

# Effective TB Interviewing for Contact Investigation: Facilitator-Led Training Guide



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of Tuberculosis Elimination





# **Effective TB Interviewing for Contact Investigation: Facilitator-Led Training Guide**

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## Preface

The TB interview is a crucial aspect of the contact investigation process. As a result of this interview, contacts are identified, medically evaluated, and treated for active disease or latent TB infection. This process is vital to TB elimination goals.

The TB interview is not simply a process of asking a patient questions or reviewing existing educational materials. It involves relationship and trust building, ongoing problem solving, needs-based education, and evaluation of collected information. Practice and training are necessary to build the skills required for conducting a TB interview, accomplish its objectives, and maintain a trusting relationship with the patient.

This guide describes the methods and contains materials for conducting a training course on TB interviewing. It utilizes three components:

- Self-Study Modules
- Facilitator-Led Training Guide
- Training DVD (can be ordered from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination).

These resources can assist in the training of individuals who conduct TB interviews. These tools were carefully developed over a period of time during which existing TB interviewing materials were analyzed and best practices and gaps were identified. Expert TB control supervisors and trainers, as well as numerous interviewers from all over the country, were consulted regarding course content, effective training methods, and practicality of use.

This course has been designed to address identified gaps in TB interviewing education and training materials. In addition, the interview methods discussed in this guide are based on successful educational practices used in various disciplines, not just TB control. While no training resource can substitute for actually observing experienced interviewers and conducting interviews oneself, this course can provide a solid foundation from which quality skills can develop.



## Introduction

### 1. Introduction

#### Purpose of this Course

The *Effective Tuberculosis (TB) Interviewing Course* is an interactive, skill-building program. It is designed to improve the knowledge and proficiency of both new and experienced staff. These staff have the responsibility for interviewing TB patients and TB suspects as part of contact and outbreak investigations, as well as patients who are part of source case investigations. While these healthcare workers may have other distinct responsibilities in TB control, this training course will concentrate on just one of those important aspects, the TB interview.

#### Course Facilitators

Appropriate facilitators for this course include state or local level supervisory TB or other qualified health department personnel. These individuals should have experience in TB interviewing and group facilitation.

#### Course Materials

In addition to *Effective TB Interviewing for Contact Investigation: Facilitator-Led Training Guide*, this course utilizes two other resources: the *Effective TB Interviewing for Contact Investigation: Self-Study Modules*, and the *Effective TB Interviewing for Contact Investigation DVD*.

This Facilitator's Guide provides the information and material you will need to teach the course. The most effective way to learn interview techniques is to practice them. Therefore, the course activities are practice-based and not lecture-oriented. We have included most of the needed instructional items. However, where indicated, modifications will need to be made to account for local standards of practice, staffing patterns, job descriptions and responsibilities, and regulations. Adjustments can also be made to this course based on time available and number of participants being trained.

Since this is a one-day course, reading the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* is a prerequisite for the participants. These modules should be ordered from CDC and distributed to the course participants prior to the course. This prerequisite will provide important background information, while the course will build on this knowledge to help develop interviewing skills.



## Introduction

The *Effective TB Interviewing for Contact Investigation DVD* provides modeled patient-interviewer interactions with teaching points about communication skills. It can also be ordered from CDC and used in conjunction with the course activities.

### Sections

This Facilitator's Guide contains the following sections:

1. Introduction
2. Objectives of the Facilitator-Led Training Guide
3. Adult Learning Principles
4. Facilitator Qualities
5. Course Planning
6. Course Design
7. Pre-Course Arrangements
8. Group Facilitation and Training Delivery
9. Evaluation
10. Course Activities
11. Acknowledgments
12. Resource List

Prior to conducting the course, you should review each section in order to become familiar with all of the course's components. You may refer back to any section as necessary. You should also become familiar with the *Effective TB Interviewing for Contact Investigation: Self-Study Modules*. This will ensure that you can answer participant questions and refer to sections with ease throughout the training.

### Effective Training

The most effective training requires knowledgeable, skilled, organized, and enthusiastic facilitators. By taking the initiative to provide this training, you are ensuring that a high standard for TB interviewing is being set and maintained.



## Objectives

### 2. Objectives of the Facilitator-Led Training Guide

By reading, reviewing, and utilizing this guide, the facilitator will

- Apply the principles of adult learning to training activities;
- Formulate and utilize a training needs assessment;
- Arrange a course based on a pre-course needs analysis and resource availability;
- Conduct training which is relevant to participant needs;
- Utilize local standards to personalize the training; and
- Conduct short-term and long-term evaluation of the outcomes of interviewer training.



## Adult Learning Principles

### 3. Adult Learning Principles

The importance of *adult learning* plays a key role in healthcare professional training. To conduct an effective training program, facilitators need to be aware of the unique needs of the adult learner. Adults, unlike children, base their learning on past experiences and relevance to current or future experiences. The outcome of a training program is important to the adult learner. This places a value on the learning activities. Therefore, understanding how a training experience applies to real-life scenarios is vital.

Whenever possible, application of knowledge through exercises and activities is important. The training materials contained in this manual, and the approaches described, are geared toward practical, not theoretical, education. The information provided is specific to the interviewer's occupational needs. Any presentation using the materials provided in this manual must be relevant to the interviewer's past and present experiences and job-related tasks.

Some effective teaching methods with adult learners include the use of examples and practice. Because learners also bring with them life and job experiences related to the discussion topics, participants should be allowed to actively participate in training by asking questions related to specific and realistic situations. Brainstorming with colleagues about solutions to challenging situations should be allowed to occur as well. Training should also allow time to absorb ideas, which may be a change to the participants' current thinking. In turn, the facilitator should also respect differing opinions and exceptions to what may be taught.

Facilitators can learn from the course participants in many ways. The participants may have innovative ways of solving problems or different viewpoints. Adult learners are a unique learning resource for both the facilitator and one another.



## Facilitator Qualities

### 4. Facilitator Qualities

#### Background

The best-qualified individual to conduct this course is one who has a background in health education and is a skilled facilitator or trainer. That is, this facilitator should be

- Able to navigate group discussions
- Comfortable in front of a group of people
- Flexible with deviations from the course structure
- Able to provide constructive feedback

We also suggest that someone who has experience in conducting TB contact investigations and TB interviews assist the facilitator. This person should be able to answer topic-related questions and advise participants on varying approaches and skills based on his or her experience. The facilitator and knowledgeable staff member can be the same person. However, having multiple persons involved in the teaching of this course will add variety and help keep activities lively.

#### Participant-Centered Training

Just as TB interviewing is patient-centered, the facilitators should be committed to making the course participant-centered. This means making the experience comfortable, ensuring that participants will be successful in their practice exercises, and hearing and responding to participant concerns. If feasible, it is advised that the participants' supervisors not attend or conduct the training. It is important that the participants feel free to express themselves without fear of judgment or criticism. Realistically, however, supervisors may need to be retrained periodically and may need to attend the same course as their subordinates. When supervisors are either a part of or conducting a training course, facilitators should be aware of the influence of supervisors on individuals' levels of participation.

#### Experience

The facilitator should also be familiar with the populations with which the participants interact. He or she should also be comfortable with the fact that participants may have difficult questions and sometimes have negative feelings about the communities with which they work and with the patients whom they interview. It is up to the facilitator to remain objective and nonjudgmental. This will be covered further in a section on training design and delivery presented later in this guide.



## Course Planning

### 5. Course Planning

This section will discuss issues that should be considered prior to conducting a training program. These issues include formulating why training is being conducted, for whom it is targeted, and what skills need to be addressed.

#### The Planning Process

Depending on who the target audience is and where they are from, it is important to involve supervisory, state, and other staff in planning the training program. These individuals will take into consideration what outcomes they wish to see from a training program as well as make determinations on who should be trained and what staff capabilities exist. These issues may range from who is available from individual programs to attend training to a broad assessment of where poor performance indicators exist for contact investigation.

The planning committee discussion should answer

- Why a course on TB interviewing is being conducted;
- Who should attend the course, including job descriptions and titles, geographic locations (if not from the same health department located in one area), and levels of experience;
- Who should provide the training and who will provide support services before, during, and after the course;
- Who should pay for the training;
- When to conduct the training; and
- Where to conduct the training.

#### Needs Assessment Process

In order to answer the above questions, the planning committee should complete a needs assessment. A **needs assessment** is a process for gathering information that allows an instructor to tailor the content to the learning needs of the group. To develop a training program that will have the intended impact, you must have an accurate picture of

- Whether training is necessary and feasible;
- What topics and skills need to be developed; and
- How training should be delivered.



## Course Planning

While the needs of the course participants in a TB interviewing course may seem obvious, some planning and assessment to address these needs is necessary. Training should be tailored to fit the level and experiences of the course participants. This course will be much more effective if it takes into consideration what the participants require and the circumstances in which they work.

### Data Sources

There are sources from which to obtain assessment data and determine the answers to the planning committee's questions about training.

**Performance Indicators** – Some of the places in which data for the planning process can be located include the following:

- *TB interview outcome objectives for individual TB programs.* Upon reviewing these objectives, it should be determined whether they are being met. Examples of objectives include the time frame for completion of interviews and the contact index
- *The Aggregated Reports for Program Evaluation (ARPE) target*
- *Review of interview data collection forms.* A review should include looking at forms for completeness, accuracy, logic, and timeliness of documentation
- *Supervisors' interview observations.* Supervisors should periodically go into the field and observe contact investigation interviews to evaluate staff performance

**Patient-Identified Needs** – Participants themselves are also a good source of information about their own training needs. They can also discuss what types of training formats and activities work best for them. When approaching the trainees, supervisors should make it known that TB interviewing training is needed and that a preliminary plan has been established. Their feedback would be useful in tailoring training to specific work circumstances. Ways in which this assessment can be done with potential trainees are

- Individual interviews;
- Focus groups or informal group interviews; and
- Written surveys.



## Course Planning

Depending on whom you are speaking with and their experiences, the responses you receive may vary. How you analyze the data can be based on various factors about the participants including

- Years of experience
- Frequency of conducting interviews
- Types of TB patients typically seen (e.g., private provider, homeless, substance abusers, foreign born)
- Interview environments (e.g., hospital, home, shelter)

Below are some sample questions you may ask as part of a needs assessment interview or survey:

1. Have you conducted patient interviews before? If so, in what settings did these interviews take place?
2. Have you conducted TB interviews?  
*If so:*
  - a. How comfortable are you with TB interviews? If not comfortable, what would help you become more comfortable with TB interviewing?
  - b. What do you enjoy about TB interviewing?
  - c. What TB interviewing situations do you find challenging?
  - d. ...and why?
  - e. What type of patients do you find challenging to interview and why?*If not:*
  - a. What are your expectations of how you will perform a TB interview?
  - b. If you anticipate any challenges, what are they?
3. Have you ever had interviewing training?  
*If yes:*
  - a. Where did you have training?
  - b. When did you have training?
  - c. What was the training like (e.g., was it specific to TB or another field of work; what was the training format)?



## Course Planning

4. Since TB interviewing training will be provided:
  - a. What specific topics or skills would you like to see emphasized (e.g., asking open-ended questions, formulating an infectious period, maintaining confidentiality, obtaining contacts, appropriate use of body language)?
  - b. What methods for training do you find most effective (e.g., role-playing, watching others conduct interviews, lectures, case studies)?
  - c. Where, when, and for how long should training ideally take place?

### Analyzing and Using the Needs Assessment Results

Upon completion of a needs assessment, the results should be summarized. A summary report, with the results listed, will assist you and the planning committee in designing a course based on the participants' needs. Based on what participants tell you and what supervisors also share, the training program can take shape using the teaching activities provided in this manual. The program may be shorter for more experienced persons who have demonstrated effective skills in the past but need a “refresher,” or who have never been formally trained in the past. The length of the course may also be influenced by job constraints and staff coverage.

Once topics, skills, and amount of time allotted have been determined, objectives and an agenda can be set. This manual will provide a course agenda and activities that you may modify depending on the identified needs and limitations.

