance from the interviewer and case, so that you do not intrude. However, position yourself so that you can hear the dialogue clearly and observe all body language.
- During the interview, complete the "Observer Assessment Form." The form lists processes and skills to be completed by the interviewer. The processes are tasks that the interviewer must complete during the interview. The skills are techniques that are ongoing throughout the interview. Use the form as a checklist and for taking notes about the interview.

### Feedback

- There will be a feedback session after the completion of the interview. Take a few minutes to complete the "Observer Assessment Form," and instruct the case to complete the "Case Evaluation Form."
  - The interviewer will talk about the interview and his or her own skills and comfort with the interview.
  - When the interviewer's self-assessment is complete, the case should give feedback to the interviewer based on the completed "Case Evaluation Form."
  - Finally, the facilitator and the observer should provide feedback to the interviewer.
  - When providing feedback, start with strengths and positive characteristics and then focus on areas that need improvement. For purposes of time, highlight the strengths and the things that need the most improvement rather than going over everything.
  - Address each element of the interview and provide specific examples of strengths and areas in need of improvement as noted during the interview.
  - If any areas need improvement, offer techniques for improving certain skills. Remember, the goal is to assist the interviewer in becoming more proficient while maintaining his or her confidence.

## Observer Assessment Form

<b>Process and Skill</b> Observer: Check the appropriate rating for each process or skill. Add any comments or examples from the interview to the back of this form so you can give more concrete feedback.	<b>Excellent</b>	<b>Good</b>	<b>Ok</b>
<b>Introduction</b>			
1. Introduces self			
2. Explains purpose of interview			
3. Emphasizes confidentiality			
<b>Education, Information Collection, and Confirmation</b>			
4. Collects/confirms case's personal information			
5. Determines case's level of disease comprehension			
6. Provides appropriate TB education			
7. Reviews symptom history			
8. Discusses basis of diagnosis			
9. Discusses appropriate disease intervention behaviors			
<b>Contact Identification</b>			
10. Pursues detailed contact information			
11. Explains contact referral process			
<b>Conclusion</b>			
12. Invites case's questions			
13. Reviews/reinforces adherence to treatment plan			
14. Closes interview			
<b>Ongoing Skills</b>			
15. Demonstrates professionalism			
16. Establishes trust and rapport			
17. Listens actively			
18. Uses open- and closed-ended questions appropriately			
19. Communicates at the case's level of comprehension			
20. Provides factually correct information			
21. Provides encouragement			

## Observer Assessment Form

22. Uses appropriate nonverbal communication			
23. Motivates and encourages active participation of case			
24. Displays nonjudgmental behaviors			
25. Displays flexibility in the interview process			
26. Identifies and addresses case's concerns			
27. Maintains control of interview			
28. Identifies and discusses barriers to adherence			

Comments:

## Guide to Giving Feedback

**When giving feedback, try to use specific examples.**

Did the person you are observing:

- Show an accurate knowledge about TB?
- Provide solid information?
- Provide practical and appropriate analogies, explanations, examples, suggestions, descriptions, and/or illustrations that clarified important or difficult concepts?
- Keep the interaction focused and within the time frame?
- Concentrate on achieving objectives?
- Demonstrate effective communication skills?
- Listen in a thoughtful manner?
- Thoughtfully consider the perspective of the case?
- Respond only after the case finished speaking?
- Use various types of questions (e.g., open-ended, probing)?
- Demonstrate a positive attitude?
- Show respect to the case?

**Before giving feedback:**

- Ask the interviewer what they thought of their performance. This allows an opportunity for them to acknowledge the things they did right and point out areas they know they need to improve on.

**Start the feedback by describing what you liked:**

- Emphasis on interviewer's strengths.
- Focus on each interviewer's unique contribution.
- Emphasis on interviewer's creativity.
- Mention of challenges that the interviewer handled well.

**Phrase negative comments as "I wish" statements:**

- List maybe only 1 to 3 negative comments and focus on the most important things that the interviewer could improve upon.
- Couple "I wish" statements with a positive comment. Always offer a suggestion for how to improve.

**Other ways to say "I" statements, not "you":**

- "I applaud your effort in trying...that was a difficult situation"
- "I invite you to try..."