### Logistics

Along with your planning committee or the others who are assisting you, decide a date and venue for the course. Since training should be a focused experience, free of distractions, choosing a location away from the health department is ideal. If possible, coverage should be arranged to provide an uninterrupted training experience for staff.

Try to schedule the course during regular work hours. This ensures that participants can be available for the entire course and not conflict with other responsibilities such as childcare, personal appointments, or other work. Also, continuity can be best attained if the course is held over one day rather than split between two or more days.



## Course Planning

### Course Learning Objectives

The learning objectives of a training program are its measurable outcomes. The objectives listed below are based on the activities provided to you in this manual. The objectives of the *Effective TB Interviewing* training course are for the participant to develop the skills to

- Provide a comfortable interview environment for the patient;
- Identify contacts based on knowledge of TB transmission and the infectious period;
- Establish rapport with an index patient;
- Appropriately respond to patient questions through TB education;
- Utilize effective communication techniques to convey respect, sincerity, and confidence to the patient; and
- Address patient's concerns by recognizing verbal and nonverbal cues.

The above objectives may be modified based on the choice of course activities. Objectives should be incorporated as part of the evaluation activities at the end of the course to gauge whether they were accomplished.



## Course Design

### 6. Course Design

#### Type of Training

Individuals have different ways in which they best learn information. Earlier, it was discussed that most adults learn best by participating in activities that reflect their experiences and are relevant to their work. People also grasp concepts best from varying media. For most, reading about and listening to information on a certain topic leads to some information retention. However, demonstration and practicing skills are among the best ways to learn and retain information. As such, the interviewing course should utilize varied training methods.

#### Class Size

Because skill building is a key component in this course, it is presented as an interactive learning experience. Using this style of teaching, the class size should be small and well planned for group activities. It is recommended that the class size be no more than 15-18 people. If you wish to deviate from that number, please attempt to form class sizes in multiples of three, as many of the exercises in this training rely on triads.

#### Participants' Prerequisites

The training provided in this guide is based on several participant prerequisites. The participant should

1. Have TB interviewing as part of his or her job responsibilities;
2. Read the CDC *Self-Study Modules on Tuberculosis, Modules 1-9*, or demonstrate a proficiency in the topics of TB transmission and contact investigation prior to attending the course; and
3. Read the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* prior to attending the course.

These course prerequisites will provide a foundation in TB knowledge and TB interviewing. As such, the course can then be focused on TB interviewing skills building.

You may also want to test the course participants' knowledge on the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* prior to the course. You may decide if participants should meet a minimum knowledge requirement prior to participating in the course. A test can be put together by choosing several existing questions from the modules.



## Course Design

### Format

Interactive activities for this course consist of the following formats:

- Written exercises
- Role plays
- Simulated patient interviews
- Group interviews

The exercises will be described in greater detail in the Course Activities section starting on page 29

### Facilitator Preparation

Every trainer has a personal style of preparation and delivery. A useful way to begin preparing for the course is to review the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* to become familiar with the content with which the participants will be coming to the course. You should become familiar with the content to ensure that you can respond to any questions or concerns that may arise during the course of training. Other issues may be anticipated from reading the modules, this Facilitator's Guide, and the summary of the needs assessment. To prepare for these issues

- Develop personal anecdotes or illustrative examples to contextualize a teaching point;
- Arrange for additional facilitators or speakers who may have expertise in a particular topic area; and
- Plan to deal with special or sensitive issues.

In addition, these other suggestions may assist you in facilitating this course:

- ***Find out what noninterviewing duties the participants have.*** Noninterviewing duties may include directly observed therapy (DOT), skin testing, follow-up of contacts, congregate-setting contact investigation, or case management. This knowledge will assist in determining the nature of the interviews participants will be involved in and how often they may be in contact with patients after an initial interview.
- ***Anticipate different training groups.*** Occasionally, there may be persons who have not read the prerequisite materials thoroughly because of other responsibilities. Certain terms and concepts may need to be reviewed to bring everyone to the same level.



## Course Design

- ***Form participant groups thoughtfully.*** You should give careful thought to which participants should be placed together for activities, because these groupings can influence the dynamics and results of activities both positively and negatively. It is helpful, however, to obtain a list of how long each of the participants has done TB interviewing. This way the groups can be mixed. Less experienced persons can learn from more experienced participants. Some participants may have interview experience from other disciplines that can also be factored into forming groups. Caution: just because they have been doing interviews for a long time does not mean they have been doing them effectively.
- As much as possible, participants should be grouped with people they do not know. While in groups with unknown individuals, participants will see how others conduct interviews in a variety of settings. If little information is known about the participants prior to the course, groups can be formed by simply having participants count off. For example, if an exercise involves three groups, participants should count off by threes. Then all persons with the same number belong to the same groups.

### Agenda

The training agenda should be tailored to the needs of the participants and the programs in which they work. Course organizers should consider tailoring the course content and time allotted for each activity based on the participants' needs. The agenda should also include activities that will result in meeting the pre-determined course objectives. Activity timings can be found on page 31. This may be helpful in formulating an agenda, which should be based on the time available and participants' needs.



## Pre-Course Arrangements

### 7. Pre-Course Arrangements

In addition to preparing teaching materials and anticipating the participants' needs, some logistical considerations should be made as part of course preparation. These include inviting the participants, arranging the classroom set-up, and preparing learning materials.

#### Inviting the Participants

The course participants may be either pre-selected to attend or have to “apply” to take the interviewing course. In either case, all participants should be sent a letter of confirmation with any relevant course instructions including

- Learning objectives;
- Location and directions;
- Course timings; and
- Prerequisites.

A sample letter is shown in Figure 1 (page 16). This letter may be modified to fit your course needs. The confirmation letter should be sent 1-2 months prior to the course to allow staff to make arrangements for workplace coverage and to provide adequate time to read one course prerequisite, *Effective TB Interviewing for Contact Investigation: Self-Study Modules*.



## Pre-Course Arrangements

**Figure 1. Sample Confirmation Letter**

*Print on letterhead*

<Date>

<Name of Participant>

<Address>

Dear \_\_\_\_\_:

I am pleased to confirm your enrollment in the training course, “Effective TB Interviewing,” which will be held on <day/date> from <start time> to <end time> in <city, state>. Directions to the course site are enclosed.

The objectives of the “Effective TB Interviewing” training course are for the participant to develop the skills to

- Provide a comfortable interview environment for the patient
- Apply concepts of TB transmission to the contact elicitation process
- Establish rapport with an index patient
- Appropriately respond to TB education questions from the patient
- Utilize effective communication techniques to convey respect, sincerity, and confidence to the patient
- Address patient’s concerns by recognizing verbal and non-verbal cues

I have included a copy of the course prerequisite, the *Effective TB Interviewing for Contact Investigation: Self-Study Modules*, for you to read prior to your arrival at the course. These materials contain the basic information on TB interviewing and provide a foundation prior to conducting interviews. The concepts from the materials will not be reviewed during the course to ensure the maximum time to practice the skills of TB interviewing. Please be sure to read the enclosed materials before coming to the course.

You will get the most out of the course only if you are acquainted with the objectives of TB interviewing and its techniques. <Include any reference to testing participants on Modules’ content in order for them to participate.> You can then be prepared to participate in discussions, role plays, practice interviews, and other activities. Even if you are an experienced interviewer, your review of the materials will help bring the entire class to the same level.

<The remainder of the letter can be devoted to other appropriate matters such as: lodging, travel, expense reimbursement, emergency message telephone number at course site, parking, etc.>

If you have any questions regarding the course, please feel free to call me at (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or contact me by email at \_\_\_\_ @ \_\_\_\_\_. I look forward to your participation in the course.

Sincerely,

<Course Facilitator>



## Pre-Course Arrangements

### Assistance

If possible, you should secure a support person to help with activities during the course. This person should not be a participant and does not need to be someone who is necessarily skilled in TB interviewing. The support person can act as a timekeeper and should keep a copy of the agenda with specific timings of each activity. If the other facilitator/trainer acts as the support person, he or she can also make observations during the course, which will assist in formulating future training. A support person can also assist with any unforeseen problems, attempting to remedy these problems while the facilitator proceeds with the course activities.

Several activities (i.e., activities 5, 7, and 8) require other staff—experienced interviewers—to be ideally effective. These people may be colleagues within your program or other health department programs. If obtaining other staff to assist is difficult, some of these activities can be done in larger groups.

### Supplies

All of the activities in this manual have a list of necessary supplies that you should have prepared and ready ahead of time. In addition, you should have the following items for the participants just before the start of the course:

- Preprinted or prewritten nametags (if not preprinted or prewritten, provide pens for writing) – The writing on the tags should be visible from the front of the room and all areas of the classroom set up. The facilitators and trainers should also have nametags.
- Sign-in Roster – This should be a preprinted list of expected participants' names with room for them to sign. Participants may require verification of their attendance and this roster can provide this information readily.
- Extra pens and paper for participants' note taking.
- Extra copies of the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* for reference, in case the participants wish to refer to a concept during a break but did not bring a copy.
- Flip chart, chalkboard, or wipe-off board for impromptu mini-lectures.
- Participant certificates of completion – Providing certificates is a nice way of ending a course. Certificate paper can be inexpensively purchased and names printed or neatly handwritten. These may also serve as verification of attendance for their job requirements.



## Pre-Course Arrangements

### Classroom and Facility Arrangements

The ideal arrangement for the classroom is to place tables in a “U” shape with the opening of the “U” at the front of the classroom and chairs for participants around the outside of the table. In this arrangement, participants can see each other for interactive purposes. The “U” should remain open to allow the instructor to move about freely. However, this arrangement may not always be possible in the space available to you or if the chair and tables cannot be moved easily.

Whatever the arrangement, there should be enough space for participants to move about and form groups without disturbing one another. While much of the course involves small group communication activities, the seating arrangements help to facilitate discussion after each activity has been completed and the participants come together for a discussion. Ideally, if several rooms are available, these can be used for small group activities.

There should also be space in the front of the room for a table to include teaching materials. Since the course mostly involves interactive activities, there is no need for a podium in the room. In fact, a podium may be a barrier to a facilitator working with a group of participants.



## Group Facilitation and Training Delivery

### 8. Group Facilitation and Training Delivery

#### The Purpose of a Facilitator

In the section Facilitator Qualities, we briefly discussed some basic characteristics of an appropriate facilitator. During a course, the facilitator should

- Encourage participants to share ideas and concerns;
- Model effective communication by listening, repeating, and asking questions; and
- Provide information to supplement what the participants bring with them to the course.

#### Providing Effective Facilitation

There are several concepts to keep in mind to provide effective facilitation.

- ***Set ground rules for the course.*** While adult learners should be treated as adults, there should be some basic rules of respect during the course that will make all participants feel comfortable. These will be covered in the Course Activities section (page 29). These rules emphasize confidentiality, respect for others' opinions, and nonjudgmental behavior. Both the facilitator and participants can formulate these rules together, as persons are more apt to adhere to rules that they have created.
- ***Create a safe learning environment.*** Demonstrations and practice sessions (role-plays) can be intimidating for some participants. Facilitators will want to lead these activities in ways that build confidence and strength in the areas that the participants themselves have expressed as concerns. Facilitators can minimize the stress of performance and maximize the value of practicing and learning together.
- ***Encourage participants to become acquainted during breaks.*** During the breaks, at lunch, and at other appropriate times, encourage participants to talk with each other and compare job responsibilities, policies, procedures, and “tricks of the trade.” This interaction will help the participants and may well benefit later discussions in the group.
- ***Help participants review the content of each activity.*** An important aspect of training is providing participants with opportunities to focus on the “big picture” of what they are learning. This evaluation will allow participants a chance to review the material that they have covered during the course and to raise questions or concerns they have about the content. Hints for the types of questions to ask are included with each activity description.
- ***Accommodate local laws, policies, and practices.*** Any effective job-training course accommodates the circumstances in which the participant works. You will want to pay attention to any relevant local laws and practices impact how one initiates or conducts an interview.



## Group Facilitation and Training Delivery

- **Facilitate question-asking by repeating questions.** Questions may not be heard or understood by all of the participants. Therefore, when a question is asked, you should either repeat or paraphrase it to help others understand it clearly. Since this is a skill-building course, it is acceptable to ask other participants to try to answer the question, especially if it revolves around communication and interviewing techniques.
- **Do not let a factual error in a participant's statement go uncorrected.** Even if only a small point in an otherwise correct answer is wrong, that point should be quickly and tactfully clarified so that others are not left with an incorrect impression.
- **Be aware of the level of participation of each person in the course.** It is natural for some members to talk more than others. You should encourage those who seem to talk less than others to answer questions and share experiences, even if they are new to TB interviewing.
- **Involve active listening in all aspects of training.** You should be aware of what each person is saying and be able to paraphrase it if the point someone has made is relevant later in the course. This gives the participants a sense of importance, and it is helpful for them to hear important concepts reiterated in various contexts.
- **Take responsibility for keeping participants on track.** Discussions may stray from the main point or lead into negative discussions and complaints about work. It is your job to move the discussion ahead even if this means interrupting after someone has finished a sentence or merely acknowledging that others may have contributions to make, but that you simply have to move on to adhere to time constraints. Also, during all practice sessions and small group activities, it is important to circulate throughout the room to catch problems and assist or encourage people as needed. Several minutes before the small group activity is to end, facilitators should alert participants to the amount of time remaining in each activity.
- **Allow groups to work independently.** Within the course, there are activities that involve group work. The purpose of this is to promote incorporation of varying ideas and to enhance the flow of many ideas at once. As the facilitator, you should walk around the room to observe how groups' processes are progressing. However, try not to intervene unless a group is missing the purpose of the activity or is very far behind the time allotted for completion of the activity. By observing the group processes, you can assess how well the group was prepared for this activity and whether your instructions were clear. This is important for future training programs.
- **Realize that there are different successful approaches.** While you may teach a particular approach, the course participants may have other ways in which they accomplish certain tasks. These may also be acceptable approaches. If, however,



## Group Facilitation and Training Delivery

participants suggest methods which are unethical or illegal, but “get the job done,” it is your responsibility to explain that the ends do not always justify the means. That is, when dealing with patients and public health issues, all parties must be treated with respect and honesty.

### Providing Feedback

Feedback is critical to skills building. Feedback is the process through which facilitators and participants provide each other with comments and observations. Providing positive feedback is very important in building trainee confidence. Negative feedback is also important, but should be constructive.

If someone performs a task that requires improvement, mention positive aspects first and then gently ease into the negative aspects. However, you should always have solutions for a better way to do things. You can preface negative feedback with an acknowledgement of how difficult the situation can be, especially if someone is new or is dealing with a challenging patient or population. Examples of his or her positive and negative skills and techniques give better insight to the person who is being assessed. During the course, there will be opportunities for both you and the participants to provide feedback to one another.



## Evaluation

### 9. Evaluation

Course evaluation is the assessment of a training program based on

- Participants' written and verbal comments and ratings; and
- Participants' improvement in skills and knowledge both on a short- and long-term basis.

Evaluation should measure whether the course objectives have been accomplished. There are several methods for completion of the course evaluation process for both immediate and long-term feedback. The performance of objectives is one measure for course evaluation (outcome evaluation); another is to determine how the course progressed (process evaluation). This will assist in planning future training.

#### Immediate Evaluation

The best way to assess the course structure and participant satisfaction is through immediate evaluation. This can be done through a simple written form that participants should be required to complete at the end of the course. The purpose of the immediate written feedback is to determine

- The strengths and weaknesses of the course
- The participants' self-reported satisfaction with their increase in learning and the skills built
- How the course's format helped or deterred from learning
- Other types of training that may be required
- The effectiveness of teaching style of the facilitators and trainers.

A sample evaluation tool for the course is shown in Figure 2 (page 23). A skill-building evaluation is included in Figure 3 (page 24). This can also be incorporated into a written participant evaluation form for immediate evaluation.



## Evaluation

**Figure 2. Sample Written Course Evaluation Form**

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

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

- |  |   |   |   |   |
|--|---|---|---|---|
| 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 trainer(s) was (were) knowledgeable about the subject matter.<br>[LIST TRAINERS NAMES INDIVIDUALLY]                 | 1 | 2 | 3 | 4 |
| 4. The trainer(s) exhibited effective training skills during the course.<br>[LIST TRAINERS NAMES INDIVIDUALLY]             | 1 | 2 | 3 | 4 |
| 5. The trainer(s) presentation was interactive.<br>[LIST TRAINERS NAMES INDIVIDUALLY]                                      | 1 | 2 | 3 | 4 |
| 6. I was given enough 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<br>necessary information for locating contacts. | 1 | 2 | 3 | 4 |
| 8. This 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 greatly enhanced by taking this course.   | 1 | 2 | 3 | 4 |

If any of the above ratings are 3 or 4, list which activities could have been improved and how.

What did you find most beneficial about this course?

What would you have changed about this course?

Did the training meet your expectations?

Other comments:

The written course evaluation form should be given to the participants at the end of the course during the designated evaluation completion time.



## Evaluation

**Figure 3. Post-Course Self-Skills Evaluation Form**

This course was designed to build TB interviewing skills. Indicate the degree to which this course did or did not provide you with sufficient information and skills to perform these tasks listed. Please respond to the following statements by circling the appropriate number for your response (from the rating scale below) in the spaces to the right of each statement.

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

During an interview I will be able to:

Build trust and rapport with patient	1	2	3	4
Listen actively	1	2	3	4
Use open-ended and close-ended questions	1	2	3	4
Communicate at the patient's level of comprehension	1	2	3	4
Solicit an index patient's feedback	1	2	3	4
Motivate and encourage active participation of the index patient	1	2	3	4
Display nonjudgmental behavior	1	2	3	4
Assess the need for a proxy	1	2	3	4
Develop flexibility in the interview process	1	2	3	4
Recognize the need to stop and reschedule a stalled interview	1	2	3	4
Identify and address patient concerns	1	2	3	4
Recognize and address verbal problem indicators	1	2	3	4
Recognize and address nonverbal problem indicators	1	2	3	4
Maintain control of the interview	1	2	3	4
Identify and resolve communication barriers	1	2	3	4
Formulate an infectious period	1	2	3	4
Distinguish between a close and casual contact	1	2	3	4
Develop rationale for contact investigation plan	1	2	3	4



## Evaluation

### Change in Performance and Impact Evaluation

The more important, yet more challenging, type of evaluation is impact evaluation. This is a specific long-term evaluation of interviewing performance changes over time. Impact evaluation measures the way in which the participants' interviewing skills have changed as a result of the course. This is challenging because you will have to analyze whether any changes were due to the course itself or to other external factors. Therefore, the best way to measure change is by conducting an evaluation process prior to the course and then again after the course.

Figure 4 (pages 26-27) shows a sample interview evaluation form in two parts. This form should be used by an experienced interviewer or observer to assess a course participant's interviewing skills. In order to assess the impact of the training, an evaluation should be done prior to the course. The same observer should assess the same participant after the course as well. Use of the same observer and interviewer pair will avoid inter-observer variability. One observer can also assess multiple interviewers. Participant evaluations should be done as close as possible to the end of the course, or at least within 3 months of the completion of the course. Another interviewer evaluation should be considered within 6 months of the training, in order to gauge the lasting impacts of the course.



## Evaluation

**Figure 4. Sample Interview Evaluation Form**

<b>Sample TB Patient Interview Evaluation Form</b>	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Pre-Interview Activity</b>			
1. Reviews index patient's medical record			
2. Obtains/reviews locating information for the index patient			
3. Establishes preliminary infectious period			
4. Develops strategy for interview process			
5. Arranges interview appointment time and place			
6. Arranges and ensures privacy			
<b>Introduction</b>			
7. Introduces self			
8. Explains purpose of interview			
9. Emphasizes confidentiality			
<b>Information &amp; Education Exchange</b>			
10. Collects/confirms the index patient's personal information			
11. Determines the index patient's level of disease comprehension			
12. Provides appropriate TB education			
13. Reviews symptom history			
14. Discusses basis of diagnosis			
15. Discusses appropriate disease intervention behaviors			
<b>Contact Identification</b>			
16. Defines close and casual exposure			
17. Verbalizes a sense of urgency			
18. Identifies household, workplace/school, other congregate-setting, and social and recreational contacts			
19. Pursues detailed contact information			
20. Persists to identify all close contacts			
21. Explains contact referral process			
<b>Conclusion</b>			
22. Invites index patient's questions			
23. Reviews and reinforces adherence to treatment plan			
24. Establishes a date for re-interview			



## Evaluation

*Figure 4. Sample Interview Evaluation Form, continued*

Sample TB Patient Interview Evaluation Form (cont'd)	Excellent	Satisfactory	Needs Improvement
<b>Communication</b>			
26. Demonstrates professionalism			
27. Establishes trust and rapport			
28. Listens actively			
29. Uses open- and closed-ended questions appropriately			
30. Communicates at the index patient's level of comprehension			
31. Provides factually correct information			
32. Solicits the index patient's feedback			
33. Provides encouragement			
34. Uses appropriate nonverbal communication			
35. Motivates and encourages active participation of the index patient			
36. Displays nonjudgmental behaviors			
<b>Problem Solving</b>			
37. Assesses the need for identifying an appropriate proxy			
38. Displays flexibility in the interview process			
39. Recognizes the need to stop and reschedule a stalled interview			
40. Identifies and addresses index patient's concerns			
41. Recognizes and addresses verbal problem indicators			
42. Recognizes and addresses nonverbal problem indicators			
43. Maintains control of interview			
44. Identifies and begins resolution of barriers			
<b>Analysis</b>			
45. Refines the infectious period			
46. Distinguishes between close and casual contact			
47. Develops rationale for contact investigation plan as verbalized to patient			

### Comments

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## Evaluation

### Facilitator Evaluation

Finally, you and any cofacilitators should evaluate the training program's effectiveness. This can be done not only from formal written and external observation, but also from your own reactions. Here are questions you may ask yourself about the quality of your training. Responses to these questions can be used to improve the next interviewing course offering:

#### *How did participants react to the course? (Process evaluation)*

Watch the participants during the training. If they are uncomfortable or tense, try to determine the source of the problem and how to make people more comfortable. It helps to identify those who were uncomfortable in terms of experience levels and the format of the activity.

#### *What did the participants learn from the workshop? (Outcome evaluation)*

Review the course learning objectives and assess whether you think these have been met.

#### *Ask yourself before each activity:*

- What makes this activity appropriate now and what will participants learn?
- What changes may be necessary to make certain activities appropriate at the time they are conducted?

#### *Ask yourself after each activity:*

- What have I learned from these activities?
- What have the participants learned from these activities?

Short-term and long-term evaluations can assist in improving future courses and can suggest refresher training that can be done on a periodic basis.



## Course Activities

### 10. Course Activities

#### Course Contents

This section contains all of the interactive activities for the *Effective TB Interviewing for Contact Investigation Course*. The agenda gives you an overview of the activities and approximately how long each activity takes. You may revise the agenda, depending on your participants' needs and time available for the course. For example, if your group has a strong foundation of the basics but needs some "refresher" training, you may wish to go straight to the role-plays.

#### Format

Each activity is listed separately. The activity descriptions contain the following sections:

- Objectives
- Time allotted
- Procedure
- Materials needed – All of the activities have accompanying handouts, which require duplicating. For some, you may need additional items. The handouts are included immediately after each activity section.
- Tips

You should review all of the activities before deciding how to provide the training. This will also assist you in preparing items you may need and in anticipating any questions that may arise. The activities you plan can be varied based on number of facilitators and size of group.

Each activity may also contain handouts for the participants, group leaders, and group observers. Course facilitator's instructions are also designated. These are marked respectively as

**Participant**



**Leader**



**Observer**



**Facilitator**



All handouts may be duplicated and modified, as needed, for distribution.