- “Something you might want to try in the future is...”
- “I’m sure at one time or another we all have experienced...”
- “I’ve done that same thing and this was how I learned to handle it... “

## Meeting with a Contact Exercise

1. Partner-up with someone near you
2. One of you should play the role of a TB interviewer and one of you should play the role of a contact being assessed.
3. The person playing the role of the TB interviewer should use the following list to conduct the contact assessment meeting:
  - a. Ask to speak to the contact
  - b. Verify the contact's identity
  - c. Introduce yourself, state who you are, and where you work
  - d. Ask to speak in a place with privacy
  - e. Inform the contact that the purpose of the visit is to discuss a health matter
  - f. Discuss the contact's potential exposure to TB
  - g. Provide education on TB
  - h. Describe the TB assessment process
  - i. Ask questions to assess the contact's risk for TB
  - j. Respond to the contact's concerns
  - k. Identify potential barriers to care and treatment
  - l. Schedule an appointment for TST/IGRA
4. After 10 minutes, switch roles.

## **Special Circumstances Role Plays: Instructions for Course Facilitator**

### **Objectives**

- To recognize strengths and areas requiring improvement in interviewing skills via self-assessment and observer feedback
- To demonstrate effective communication and interviewing skills

### **Time Allotted**

Approximately 3 hours total time.

There will be three interviews done in rotations. Each rotation will last for a total of 55 minutes:

- 10 minutes for preparation time
- 30 minutes for group interview
- 10 minutes for facilitator feedback
- 5 minutes for transition

### **Pre-Course Procedures**

3. Ask three experienced TB interviewers to lead this exercise. These individuals will play the role of either the school principal, homeless shelter director, or proxy. They 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.
4. Identify timekeepers for this session. Since the interview will be broken up into timed portions, it is important that someone is able to keep track of time and allow for everyone in the group to have a chance to participate.

### **Course Procedures**

1. Divide the participants into three evenly numbered groups by asking them to count off by 3.
2. Refer participants to Appendix V to read the descriptions of each person they will be interviewing.
3. Tell participants that they will be interviewing as a group. The participants should be instructed to evenly divide the interview time (e.g., 5 group members would each get 6 minutes to complete a 30 minute interview).
4. Each group should be assigned to a specific room/location. The facilitators playing the roles of the principal, shelter director, and proxy should rotate through the different rooms.

### **Course Materials**

- Appendices V “Interviewer Information” for participants
- Appendices V “Interviewee Information” for facilitators playing the role of the persons being interviewed

## Special Circumstances Exercise

### Group Assignments

Time	Interviewee / Scenario	Group
10:30-11:25	Principal	1
	Shelter Director	2
	Proxy	3
11:30-12:25	Principal	2
	Shelter Director	3
	Proxy	1
1:30-2:25	Principal	3
	Shelter Director	1
	Proxy	2

## **Special Circumstances Role Play: School**

### **School Principal**

**You are the school principal in this interview. At the end of this interview, let the group interviewers know how you think they did. Think about how you felt as a 'school principal.' You should also provide feedback on their interviewing and communication skills.**

You are Mr./Ms. Osteen, a high school principal. This morning you received a phone call from a representative from the health department requesting a face-to-face meeting to discuss a "very important issue." No further information was provided.

Your school has a population of 1,800 students and 110 faculty and staff. Among the students, 35% are foreign-born and English is not their primary language. There are seven periods in a school day and each class is 45 minutes.

When you find out exactly what the health department wants to talk to you about, you are very alarmed. You want to test the entire school IMMEDIATELY. You will agree to smaller scale testing only if you are convinced that is safe for your student population. You will agree to share whatever information is necessary; however, you will need to be convinced by the health department that confidentiality is paramount.

### **AFTER THE INTERVIEW**

When the interview is complete, provide feedback for about 10 minutes considering the following criteria as well as other communication skills.

1. Introduces self
2. Explains the purpose of the interview
3. Stresses the importance of confidentiality
4. Collects/confirms case information
5. Provides appropriate TB education
6. Eases fear
7. Discourages unnecessary testing

## Special Circumstances Role Play: School

### Interviewer

You are the interviewer in this scenario. You will have 30 minutes to complete the interview.

The goal of the interview:

- Provide information/education
- Ease fear
- Maintain the case's confidentiality with classmates and school community
- Discourage the principal from demanding testing of the entire school

You will be interviewing Mr./Ms. Osteen who is the principal at the local high school. You recently received a report from the hospital of Jessica, a 16 year old female who is suspected of having pulmonary TB. The case is foreign-born and reported having cough, fever, and weight loss over the past four weeks. Last week she had one episode of hemoptysis which prompted her family to bring her to the hospital. Her chest x-ray showed cavitory disease and her sputum smears were positive. Cultures are pending, but one nucleic acid amplification (NAA) test was conducted and the result is positive. The case was started on a standard course of TB treatment and is hospitalized in respiratory isolation.

During your interview with Jessica she reported that she walks to school every day and goes directly home afterwards. She has a "just a couple of friends" and denies participating in clubs, sports, or after-school activities.

1. Spend 10 minutes in your group deciding the order in which you will interview the principal and what strategy you will be using. You need to cover the areas identified in the goals listed above.
2. After the interview, the principal will provide you with some feedback on your interview.

	<b>Information to be covered</b>
<b>Introduction</b>	
<b>Provide education about contact investigation</b>	
<b>Provide education about TB, ease fear, and discourage testing the entire school</b>	
<b>Contact identification</b>	
<b>Conclusion</b>	

## **Special Circumstances Role Play: Homeless Shelter**

### **Homeless Shelter Director**

**You are the director of a homeless shelter in this interview. At the end of this interview, let the interviewers know how you think they did. Think about how you felt as the shelter director. You should also provide feedback on their communication and interviewing skills.**

You are Mr./Ms. Mitchell, the director of a homeless shelter. This morning you received a phone call from a representative from the health department requesting a face-to-face meeting to discuss a “very important issue.” No further information was provided. You don’t know of anyone in your shelter that has been sick. You are a little unsure of having the health department visit due to confidentiality reasons.

The shelter provides adult men with basic emergency shelter services (sleeping accommodations, meals, hygiene, laundry, and mail service). A maximum of 150 men can sleep in the shelter every night. Doors open at 5:00 p.m. for dinner and all guests must vacate the premises at 7:00 a.m. the next morning.

After the purpose of the visit has been made clear by the health department representative, additional information that you may provide is:

- Proof of TB clearance is mandatory prior to entry into the shelter
- Proof of annual TB clearance is also required
- No symptom screening or cough log is in place at the shelter

If you are convinced, you will agree to share sign in logs, annual TB clearance records, etc. with the health department. You will also agree to staff in-service and technical assistance from the health department, if offered.

### **AFTER THE INTERVIEW**

When the interview is complete, provide feedback for about 10 minutes considering the following criteria as well as other communication skills.

1. Introduces self
2. Explains purpose of interview
3. Stresses the importance of confidentiality
4. Collects/confirms case information
5. Provides appropriate TB education
6. Eases fear
7. Discourages unnecessary testing

## Special Circumstances Role Play: Homeless Shelter

### Interviewer

You are the interviewer in this scenario. You will have 30 minutes to complete the interview.

The goal of the interview:

- Collect information about the case
- Provide information/education
- Ease fear
- Maintain confidentiality of the case with homeless shelter residents
- Discourage the director from testing the entire homeless shelter population

You will be interviewing Mr./Ms. Mitchell who is the director of a local homeless shelter. You recently received a report from the hospital of a 38 year old male (Sam) who is suspected of having pulmonary TB. Sam is a drug user (meth) and walked into the emergency department (ED) complaining of a productive cough and chest pains for the past four months. Yesterday at the ED, the chest x-ray showed cavitory disease and sputum collected on the same day was positive. Cultures are still pending. When hospital staff informed Sam that he was going to be transferred to respiratory isolation, he left the hospital against medical advice without starting anti-TB medications.

The case has not been seen again, but a review of the admission report from the ED revealed that the case was homeless and was a frequent guest at the local homeless shelter.

1. Spend 10 minutes in your group deciding the order in which you will interview the shelter director and what strategy you will be using. You need to cover the areas identified in the table on the next page.
2. After the interview, the director will provide you some feedback on your interview.

	<b>Information to be covered</b>
<b>Introduction</b>	
<b>Provide education about contact investigation</b>	
<b>Provide education about TB, ease fear, and discourage immediate testing of the entire homeless population</b>	
<b>Collect and confirm case information</b>	
<b>Conclusion</b>	

## **Special Circumstances Role Play: Proxy Interview**

### **Proxy**

**You are the proxy in this interview. At the end of this interview, let the interviewers know how you think they did. Think about how you felt as a proxy 'patient.' You should also provide feedback on their communication and interviewing skills.**

You are Cynthia, the mother of a case named Bob. Bob loved music and singing and was a member of St. John's choir. He was a co-owner of a local beauty salon. Before he got sick, he worked there 6 days a week from 8 a.m. to around 6 p.m. He has two other stylists who work with him, Fran and Herb. He hasn't worked for about a month because he had a bad cold, maybe bronchitis.