## Course Activities

### Activity Overview

Figure 5 (page 31) shows an overview of the course activities associated with the course. This is not the formal agenda. A formal agenda should be typed and duplicated for the course participants. It should include a list of the course activities along with allotted timings and additional items, including

- **Registration** – This is the period of time prior to the course in which participants arrive, sign in on a preprinted roster, and receive any participant materials and name tags.
- **Breaks** – You should allow at least one 15-minute break in the agenda for every 2 hours of course time. This permits participants to relax for a few minutes, network with others, and also respond to any work-related tasks. Breaks may be negotiated if you wish. For example, if a course is moving along smoothly and in a timely fashion, participants may choose to forego a break in order to leave the course early. Breaks can also be shortened if a course is behind schedule and time needs to be made up.
- **Meals** – Generally, 45-60 minutes should be allotted for a lunch or dinner break, depending on the time at which the course is being held. If the meal is being provided as part of the course, the meal break can be shorter. However, if participants need to go off site to purchase their meal, this break time should allow for additional time.
- **Evaluation** – About 15 minutes at the end of the course should be allotted for participants to complete the written course evaluation form.



## Course Activities

**Figure 5. Course Activities Overview**

Activity Number	Name of Activity	Activity Format	Estimated Time
1	Introduction	Participant listening	10-15 minutes
2	Icebreaker	Informal one-on-one interview	40 minutes
3	Prioritization Exercise	Written with group discussion	35 minutes
4	Infectious Period Exercise	Written	30 minutes
5	Active Listening Exercise	Verbal and listening – facilitated	60 minutes
6	TB Interview Strategy Exercise	Case study and group interviews	95 minutes
7	TB Interview Structure Exercise	Role-play	130 minutes
8	Effective TB Interviewing (optional)	Modeled DVD interviews with facilitated discussion	35-105 minutes
9	Simulated Patients	One-on-one observed interviews	60 minutes

Activity 8 is the showing of the *Effective TB Interviewing for Contact Investigation* DVD. This DVD provides examples of TB interviewing techniques with teaching points from actual interviewers and patients. It was designed as a self-contained teaching tool. However, the DVD can be used as part of this course to initiate discussion and provide examples of interviews prior to course participants actually conducting interviews. The video is 67 minutes long and can be ordered from the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination.

All activities in this section may be adapted to fit local demographics and standards of practice.



## Course Activities

### Facilitator



### Activity 1: Introduction

#### Objectives

- To set ground rules for course
- To inform participants of what is expected of them
- To create a comfortable learning atmosphere

**Time Allotted:** 10-15 minutes

**Materials Needed** Written ground-rules list for distribution

#### Procedure

1. *Welcome the participants* to the course and introduce yourself and co-facilitators.
2. *Let the participants know* that the purpose of this course is to build skills for effective TB interviewing. Since they read the *Effective TB Interviewing for Contact Investigation: Self-Study Modules* prior to the course, they should have the basic foundation of communication and TB interviewing and be prepared to practice these skills.
3. *Set ground rules* for the course. Read the following aloud. Participants should
  - a. Make a commitment to the course, including participating fully in all activities, which are designed to help improve interviewing skills.
  - b. Respect different experience and skill levels in each other.
  - c. Encourage new and inexperienced interviewers.
  - d. Keep information confidential. That is, if a patient is discussed as an example, he or she should not be mentioned by name. Additionally, classmates' skills or concerns they may raise should not be discussed outside of the classroom.
  - e. Be back on time after breaks and mealtime.
  - f. Do not interrupt others.
  - g. Turn off pagers and cell phones or at least place them in vibrate mode during the course. If one must respond to calls, do so outside of the room and during breaks only.



## Course Activities

### Facilitator



### Procedure (continued)

### Activity 1: Introduction, continued

4. *Ask participants to add any additional rules.*
5. *Mention locations of certain important places, such as bathrooms, designated smoking areas, water fountains, pay phones, and restaurants and cafeterias.*
6. *State that because course activities build on one another, it is important to not only fully participate, but to be present for the entire course from start to finish. Since supervisors have designated this time for training, there should be no reason for a participant to leave the course early, unless, of course, an emergency arises.*



## Course Activities

### Facilitator



### Activity 2: Icebreaker

#### Objectives

- To set a comfortable atmosphere
- To let participants learn about each other
- To identify potential barriers to communication

An “icebreaker” is an interactive activity that prompts individuals to meet and learn from each other in an informal fashion. Course icebreakers may or may not have to do with the subject matter of a course or program, but are conducted to make people more comfortable.

#### Time Allotted

35 minutes total

- 5 minutes for instructions and dividing participants into groups
- 10 minutes for pair interviews
- 20 minutes for introduction of course participants and group discussion

#### Materials Needed

Participants should have paper and pens/pencils

#### Procedure

1. Ask each participant to pair up with another participant whom he or she does not know. This may require individuals to move about the room, since most people may have already sat next to someone they know. If there is an odd number of people in the room, one of the participants can pair up with you or another facilitator.
2. Ask each pair to collect the following information about each other. They should take turns and write down any information they need to remember:
  - a. First and last name with correct spelling and pronunciation
  - b. Place, city, and state where the person works
  - c. Job responsibilities in addition to TB interviewing
  - d. Biggest challenge in TB interviewing
  - e. Greatest achievement in having worked with a TB patient
  - f. Whom the person spends time with on a regular basis
  - g. Where the person spends leisure or social time



## Course Activities

### Facilitator



### Procedure (continued)

### Activity 2: Icebreaker, continued

3. Give each person about 5 minutes to ask all of the questions, then ask them to switch roles.
4. After 10 minutes, announce that time is up. Ask people to be prepared to share their “interview” experience.
5. Tell the class that this was their first interview experience of the course. Ask each person to introduce their partner to the group and provide whatever information they have collected, even if they did not complete their interviews.
6. After all groups have completed their tasks, ask people to share what challenges or barriers to communication they felt occurred during this exercise. If barriers are not easily shared, try these prompts and ask for examples and confirmation that these may have existed:
  - Noise
  - Time pressure
  - Talking to a stranger
  - Being given very little information prior to the activity
  - Writing and collecting information at the same time
  - Other people in the room
  - Remembering all persons with whom one has frequent contact

Initiate a discussion of how such barriers may exist in the TB interview setting. The last bullet, in particular, can place the participant in the patient’s perspective. This point, depending on what answers people provide, can initiate discussion on the persons with whom, indeed, people frequently spend time.



## Course Activities

### Facilitator



### Activity 3: Prioritization Exercise

#### Objectives

- To look critically at patient medical information for transmission assessment
- To understand the priority order in which patients should be interviewed based on infectiousness, length of treatment, and type of disease
- To apply recommendations for TB interviewing

#### Time Allotted

35 minutes total

- 5 minutes for instructions and dividing participants into groups
- 15 minutes of individual group work
- 15 minutes of large group discussion

#### Materials Needed

Easel and marker; copies of “Prioritization Exercise” on page 38 (one for each participant)

#### Procedure

1. Ask participants to count themselves off by threes (i.e., 1, 2, 3...)
2. Designate three places in the room where each group should meet. Ask all 1s, 2s, and 3s to form groups and go to the designated meeting areas.
3. Pass out copies of the sheet on page 38. Explain that all of the patients described in the list require a TB interview. It is the job of each group to come up with a priority order in which to interview patients. Even though there may not be agreement within the group, they must come to a consensus with one order.
4. Give each group 15 minutes to work on this activity. Provide a verbal warning when they have 5 minutes left to work.
5. While the group is working, draw a grid (Figure 6) on the easel.



## Course Activities

Facilitator



### Activity 3: Prioritization Exercise, continued

*Figure 6. Priority Grid*

Patient	Group 1	Group 2	Group 3	Your answers
A				
B				
C				
D				
E				
F				
G				
H				

**Procedure  
(continued)**

6. After 15 minutes, ask one person from each group to verbally call out, by numbers 1-8, the order in which they ranked each patient, starting with patient A and ending with patient H. Tell them that their answers cannot be changed after seeing any other group's answers.
7. Discuss any major deviations between each group. For example, if one group ranked a patient number 1, but another ranked the patient number 4, ask each group why one considered the patient to be a high priority while another felt the patient was medium priority.
8. Use the ranking to promote a discussion on reasons for prioritizing interviews.
9. Write down your answers and explain that the exact numbers do not have to be the same, but an approximate priority should be consistent. For example, patients 1-3 should be about the same in a varying order, 4-6 can vary, and 7 and 8 can be another grouping. The first grouping is the highest priority, the second is medium, and the third is the lowest. However, all of these patient interviews need to eventually be initiated within the state's designated timeframe for interviews.

**Tips**

Since the purpose of this exercise is to prioritize interviews, participants need to understand the principles of infectiousness and apply them to the interviewing process. Therefore, page 39 has suggested answers and page 40 gives the rationale for why the cases are prioritized as indicated. Note that the answers may vary slightly. However, there should be no major discrepancies such as low-priority and high-priority cases being interchanged.



## Course Activities

Participant



### Activity 3: Prioritization Exercise

Participant  
Handout

You are the only staff member available to visit patients in the field. In addition to your regularly scheduled field assignments, your supervisor places eight new assignments on your desk for TB interviews for contact and source case investigations. Your supervisor's advice: "Prioritize these new patients for interviewing." Please prioritize the following assignments for interviews with '1' being the highest priority and '8' being the lowest priority. Note that all of the following patients must be interviewed.

<p><b>A. 25 y/o male</b> ____  <b>TST 27 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>Sputum smear: positive (4+)</b>  <b>Culture: ID pending</b>  <b>Cough x3 months</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>	<p><b>E. 36 y/o female</b> ____  <b>TST 12 mm</b>  <b>Initial CXR: infiltrates/noncavitary disease</b>  <b>Repeat CXR improving</b>  <b>Sputum smear/culture: negative</b>  <b>Verified by skin test result &amp; improving CXR</b>  <b>Asymptomatic</b>  <b>Outpatient TB treatment</b></p>
<p><b>B. 3 y/o child</b> ____  <b>TST 17 mm</b>  <b>CXR: negative</b>  <b>Private patient</b>  <b>On treatment for latent TB infection</b></p>	<p><b>F. 29 y/o female</b> ____  <b>Lymph node smear: negative</b>  <b>Drainage aerosolized while dressing changed at home by family member (without mask), prior to culture ID &amp; treatment</b>  <b>Culture: <i>M. tuberculosis</i></b></p>
<p><b>C. 17 y/o male</b> ____  <b>TST 22 mm</b>  <b>CXR: abnormal/cavitary disease</b>  <b>Sputum smear: negative</b>  <b>Culture: identification pending</b>  <b>Cough, night sweats, weight loss x2 weeks</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>	<p><b>G. 51 y/o female</b> ____  <b>HIV positive</b>  <b>TST 0 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>Sputum smear: negative</b>  <b>Culture: AFB positive; final ID pending</b>  <b>Productive cough, night sweats, weight loss x 3 weeks</b>  <b>Recent history of atypical mycobacterial disease</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>
<p><b>D. 21 y/o female</b> ____  <b>TST 0 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>BAL smear: negative</b>  <b>Culture: <i>M. tuberculosis</i></b>  <b>On TB treatment</b></p>	<p><b>H. 62 y/o female</b> ____  <b>TST 12 mm</b>  <b>Larynx smear: negative</b>  <b>Biopsy results pending</b>  <b>CXR: infiltrates/noncavitary disease</b>  <b>Hoarseness</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>

Key: y/o=years old; CXR=chest X-ray; ID=identification; TST=tuberculin skin test; BAL=bronchoalveolar lavage; AFB=acid fast bacilli



## Course Activities

Facilitator



### Activity 3: Prioritization Exercise Answer Sheet

Facilitator Answer  
Sheet, p. 1

You are the only staff member available to visit patients in the field. In addition to your regularly scheduled field assignments, your supervisor places eight new assignments on your desk for TB interviews for contact and source case investigations. Your supervisor's advice: "Prioritize these new patients for interviewing." Please prioritize the following assignments for interviews with '1' being the highest priority and '8' being the lowest priority. Note that all of the following patients must be interviewed.