Bob was diagnosed with laryngeal/pulmonary TB. Unfortunately, Bob passed away one day after TB medications were initiated, and before the health department could interview him. Two months prior to Bob's diagnosis, you moved in to live at the home he shared with his wife and their four children (Kevin, 2 years old; Vivian, 3 years old; Cindy, 8 years old; and Romeo, 16 years old). Bob's wife, Susan, is a stay-at-home mom who runs an unregistered daycare from their living room for neighborhood children.

A health department worker has come to your home to interview you. The health department called and spoke to Susan; however, she is still too upset to talk and wants you to talk to the health department. It is about 6 p.m. and no one else is home. Susan is currently at a local park with children from her daycare.

You will readily talk about your four grandkids, because you are worried about their health.

You are reluctant to talk about anything else, because that is Susan's responsibility.

### **AFTER THE INTERVIEW**

When the interview is complete, provide feedback for about 10 minutes considering the following criteria as well as other communication skills:

1. Introduces self
2. Explains purpose of interview
3. Stresses the importance of confidentiality
4. Collects/confirms case information
5. Identifies contacts
6. Provides appropriate TB education
7. Eases fear

## **Special Circumstances Role Play: Proxy Interview**

### **Interviewer**

You are the interviewer in this scenario. Use the TB interview checklist (Appendix M) to conduct your interview. You will have 30 minutes to complete the interview.

The goal of the interview:

- Conduct a full interview for a TB contact investigation with a proxy

You are interviewing the mother of a case named Bob. He was a co-owner of a local beauty salon. Bob was diagnosed with laryngeal/pulmonary TB. Three sputum specimens collected on different dates were smear and culture positive. Bob's chest x-ray was abnormal with cavitation. Unfortunately, Bob passed away one day after TB medications were initiated, and before the health department could interview him. You just received the report from the hospital and called Bob's house and spoke to Susan, his wife. She said she would try to be there to talk to you, but if she isn't, she would make sure her mother-in-law, Cynthia, was there to talk.

You know that Bob's family is large. His medical record noted four kids.

3. Spend 10 minutes in your group deciding the order in which you will interview the proxy and what strategy you will be using. You need to cover the areas identified in the table on the next page.
4. After the interview, the proxy will provide you some feedback on your interview.

	<b>Information to be covered</b>
<b>Introduction</b>	
<b>Provide education about contact investigation</b>	
<b>Provide education about TB</b>	
<b>Contact identification</b>	
<b>Conclusion</b>	

## Course Evaluation

Please respond to the following statements by circling the appropriate number for your response from the rating scale below.

**1 - Strongly disagree   2 - Disagree   3 - Agree   4 - Strongly Agree**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. The objectives were clearly stated at the beginning of the course.	1	2	3	4
2. The course objectives were satisfactorily met.	1	2	3	4
3. The facilitators were knowledgeable about the subject matter.	1	2	3	4
4. The facilitators exhibited effective training skills during the course.	1	2	3	4
5. The presentations were interactive.	1	2	3	4
6. I was given opportunities to ask questions and express concerns.	1	2	3	4
7. I was given enough time to practice skills in eliciting names and other information for locating contacts.	1	2	3	4
8. The course was long enough to build my skills.	1	2	3	4
9. The course activities promoted skill-building.	1	2	3	4
10. The learning environment was comfortable.	1	2	3	4
11. I would recommend this course to others.	1	2	3	4
12. My TB interviewing skills were enhanced by taking this course.	1	2	3	4
13. If any of the above ratings are 1 or 2 (strongly disagree or disagree), list which activities could have been improved and how.				
14. What did you find most beneficial about this course?				

15. What would you have changed about this course?

16. Did the training meet your expectations? Please explain.

17. Additional Comments:

## Post-Course Self-Assessment of Interviewing Skills

This course was designed to build TB interviewing skills. Indicate the skill level you now have after taking this course. Please respond to the following statements by circling the appropriate number of your response from the rating scale below in the spaces to the right of each statement.