<p><b>A. 25 y/o male <u>1</u></b>  <b>TST 27 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>Sputum smear: positive (4+)</b>  <b>Culture: ID pending</b>  <b>Cough x3 months</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>	<p><b>E. 36 y/o female <u>7</u></b>  <b>TST 12 mm</b>  <b>Initial CXR: infiltrates/noncavitary disease</b>  <b>Repeat CXR improving</b>  <b>Sputum smear/culture: negative</b>  <b>Verified by skin test result &amp; improving CXR</b>  <b>Asymptomatic</b>  <b>Outpatient TB treatment</b></p>
<p><b>B. 3 y/o child <u>5</u></b>  <b>TST 17 mm</b>  <b>CXR: negative</b>  <b>Private patient</b>  <b>On treatment for latent TB infection treatment</b></p>	<p><b>F. 29 y/o female <u>4</u></b>  <b>Lymph node smear: negative</b>  <b>Drainage aerosolized while dressing changed at home by family member (without mask), prior to culture ID &amp; treatment</b>  <b>Culture <i>M. tuberculosis</i></b></p>
<p><b>C. 17 y/o male <u>3</u></b>  <b>TST 22 mm</b>  <b>CXR: abnormal/cavitary disease</b>  <b>Sputum smear: negative</b>  <b>Culture: identification pending</b>  <b>Cough, night sweats, weight loss x2 weeks</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>	<p><b>G. 51 y/o female <u>8</u></b>  <b>HIV positive</b>  <b>TST 0 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>Sputum smear: negative</b>  <b>Culture: AFB positive; final ID pending</b>  <b>Productive cough, night sweats, weight loss x 3 weeks</b>  <b>Recent history of atypical mycobacterial disease</b>  <b>Currently hospitalized</b>  <b>On TB Treatment</b></p>
<p><b>D. 21 y/o female <u>6</u></b>  <b>TST 0 mm</b>  <b>CXR: abnormal/noncavitary disease</b>  <b>BAL smear: negative</b>  <b>Culture: recently identified as <i>M. tuberculosis</i></b>  <b>On TB treatment</b></p>	<p><b>H. 62 y/o female <u>2</u></b>  <b>TST 12 mm</b>  <b>Larynx smear: negative</b>  <b>Biopsy results pending</b>  <b>CXR: infiltrates/noncavitary disease</b>  <b>Hoarseness</b>  <b>Currently hospitalized</b>  <b>On TB treatment</b></p>



## Course Activities

Facilitator



### Activity 3: Prioritization Exercise

Facilitator Answer  
Sheet, p. 2

The rationale for the ratings is as follows (see answer sheet):

1	<i>Patient A:</i> Highly infectious due to 4+ smear status and cough
2	<i>Patient H:</i> Laryngeal TB is highly infectious; hoarseness is a symptom of TB disease in that site. The larynx can also be a secondary site for pulmonary TB, indicating need for a TB interview. In addition, even though the laryngeal smear is acid-fast bacillus (AFB) negative, this does not give an indication of decreased infectiousness. Laryngeal smears often are AFB negative.
3	<i>Patient C:</i> Infectious due to cavitory disease, TB symptoms, particularly cough
4	<i>Patient F:</i> While lymph node TB is extrapulmonary and not infectious in itself, the fact that bacilli were aerosolized, which is the route in which TB is transmitted, makes this patient medium priority.
5	<i>Patient B:</i> This patient is not infectious. However, since the patient is a 3-year-old child, this indicates that the child is recent infected and that the infectious source case may be easily located.
6	<i>Patient D:</i> This patient is not highly infectious because of lack of symptoms, noncavitory disease, and negative smear status. The patient was just diagnosed with pulmonary TB disease and should now be interviewed for that reason.
7	<i>Patient E:</i> This patient is not very infectious due to having noncavitory disease, having negative smears and cultures, and being asymptomatic. The patient does have indications of pulmonary TB due to initially having infiltrates and a positive response to TB treatment; therefore, she should be interviewed.
8	<i>Patient G:</i> While this patient has TB symptoms, the recent history of atypical mycobacterial disease makes the final diagnosis more likely to be non-TB disease. The patient should still be interviewed due to having a positive culture, symptoms, and abnormal chest X-ray. Eventually, however, if the culture results in nontuberculosis mycobacteria, the contact investigation process should end.



## Course Activities

### Facilitator



### Activity 4: Infectious Period Exercise

#### Objectives

- To understand the considerations for determining infectiousness
- To formulate an infectious period

#### Time Allotted

- 30 minutes total
- 5 minutes for instructions and distributing exercises
  - 10 minutes of group work
  - 15-minute large group discussion of answers

#### Materials Needed

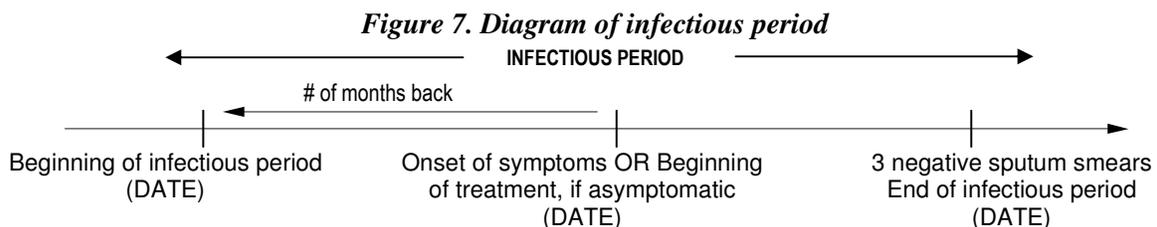
- Easel
- Markers
- Copies of the “Infectious Period Exercise” on page 43 (one for each participant)

#### Pre-Course Procedure

**The answers to this exercise will vary based on your health department’s guidelines for the calculation of an infectious period. Therefore, no answers are provided to these questions.** Copy the exercise on page 43 and hand a copy to each participant.

#### Procedure

1. Ask the participants how to calculate the infectious period for their area. This should include a. beginning date, b. end date, c. criteria for onset of symptoms.
2. Ask the participants to work for about 10 minutes individually to calculate the infectious period for each example.
3. After 10 minutes, ask for volunteers to share with the class the infectious period for each example. Whether correct or incorrect, ask the participant the way in which this period was calculated for each example. Correct any incorrect answers.
4. The participant should draw a diagram to visually explain how the infectious period was calculated. The diagram should look like Figure 7 with included dates as the answers.





## Course Activities

### Facilitator



### Activity 4: Infectious Period Exercise, continued

5. Answer any questions that may arise. Be prepared to answer questions on topics such as

- Having multiple infectious periods for the same patient;
- Criteria for ending the infectious period;
- Varying an infectious period in the context of each contact such as if the patient did not have contact with a close contact at some point before being hospitalized for infectious TB, i.e., the infectious period can end when contact is broken; and
- Formulating the infectious period without the presence of cough or any TB symptoms.

### Tip

The infectious period brings focus to the TB interview process. Here is a quick review of the formulation of the infectious period. This is the time frame during which potential exposure to others may have occurred while the patient was infectious or able to transmit TB. Often, the beginning of the infectious period is the date of the onset of symptoms, especially coughing. *Local or state standards should be used to determine the beginning of the infectious period. Some health department guidelines denote a specified period prior to the patient's recollection of the onset of symptoms, particularly cough.*

For the purpose of the contact investigation, the end of the infectious period is determined by all of the following criteria:

- Symptoms, such as frequency and intensity of cough, have improved
- Patient has been receiving adequate treatment for at least 2 weeks
- Patient has shown some evidence of a bacteriological response, such as the reduction of the grade of the AFB sputum smear or conversion to negative sputum smears.

Or

- Exposure to contacts has ended

The infectious period should be stated in the form of start date to end date. The infectious period provides a timeframe for the patient when identifying information on contacts.



## Course Activities

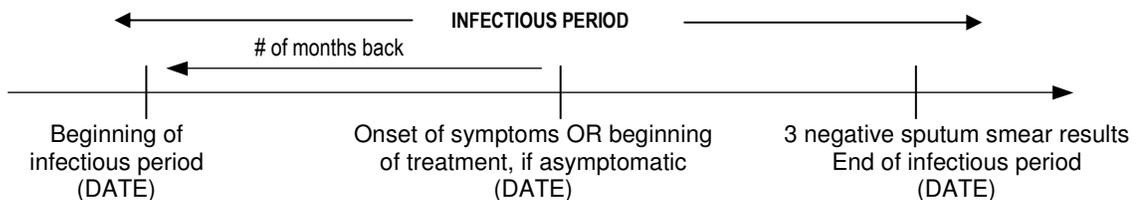
Participant



### Activity 4: Infectious Period Exercise

Participant  
Handout

**Instructions** Calculate the infectious period for the following cases. It should include start and end dates. Base your answers on your health department's standards for calculating an infectious period. Be prepared to discuss with the class how you came up with your answer. You can use a diagram like the one below to calculate the infectious period.



1. Joe was hospitalized on June 6 and started TB treatment that day. He claimed he had been coughing since April 20. He had three consecutive negative smear results as of July 10 and had improved symptoms. What is the infectious period?
2. Philip was hospitalized on December 4 with symptoms of fever, night sweats, and cough. He was diagnosed with TB on December 10 and started on TB treatment that day. Philip states that he started coughing around November 6. His symptoms resolved on January 27. Three consecutive sputum smears were not negative until February 10. What is the infectious period?
3. Mary complained that she had been coughing since March 10. She started TB treatment on May 24. Mary left the hospital against medical advice on June 7 but was readmitted on July 8. She had three consecutive negative smears as of August 1, during the second hospitalization. What is the infectious period?
4. David was diagnosed with TB on February 10, based on skin test and chest X-ray results. He was asymptomatic and treated on an outpatient basis. His sputum smears were negative prior to treatment but sputum culture was identified as *M. tuberculosis*. His treatment ended on August 5. What is the infectious period?
5. Carla was diagnosed with TB disease and had night sweats, fever, and weight loss when admitted to the hospital on May 19. She claims her symptoms began around April 3. She denies ever having had a cough. Carla was admitted into the hospital and three consecutive induced sputum smears were negative on June 21. What is the infectious period?



## Course Activities

### Facilitator



### Activity 5: Active Listening Exercise

#### Objective

To practice the following skills:

- Asking open-ended, closed-ended, and focused questions
- Paraphrasing
- Reflecting
- Summarizing

#### Time Allotted

60 minutes total

#### Materials Needed

Copies of “Active Listening Exercise” on pages 46-50 (one for each participant and for the facilitators).

#### Pre-Course Tasks

1. This exercise is best carried out with small groups. If possible, arrange for group leaders who have experience in interviewing or teaching communication skills. If not possible, this exercise can be done as a large group with one leader or you in that role.
2. Prior to the course, give the leader(s) a copy of the exercise prior to the course with which to become familiar.

#### Procedure

1. The leader should keep a copy of the exercise (pages 46-50) from which to read during the course. This sheet should not be given to the participants until the end of the activity.
2. The leader should read the description of each communication technique (e.g., open-ended question, reflection, focused question). The facilitator should read and ask each member of the group to respond to the “Leader/Patient” statement. The possible participant response is directly underneath the Leader/Patient statement and is underlined.
3. Participants should take turns responding to each selection. The participants will obviously not reiterate the answers exactly as they are written on the sheet. The answers on the sheet are examples of several possible ways of responding. The leader should use his or her knowledge of communication skills to assess the correctness of the participants’ responses.
4. After the entire activity is over, hand each participant copies of the answer sheet from which the leader(s) read.



## Course Activities

Facilitator



### Activity 5: Active Listening Exercise, continued

#### Tips

- The exercise may seem unnatural, as pieces of dialogue are being used without the benefit of surrounding discussion. Explain this to the participants ahead of time so that they feel comfortable with their role. They should treat all interactions as if talking to an actual patient (with the exception of the first section on open-ended questions).
- As each section of the exercise progresses, the leader should ask other participants how they would make the same statements and if they agree with the way in which their classmates responded. This will give rise to a discussion of different approaches to patients and what communication techniques may or may not work well.



## Course Activities

Leader



### Activity 5: Active Listening Exercise

Group Leader's  
Sheet, p. 1

This exercise should be completed orally, as it involves listening skills. Please ask each person in the group to work on a different question. The underlined answers given below are only suggestions. Please use your own experience to provide feedback to the participants and initiate discussion. Prior to beginning each section, read the definitions of each concept to refresh the participants' memories from their reading of the material, *Effective TB Interviewing for Contact Investigation: Self-Study Modules*.

#### Open-Ended Question

Requires more than a one-word answer

Ask each member of the group to change one of the following closed-ended questions to an open-ended question. You, the leader, will ask the closed-ended question to be changed.

- 1 Leader/Closed-Ended Question: Do you live with somebody?  
*Open-ended:* With whom do you live? Tell me about your living situation.
- 2 Leader/Closed-Ended Question: Do you have a telephone?  
*Open-ended:* What is your telephone number?
- 3 Leader/Closed-Ended Question: Do you cough a lot?  
*Open-ended:* How are you feeling? What kinds of symptoms are you having?
- 4 Leader/Closed-Ended Question: Do you work?  
*Open-ended:* How do you support yourself? What kind of work do you do? What are your sources of income? Tell me what kind of work you do? What do you do for a living?
- 5 Leader/Closed-Ended Question: Are you using drugs?  
*Open-ended:* What kind of drug use have you experienced?
- 6 Leader/Closed-Ended Question: Is your name spelled J-O-H-N D-O-E?  
*Open-ended:* What is the correct spelling of your name?
- 7 Leader/Closed-Ended Question: Do you have any side effects from the medicines you take?  
*Open-ended:* How do your medicines make you feel? What side effects are you having from the medications?
- 8 Leader/Closed-Ended Question: Did the doctor talk to you about TB?  
*Open-ended:* What did the doctor tell you about TB? Tell me what you know about TB.
- 9 Leader/Closed-Ended Question: Can you get to the clinic for DOT?  
*Open-ended:* How will you get to the clinic for your DOT?



## Course Activities

Leader



### Activity 5: Active Listening Exercise, continued

Group Leader's  
Sheet, p. 2

#### Focused Question

Used if respondent makes a vague statement or one requiring more specific information. A focused question may provide limits or boundaries (e.g., time, example) to direct an answer. This is not a closed-ended question.

Read the following exchanges below and ask each participant to respond with a focused question.

- 1 Leader/Patient: You know, it's really hard to say where I spend most of my time.

*Focused question:* Okay, let's take yesterday. Was it a regular day for you? What did you do in the morning?

- 2 Leader/Patient: I guess I spent most of my time with some people over at the shelter and then some people I meet for a drink now and then.

*Focused question:* Whom do you mostly spend time with at the shelter? Whom do you mostly drink with?

- 3 Leader/Patient: My brother doesn't really have an address. He lives all over the place.

*Focused Question:* Where are the places that I am most likely to find your brother?

- 4 Leader/Patient: Taking these medications is just too much trouble. I don't think they will do any good anyway.

*Focused Question:* What is it that makes it so difficult for you to take the medications? Why do you think the medications won't help?

- 5 Leader/Patient: Well, I think only certain kinds of people get HIV and I'm not one of those people.

*Focused Question:* What types of people do you think get HIV?

- 6 Leader/Patient: For fun, I like to shoot heroin and trip around the city.

*Focused Question:* What is involved in tripping around the city?



## Course Activities

Leader



### Activity 5: Active Listening Exercise, continued

Group Leader's  
Sheet, p. 3

**Paraphrasing** Rewording of a response in order to verify information and display that the interviewer is actively listening.

Read the following patient response statements and ask each participant to respond by paraphrasing.

- 1 Leader/Patient: I don't know anyone who has TB. It bugs me that someone just 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 just came near you.

- 2 Leader/Patient: 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, but that it can be cured by taking medicine for a long period of time.

- 3 Leader/Patient: 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 Leader/Patient: 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 Leader/Patient: I can't really tell you the names of all of my contacts. Honestly, I don't even know who some of them are. We just hang out at the pool hall. I know their names...let's see, there's John, Al, Frank...

*Paraphrase:* So you don't know the full names of many of your contacts.



## Course Activities

Leader



### Activity 5: Active Listening Exercise, continued

Group Leader's  
Sheet, p. 4

**Reflection** Rewords a respondent's emotional reactions through acknowledging the displayed feeling and its cause.

Read the following statements below to each participant and ask them to follow each with a reflection.

1. Leader/Patient: 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. Leader/Patient: 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. Leader/Patient: 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 on DOT.

4. Leader/Patient: 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:* I know that this interviewing process can be overwhelming under the circumstances.

5. Leader/Patient: 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. Leader/Patient: I can't remember all of the people that 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.



## Course Activities

Leader



### Activity 5: Active Listening Exercise, continued

Group Leader's  
Sheet, p. 5

**Summarizing** Rephrasing a series of statements that may have occurred throughout a dialogue in order to verify information and display that the interviewer is actively listening.

Read the following interactions to each participant and ask them to summarize.

1. Leader/Patient: I don't know a lot about TB, but I do know that if you get it, there are places you can go where they will check you out. If you got it, they will treat you and give you the right medications and you will be cured, I don't know how it starts though.

*Summary:* Okay, so you don't know how TB starts, but you know that it can be cured with medications.

2. Leader/Patient: So, let me get this straight. If I tell you whom I've been around, you'll go and tell them that they've been exposed to someone with TB but you won't tell them my name. I think they'll figure it out, but I guess you know what you're doing.

*Summary:* You understand that I will keep your identity confidential, but that your contacts may figure out that it is you anyway.

3. Leader/Patient: 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. At least I get to sit near a window and see the trees outside.

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

4. Leader/Patient: I don't really have a set routine. Sometimes I sleep late or take my little sister out to the park. I lost my job a while ago, so I've been hanging out at home without much cash to do much of anything. I don't ask anyone to come over since my parents will get mad and ask me to get a job.

*Summary:* So you don't go out much or hang out with many people besides your family and don't have a job at this time.



## Course Activities

### Facilitator



### Activity 6: TB Interview Strategy Exercise

#### Objectives

- To identify the content of the TB interview
- To formulate a strategy for the TB interview
- To practice the TB interview

#### Time Allotted

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

#### Pre-Course Procedures

1. Ask three experienced TB interviewers from outside of this course to lead this exercise. These individuals (group leaders) will play the roles of the patients described. They should become familiar with their roles prior to the course and be able to spontaneously react to the interviewers as well as give feedback about interviewing skills. Provide a copy of one of the three patient information sheets to each group leader.
2. Photocopy the “Interview Planning Sheet” on page 54 for all participants.
3. Photocopy the three cases on pages 55-57 for all participants and group leaders.
4. Photocopy the “TB Interview Checklist” on pages 58-59 for all participants.



## Course Activities

### Facilitator



### Activity 6: TB Interview Strategy Exercise, continued

#### Procedure

1. Divide the participants into three evenly numbered groups by asking them to count off by 3. Then ask all of the 1s, 2s, and 3s to gather in locations you designate.
2. Pass out cases #1, #2, and #3 to each person. Assign each group only one of the cases attached, e.g., group 1's participants should all receive case #1.
3. Pass out the "Interview Planning Sheet" on page 54 to each participant.
4. Pass out the "TB Interview Checklist" on pages 58-59 to each person.
5. Ask the participants to use the interview planning sheet to plan how to conduct an interview. Instruct them that each person in the group should pick a portion of the interview to conduct. All group members must participate in the planning process. They will interview the mock patient as a group.
6. Ask each participant to write notes on how they plan to conduct an interview based on the information they know. Give each group about 30 minutes to prepare for the interview. After 25 minutes, give all of the groups a verbal warning that there are 5 minutes left to complete their planning.
7. After 30 minutes, ask each group to assemble chairs in a circle with the mock patient included. Ask them to sit in the order in which they will be conducting the interview. Have an informal timer be part of the group to keep people on track. Each part of the interview should be allotted an equal amount of time. So, if one participant is involved in more sections than another, then his or her time should be adjusted accordingly.
8. Upon completion of the interview, the leader can break and give some feedback to the participants about how he or she felt as the patient and on the participants' interviewing skills.
9. At the end of all the interviews, reconvene the class for a discussion. Ask for a volunteer from each group to read the case description and then explain how the process went. The group leaders who were in the patient roles may also contribute and mention positive skills they observed in the groups. This discussion should be about 15 minutes.



## Course Activities

Facilitator



### Activity 6: TB Interview Strategy Exercise, continued

#### Tips

- If you have an uneven number of people in each group, ask the less experienced interviewers to do more of the interviewing to gain greater experience. While they may not be comfortable with this arrangement, it is the best way to build their skills.
- Cases can be doubled up for very large groups so that the individual groups do not become too big, i.e., more than 1 group can work with the same case.
- All of the patients are gender-specific, but gender can be changed to fit the person portraying the patient, if so desired.
- You may modify any of the cases to fit local demographics of the patient population.



## Course Activities

Participant



### Activity 6: Interview Planning Sheet

Participant Handout  
(all groups)

Your group has 30 minutes to design a TB interview outline, including the questions you plan to ask. In this case, the TB interview has been broken into 6 parts: Introduction, General TB Education, TB Education Based on the Patient's Diagnosis, Education about the Contact Investigation Process, Contact Identification, and Referral Process/Conclusion. Each member of the group is responsible for one or more parts of the interview. After planning, your group will have 30 minutes to interview your patient, with each person responsible for his or her portion of the interview. While conducting the interview, your group's members should act as though you are one interviewer to keep continuity and flow. After the interview is complete, the group and the patient can discuss the interview and then convey the whole experience back to the rest of the class. You may use the TB Interview Checklist during your interview.

Interview Portion	Content/Questions
<b>Introduction</b>	
<b>General TB Education</b>	
<b>TB Education Based on the Patient's Diagnosis</b>	
<b>Education about the Contact Investigation Process</b>	
<b>Contact Identification</b>	
<b>Referral Process/Conclusion</b>	



## Course Activities

Participant



Leader



### Activity 6: Group #1 Case 1

Group #1 Participant/  
Leader Info. p. 1

Walter is 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.

Three weeks ago, 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 tavern. Upon admission, he was intoxicated, appeared poorly nourished and underweight, and had a productive cough.

A chest X-ray revealed an infiltrate in the left upper lobe; sputum smear results were positive for AFB (2+). He was started on a standard four-drug regimen (INH, RIF, PZA, EMB) of anti-TB medications and remained hospitalized for 5 days. Against medical advice, Walter insisted on leaving the hospital. On the day of discharge, the infection control nurse instructed him to go to the clinic the next day for outpatient care. Walter failed to keep the appointment. During the field investigation the next day, you found Walter lying on a park bench near the hotel where he lives. Walter agreed to ride with you to the clinic, a distance of 6 miles from his hotel.

The clinician at the clinic had left orders for the staff to counsel Walter and put him on DOT. Two hours after arriving at the clinic, Walter had not received these services. He asked to speak with you but was told that you had left for the field and were not expected back until morning. Walter then left the clinic without being seen by staff.

You have relocated Walter in the field and, after much persuasion, brought him back to the clinic for an interview.



## Course Activities

Participant



Leader



### Activity 6: Group #2

Group #2 Participant/  
Leader Info., p. 2

As a new student in the school district, Evan, age 6, had to receive a Mantoux tuberculin skin test by the school nurse. The skin test was positive at 15 mm. Evan was referred to the chest clinic by the school nurse. The school nurse initially referred him to his own private physician but was told that the family had only recently moved to the area and had neither a family physician nor health insurance. Evan was told that he could not attend school until medical clearance was obtained.

Evan's mother, Ms. Smith, was very anxious about the possibility that her son had TB. She had brought Evan to the clinic 2 days ago to be seen by the physician. They were accompanied by Evan's 13-year-old brother. The physician ordered a chest X-ray. The X-ray showed hilar adenopathy. An attempt to induce sputum was unsuccessful. Gastric aspirates were collected, and were negative on smear. The physical exam showed that Evan had lost some weight and had a low-grade fever. A diagnosis of suspected pulmonary TB was made with cultures pending. A standard pediatric regimen (INH, RIF, PZA) was prescribed, and Ms. Smith was advised to keep Evan at home until his next clinic appointment. Ms. Smith and Evan's older brother were administered tuberculin skin tests at the initial clinic visit. 48 hours later, the test results were interpreted as negative.

You have been sent to Evan's home for an interview. Evan is at home, but asleep. An elderly neighbor, who was asked by Evan's mother to check on Evan during the day, is walking out of the house as you arrive. Ms. Smith has just returned from work and you are there to interview her.



## Course Activities

Participant



Leader



### Activity 6: Group #3

Group #3 Participant/  
Leader Info., p. 3

David, a 27-year-old postal worker, tested positive for HIV 14 months ago. He was given a tuberculin skin test at that time, the result of which was negative. Three weeks ago, he began experiencing chills, fever, loss of appetite, and an unproductive cough. He thought that he had the flu, took some aspirin, and rested.

When David's condition did not improve after 2 weeks, he consulted his private physician, who was aware of his HIV infection. The physician prescribed an antibiotic and decongestant cough formula and referred David for a chest X-ray. The X-ray, read the same day, revealed an infiltrate with cavitation in both lungs. The next day, David returned to his physician, who advised that further tests were needed to rule out or confirm a diagnosis of pulmonary TB. He was advised to continue the cough syrup and antibiotic, and arrangements were made for an evaluation at the health department on Monday.

At the health department, David was given a skin test and had sputum specimens induced. After reviewing the chest X-ray, clinical findings, and history, the doctor prescribed David a four-drug anti-TB regimen compatible with his HIV medications. He was instructed to return to the clinic in 3 days to receive his skin test result and bacteriology report.

Upon return, David learned his skin test result was 7 mm. The lab report for smear result indicated AFB (2+). The clinician made a diagnosis of suspected pulmonary TB (culture results pending) and ordered DOT. David was then sent to your office for an interview.



## Course Activities

### Participant



## Activity 6: TB Interview Checklist

Checklist, p. 1

### ✓ Introduction

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

### ✓ Information and Education Exchange

- Observe patient's physical and mental state and evaluate communication skills
- Collect and confirm the following information:
  - Name
  - Alias(es)/nickname(s)
  - Date of birth
  - Address
  - Telephone Number
  - Next of kin
  - Other locating information
  - Physical description
  - Known exposure to TB
  - Recent hospitalization(s) for TB
  - Medical provider for TB
  - Transportation availability
  - Other medical conditions
  - Outpatient/DOT plan
  - Barriers to adherence
- Assess disease comprehension/provide TB education
- Obtain/confirm TB symptom history
- Discuss basis of patient's current diagnosis
- Discuss disease intervention behaviors (treatment, infection control, and medical appointments)
- Refine infectious period and review significance with patient



## Course Activities

### Participant



### Activity 6: TB Interview Checklist, continued

Checklist, p. 2

#### ✓ Contact Identification

- Focus on infectious period
- Explain priority and nonpriority contacts based on exposure
- Stress importance of identification of all close contacts
- Collect information on patient's contacts in the household/residence, workplace, school, other congregate settings, social/recreational environments during the infectious period including:
  - Name
  - Alias(es)/nickname(s)
  - Age, race, and sex
  - Address and telephone number
  - Other locating information
  - Physical description
  - Hours of exposure per week
  - Dates of first and last exposure
- Discuss site visits and sharing of information on a need-to-know basis and reinforce confidentiality
- Discuss patient vs. health department referrals

#### ✓ Conclusion

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



## Course Activities

### Facilitator



### Activity 7: TB Interview Structure Exercise

#### Objective

To become familiar with components of TB interview

#### Time Allotted

135 minutes total

- 5 minutes for instructions
- 60 minutes for interviews
- 30 minutes for patient feedback
- 30 minutes for observer feedback
- 10 minutes for group discussion

#### Materials Needed

Copies of the “TB Interview Checklist” on pages 62-63, the “Observer’s Assessment Form” on page 64, and the three cases for all of the participants.

#### Pre-Course Procedure

1. Photocopy the “TB Interview Checklist” and the “Observer’s Assessment Form” for each participant. Look at the case description sheets (pages 65-70). In each case description, there are three different roles for participants to play, including the patient, the interviewer, and the observer.
2. Make photocopies of the whole set of case descriptions. The number of copies will be the total number of class participants divided by three, e.g., if there are 12 participants, you will have 4 copies of the entire set of cases. Paper clip each grouping of three slightly different pages together. Each grouping must have a description for Participant A, B, and C. Note that you may modify any of the cases to fit demographics of the local patient population.

#### Procedure

1. During the course, divide the class into groups of three (triads). You can have people count off by the number of groups that you anticipate, e.g., if the course has 15 people, you will have 5 triads, so ask people to count off in groupings of 5. Then ask all of the 1s to go into one group, 2s in another group, etc. Designate locations in which each group should meet.
2. Hand a set of the case descriptions and an interview checklist and observer assessment form to each person in each group.



## Course Activities

Facilitator



### Activity 7: TB Interview Structure Exercise, continued

#### Procedure (continued)

3. Instruct each group that they are going to be involved in three brief role-plays representing three different patients. For each role-play, each group participant plays a different role. In one, a participant will be a patient, in one an interviewer, and in one an observer. The order in which participants play the role of patient, observer, and interviewer is pre-designated by the labels 'Participants A, B, or C' that participants will find printed on the tops of their handout sheets. Ask participants to choose letter A, B, or C and take the set of case descriptions which pertain to them. During the interview, they may use the "TB Interview Checklist" to assist them.
4. The interviewer has 20 minutes to conduct the interview. After the interview is over, the patient has 10 minutes to provide the interviewer with feedback on how he or she felt and anything the interviewer may have missed. The observer then has 10 minutes to give his or her feedback to the interviewer, using the attached "Observer Assessment Form."
5. You should provide time reminders for each part of the interview as it occurs. You should also walk around the room to see how the exercise is progressing.
6. When all groups are finished with their interviews, have them come back together and discuss how the process felt. For new interviewers, this activity is a good way to become familiar with question asking and the order in which to conduct an interview.



## Course Activities

### Participant



## Activity 7: TB Interview Checklist

Checklist, p. 1

- ✓ **Introduction**
  - Introduce self
  - Provide identification
  - Explain role in TB control
  - Build trust and rapport
  - Explain purpose of interview
  - Ensure confidentiality
- ✓ **Information and Education Exchange**
  - Observe patient's physical and mental state and evaluate communication skills
  - Collect and confirm the following information:
    - Name
    - Alias(es)/nickname(s)
    - Date of birth
    - Address
    - Telephone number
    - Next of kin
    - Other locating information
    - Physical description
    - Known exposure to TB
    - Recent hospitalization(s) for TB
    - Medical provider for TB
    - Transportation availability
    - Other medical conditions
    - Outpatient DOT plan
    - Barriers to adherence
- ✓ **Assess disease comprehension/provide TB education**
  - Obtain and confirm TB symptom history
  - Discuss basis of patient's current diagnosis
  - Discuss disease intervention behaviors (treatment, infection control, and medical appointments)
  - Refine infectious period and review significance with patient



## Course Activities

### Participant



### Activity 7: TB Interview Checklist, continued

Checklist, p. 2

#### ✓ Contact Identification

- Focus on infectious period
- Explain priority and nonpriority contacts based on exposure
- Stress importance of identification of all close contacts
- Collect information on patient's contacts in the household/residence, workplace, school, other congregate settings, and social/recreational environments during the infectious period including
  - Name
  - Alias(es)/nickname(s)
  - Age, race, and sex
  - Address and telephone number
  - Other locating information
  - Physical description
  - Hours of exposure per week
  - Dates of first and last exposures
- Discuss site visits and sharing information on a need-to-know basis and reinforce confidentiality
- Discuss patient vs. health department referrals

#### ✓ Conclusion

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



## Course Activities

Observer



### Activity 7: Observer's Assessment Form

Participant as  
Observer Handout

Complete this form when you are observing an interview. Circle the number indicating your opinion of the interviewer's performance in the following activities.

	Excellent				Poor
Established trust and rapport.....	1	2	3	4	5
Identified and addressed patient's concerns.....	1	2	3	4	5
Exhibited confidence.....	1	2	3	4	5
Demonstrated professionalism.....	1	2	3	4	5
Used simple language and had clear explanations.....	1	2	3	4	5
Focused on an infectious period.....	1	2	3	4	5
Listened carefully.....	1	2	3	4	5
Exhibited nonjudgmental behavior.....	1	2	3	4	5
Made conversation flow easily.....	1	2	3	4	5

*Comments:*

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## Course Activities

Participant



### Activity 7: Case Descriptions Participant A

Participant A  
Role Info. Form, p. 1

**Instructions** The purpose of this exercise is to become familiar with the TB interview process and practice the questions you need to ask as an interviewer. As instructed by your course facilitator, read the information provided about each scenario as you come to each one. You will play a different role for each interview, as designated, for each of three rounds. Your other group members will also play roles as designated on their handouts. When you are in the role of the patient, do not give information away readily, but do not be an overly challenging patient either. Try to assist the interviewer through the process of the interview as part of the learning process. Your course facilitator will let you know when to move on to the different segments of this activity. You will have 20 minutes for each interview, 10 minutes for 'Patient' feedback, and 10 minutes for 'Observer' feedback.

#### Round 1 – Carl (Carla)

You are the patient 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 'patient.'**

You are a patient named Carl (Carla), a 32-year-old who was admitted for same-day knee surgery at a local hospital 1 month ago. When the doctor did a routine physical exam and looked at your throat, he found a lump. He did a biopsy of the lump and it turned out to be TB. However, the diagnosis of TB was not made until a month later. You were then put on a lot of medications. The doctor told you that you could go back to work in a few weeks. You take your medications at home with the help of a person from the health department who comes to your home and watches you take the medications. You were tested for HIV 4 years ago and didn't have it.

You live with nine relatives, volunteer in the city fire department, and serve as a minister of a neighborhood church. A health department worker has come to your home to interview you. You are alone at home.



## Course Activities

Participant



### Activity 7: Case Descriptions Participant A, continued

Participant A  
Role Info. Form, p. 2

#### Round 2 – Joseph (Josephine)

You are the interviewer in this interview.

Use the TB interview checklist to conduct your interview. You will have 20 minutes to complete the interview.

The patient you interview is Joseph (Josephine), a 21-year-old who has complained of productive cough, hemoptysis, night sweats, and loss of appetite for one month. Joseph (Josephine) was referred by a local college Student Health Center to a neighborhood medical clinic. CXR at clinic revealed an infiltrate, so the patient was referred to a TB clinic for follow-up. At the TB clinic, 6 sputum specimens were collected over a 7-day period – 5 smears negative and 1 positive. An appropriate 4-drug regimen was started with clinic-based daily DOT, and an interview is taking place in the clinic.

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#### Round 3 – Paul (Paulette)

You are the observer in this scenario.

Use the Observer's Assessment Form to make comments and provide feedback to the interviewer.

**This is what the patient's information says:** You are a patient named Paul (Paulette), a 33-year-old who has had a cough and weight loss for 1 month and went to the hospital for fever, chills, and night sweats in the past few days. They admitted you into the hospital, did a lot of tests on you, and told you that you have TB. You have had TB before and have been in and out of different hospitals for the past 3 years for TB, but you never seem to be able to finish treatment. You don't really care about the treatment since you also have HIV infection and think you will die from one illness or the other anyway. You live with your aunt and sister and have no job. You don't use drugs or alcohol and most likely got HIV from a sexual encounter.

**This is what the interviewer's information says:** The patient you interview is Paul (Paulette), a 33-year-old who was admitted to a local hospital with complaints of cough, weight loss for 1 month, and fever, chills, and night sweats for about 3 days. TST result is 0 mm and patient is HIV infected. Chest X-ray reveals left pleural effusion and infiltrates. Sputum smear is negative and culture is pending. Hospital record indicates that patient acknowledges a 3-year history of six TB-related admissions to area hospitals with all sputa negative on smear but positive on culture.



## Course Activities

Participant



### Activity 7: Case Descriptions Participant B

Participant B  
Role Info. Form, p. 1

**Instructions** The purpose of this exercise is to become familiar with the TB interview process and practice the questions you need to ask as an interviewer. As instructed by your course facilitator, read the information provided about each scenario as you come to each one. You will play a different role for each interview, as designated, for each of three rounds. Your other group members will also play roles as designated on their handouts. When you are in the role of the patient, do not give information away readily, but do not be an overly challenging patient either. Try to assist the interviewer through the process of the interview as part of the learning process. Your course facilitator will let you know when to move on to the different segments of this activity. You will have 20 minutes for each interview, 10 minutes for ‘Patient’ feedback, and 10 minutes for ‘Observer’ feedback.

#### Round 1 – Carl (Carla)

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

The patient you interview is Carl (Carla), a 32-year-old who was admitted to the hospital for same-day knee surgery 1 month ago. A routine physical exam uncovered a cyst in the throat. A biopsy of the epiglottis cyst revealed *M. tuberculosis* on culture (smear negative). The patient is sensitive to first-line drugs and was just started on DOT at home after culture results came back. The patient is asymptomatic, tested HIV-negative 4 years ago, and has been ordered to stay at home for 2 weeks. You will conduct the interview in the patient’s home.

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#### Round 2 – Joseph (Josephine)

You are the observer in this scenario.  
Use the Observer’s Assessment Form to make comments and provide feedback to the interviewer.

**This is what the patient’s information says:** You are a patient named Joseph (Josephine), a 21-year-old who was referred by the Student Health Center of a local college to a neighborhood medical clinic. You had a bad cough and chills, were spitting up blood, and had no appetite for about 1 month. They took a chest X-ray and did some other tests and told you that you have TB. You were then referred to the TB clinic for medications and medical care. You go to the clinic to take your medication daily.

You live with a roommate in off-campus housing, are a psychology major attending 5 classes, and tutor other college students. You are worried about who may have gotten TB from you, but



## Course Activities

are also concerned about people finding out about your illness. Today you are also at the clinic to be interviewed by a health department worker.

**This is what the interviewer's information says:** The patient you interview is Joseph (Josephine), a 21-year-old who has complained of productive cough, hemoptysis, night sweats, and loss of appetite for 1 month. Joseph (Josephine) was referred by a local college Student Health Center to a neighborhood medical clinic. CXR at clinic revealed an infiltrate, so the patient was referred to a TB clinic for follow-up. At the TB clinic, 6 sputum specimens were collected over a 7-day period - 5 smears negative and 1 positive. An appropriate 4-drug regimen was started with clinic-based daily DOT, and an interview is taking place in the clinic.

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### Round 3 – Paul (Paulette)

You are the patient in this scenario.

**At the end of this interview, let the interviewer know how you think he or she did.**

**Think about how you felt as a 'patient.'**

You are a patient named Paul (Paulette), a 33-year-old who has had a cough and weight loss for 1 month, and went to the hospital for fever, chills, and night sweats in the past few days. They admitted you into the hospital, did a lot of tests on you, and told you that you have TB. You have had TB before and have been in and out of different hospitals for the past 3 years for TB, but you never seem to be able to finish treatment. You don't really care about the treatment since you also have HIV infection and think you will die from one illness or the other anyway. You live with your aunt and sister and have no job. You don't use drugs or alcohol and most likely got HIV from a sexual encounter. An interviewer has come to talk to you in your hospital room.



## Course Activities

Participant



### Activity 7: Case Descriptions Participant C

Participant C  
Role Info. Form, p. 1

**Instructions** The purpose of this exercise is to become familiar with the TB interview process and practice the questions you need to ask as an interviewer. As instructed by your course facilitator, read the information provided about each scenario as you come to each one. You will play a different role for each interview, as designated, for each of the three rounds. Your other group members will also play roles as designated on their handouts. When you are in the role of the patient, do not give information away readily, but do not be an overly challenging patient either. Try to assist the interviewer through the process of the interview as part of the learning process. Your course facilitator will let you know when to move on to the different segments of this activity. You will have 20 minutes for each interview, 10 minutes for ‘Patient’ feedback, and 10 minutes for ‘Observer’ feedback.

#### 1 – Carl (Carla)

You are the observer in this scenario.

Use the Observer’s Assessment Form to make comments and provide feedback to the interview.

**This is what the patient’s information says:** You are a patient named Carl (Carla), a 32-year-old who was admitted for same-day knee surgery at a local hospital 1 month ago. When the doctor did a routine physical exam and looked at your throat, he found a lump. He did a biopsy of the lump and it turned out to be TB. However, the diagnosis of TB was not made until a month later. You were then put on a lot of medications. The doctor told you that you could go back to work in a few weeks. You take your medications at home with the help of a person from the health department who comes to your home and watches you take the medications. You were tested for HIV 4 years ago and didn’t have it.

You live with nine relatives, volunteer in the city fire department, and serve as a minister of a neighborhood church. A health department worker has come to your home to interview you. You are alone at home.

**This is what the interviewer’s information says:** The patient you interview is Carl (Carla), a 32-year-old who was admitted to the hospital for same-day surgery 1 month ago. A routine physical exam uncovered a cyst in the throat. A biopsy of the epiglottis cyst reveals *M. tuberculosis* on culture (smear negative). The patient is sensitive to first-line drugs and was just started on DOT at home after culture results came back. The patient is asymptomatic, tested HIV-negative 4 years ago, and has been ordered to stay at home for 2 weeks. You will conduct the interview in the patient’s home.



## Course Activities

Participant



### Activity 7: Case Descriptions Participant C, continued

Participant C  
Role Info. Form, p. 2

#### 2 – Joseph (Josephine)

You are the patient in this scenario.

At the end of this interview, let the interviewer know how you think he or she did.

Think about how you felt as a ‘patient.’

You are a patient named Joseph (Josephine), a 21-year-old who was referred by the Student Health Center of a local college to a neighborhood medical clinic. You had a bad cough and chills, were spitting up blood, and had no appetite for about 1 month. They took a chest X-ray and did some other tests and told you that you have TB. You were then referred to the TB clinic for medications and medical care. You go to the clinic to take your medication daily.

You live with a roommate in off-campus housing, 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 also at the clinic to be interviewed by a health department worker.

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#### 3 – Paul (Paulette)

You are the interviewer in this scenario.

Use the TB interview checklist to conduct your interview.

You will have 30 minutes to complete the interview.

The patient you interview is Paul (Paulette), a 33-year-old who was admitted to a local hospital with complaints of cough, weight loss for 1 month, and fever, chills, and night sweats for about 3 days. The TST result is 0 mm and patient is HIV positive. CXR reveals left pleural effusion and infiltrates. The sputum smear is negative and culture is pending. The hospital record indicates that the patient acknowledges a 3-year history of six TB-related admissions to area hospitals, with all sputa negative on smear but positive on culture.



## Course Activities

### Facilitator



### Activity 8: Effective TB Interviewing DVD

#### Objectives

- To review the basic elements of TB interviewing for contact investigation
- To understand the skills necessary for an effective TB interview
- To learn techniques for conducting contact investigations in a variety of settings with a variety of patients

#### Time Allotted

**35 – 105 minutes**

22 minutes' viewing and 13 minutes' discussion for each scenario

#### Materials Needed

*Effective TB Interviewing for Contact Investigation DVD* (available from CDC), DVD player

#### Procedure

There are several different ways to use this DVD during training on effective TB interviewing. The DVD was initially developed as a stand-alone training tool. However, the list of questions for discussion in this activity can be used to explore the concepts raised in the DVD in more detail and discuss how they relate to local conditions.

The DVD consists of excerpts of three TB interviewing scenarios interspersed with comments by contact investigation and other TB control experts. There is also a narrator who appears at the beginning and end of each segment to highlight the main challenges presented in the contact investigation and major teaching points from the interview.

You can view the DVD in its entirety and then have a general discussion after it is over. Alternatively, it may be useful to have a discussion after each section in the DVD. This will break the viewing time into shorter segments and will ensure the scenarios are fresher in participants' minds. The scenarios are as follows:

1. A clinic interview with Jerry, an HIV-infected homeless man
2. A home reinterview with Javier, a 37-year-old Mexican-born night shift factory supervisor
3. A home interview with Sheila, a 38-year-old stay-at-home mother in home isolation; she is a private patient in a rural area



## Course Activities

### Facilitator



### Activity 8: Effective TB Interviewing DVD, continued

#### Procedure (continued)

If you have a limited amount of time, you may wish to select one or two scenarios to show and discuss, based on the demographics of the population served in your area.

1. Briefly describe the format of the DVD and the exercise.
2. Play the DVD. If you are showing a selected segment, cue the DVD to that segment in advance.
3. Start at the beginning of the DVD (or at the beginning of the segment where the narrator describes the scenario).
4. If you are discussing each segment as it concludes, pause after the interviewer reviews the follow-up plan (just after the follow-up plan bulleted list appears on screen).
5. Use the list of attached questions to discuss each scenario or the whole DVD, if you are showing it in its entirety.
6. If you are showing the DVD in segments, continue the DVD after the group discussion is concluded and view the narrator's summary of the scenario.
7. Continue the DVD to view the next scenario, if desired, and then pause again after the interviewer reviews the follow-up plan and the bulleted list appears on screen.
8. Discuss the scenario using the attached list and repeat the process until the DVD ends or desired segments have been shown.

#### Tips

The questions starting on page 73 can be used to guide the discussion. You may read each question aloud to elicit responses. Some potential answers have been listed. Participants may have other answers that are not listed here. Encourage participants to discuss ideas with one another and use your expertise to assess and respond to additional answers or comments. Some questions ask for opinions from participants; these questions do not have answers listed. Other questions ask participants to compare the scenarios in the video to the participants' local situations. Use your knowledge of the specific state and local situations and health department standards of practice to facilitate this part of the discussion.



## Course Activities

### Facilitator



## Activity 8: Effective TB Interviewing DVD: Questions for Discussion

### Jerry

1. How do Jerry's lifestyle and life circumstances affect the course of the interview?
  - Because he was hungry and frustrated, he left the clinic before the interview could start
  - He was suspicious and fearful of being asked to leave the shelter and, therefore, did not reveal information easily
  - Because of his transient lifestyle, he did not know specific information about and locating information for some of his contacts
  - His circumstances may make it difficult for him to adhere to medication, as evidenced by his comment about not taking his HIV medication. As noted in the comments, this should have served as a "red flag" to the interviewer to discuss the importance of taking anti-TB medications
2. Pete (the outreach worker) observed the soup kitchen prior to the interview. How did this assist him in the interview?
  - He was able to assess physical space
  - He saw persons with whom Jerry spent time
3. Comment on Pete's verbal communication skills as an interviewer.
  - Spoke slowly and clearly
  - Used appropriate terminology for the patient
  - Had a tone of sincerity in his voice
4. Comment on Pete's body language.
  - Good eye contact
  - Open posture
  - No physical barriers between him and the patient
5. What patient education techniques did Pete use?
  - Used layperson's terminology, e.g., "an actual hole in your lungs"
  - Emphasized that TB is curable, but gave Jerry sense of urgency regarding his treatment
  - Discussed transmission in an understandable way



## Course Activities

### Facilitator



### Activity 8: Effective TB Interviewing DVD: Questions for Discussion, continued

6. How could Pete have formulated an infectious period? Why was it important that he do this?
  - The infectious period could have been formulated using the time of symptom onset, as per health department standards
  - This is important