**1 - Strongly Disagree   2 - Disagree   3 - Agree   4 - Strongly Agree**

During an interview, I am now able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Build trust and rapport with a TB case	1	2	3	4
2. Listen actively	1	2	3	4
3. Use open-ended questions	1	2	3	4
4. Communicate at the case's level of comprehension	1	2	3	4
5. Display nonjudgmental behavior	1	2	3	4
6. Utilize flexibility in the interview process	1	2	3	4
7. Recognize the need to stop and reschedule a stalled interview	1	2	3	4
8. Identify and address case concerns	1	2	3	4
9. Recognize and address verbal cues	1	2	3	4
10. Recognize and address nonverbal cues	1	2	3	4
11. Maintain control of the interview	1	2	3	4
12. Identify and resolve communication barriers	1	2	3	4
13. Determine an infectious period	1	2	3	4
14. Determine how to prioritize contacts	1	2	3	4

**Post-Test****Multiple Choice**

1. What is included in the systematic approach to a TB contact investigation?
  - a. Assessing and managing priority contacts
  - b. Evaluating contact investigation activities
  - c. Conducting field visits
  - d. Interviewing the TB case
  - e. All of the above
  
2. What characteristics are used to assign priority level to contacts?
  - a. Age
  - b. Immune status
  - c. Extent of TB exposure
  - d. TB symptoms
  - e. All of the above
  
3. After ruling out TB disease through a medical evaluation, which contacts should be considered for prophylactic treatment even if they have a negative test for TB infection?
  - a. Children younger than 5 years of age
  - b. Healthy adults
  - c. Persons living with HIV/AIDS
  - d. College students
  - e. A and C
  
4. If the case and the interviewer do not speak the same language, who should be brought in to interpret during the interview?
  - a. A neighbor
  - b. The case's spouse
  - c. A trained interpreter
  - d. A family member
  - e. All of the above

**True or False**

5. If a contact has had the BCG vaccine in the past and they test positive on the TB skin test, they do not require further evaluation for TB.
  - a. True
  - b. False
  
6. "Who stays in your home with you?" is an open-ended question.
  - a. True
  - b. False

7. A contact who has an initial negative test for TB infection should have a second skin test done 8 to 10 weeks after their last exposure to the TB case.
  - a. True
  - b. False
  
8. A contact investigation is the responsibility of the health department.
  - a. True
  - b. False
  
9. A contact investigation is always necessary for TB cases with noninfectious forms of TB disease.
  - a. True
  - b. False
  
10. The main goal of the TB interview is to identify contacts.
  - a. True
  - b. False

## Answers to Post-Test

### Multiple Choice

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**Instructions:**

Please review the video of your interview and indicate what changes you might make in the following areas. If you were satisfied with your performance in an area and would not make any changes, please indicate that as well. You must complete this form to receive your certificate of completion.

Process and Skill	Changes you would make in the future (if any)
<b>Introduction</b>	
Effective introduction (e.g., introducing self, explaining purpose of the interview and confidentiality, building trust and rapport)	
<b>Education, Information Collection, and Confirmation</b>	
Collecting personal information (e.g., name, date of birth, address, phone number, any known exposure to TB, and medical provider for TB)	
Providing TB education (e.g., assessing level of disease comprehension and providing appropriate education)	
<b>Contact Identification</b>	
Provide explanation (e.g., explain contact referral process, importance of identification of all contacts, and potential visits to exposure sites)	
Define and focus on infectious period	
Distinguish between a high, medium, and low priority contact	
Collect appropriate information on contacts (e.g., name, aliases, dates of first and last exposure, description, and locating information)	

Collect information on contacts in multiple settings (e.g., household/residence, social, recreational, workplace, school, and other congregate settings)	
Develop a plan for congregate setting investigation (if applicable)	

<b>General Communication</b>	
Listen actively	
Communicate at appropriate level (e.g., avoid use of jargon)	
Use open-ended and closed-ended questions appropriately	
Display non-judgmental behavior (e.g., show empathy regarding illness and respect cultural differences)	
Demonstrate flexibility in the interview process (e.g., allow for deviation from standard outline, when needed)	
Identify and address patient concerns	
Maintain control of the interview	
Identify and resolve communication barriers (e.g., look for both verbal and nonverbal cues from patient)	
Maintain open and positive body language	

Name/ID \_\_\_\_\_

**Was there anything you observed in the video that surprised you?**

**Are there any other changes or modifications that you might make to your interviewing technique based on your review of your interview?**



5. After attending this course, have you been able to identify more high-risk contacts (e.g., persons with HIV infection or diabetes, children under age 5, persons with greatest exposure time) than before taking the course? Please explain.
  - a. Yes
  - b. No

6. Rate your skill level in conducting a contact investigation interview:

	Poor	Fair	Good	Excellent
<b>Before this training</b>	1	2	3	4
<b>After this training</b>	1	2	3	4

7. Was there anything missing from the course that would have been beneficial to help improve your skills related to TB contact investigation?

8. Additional comments: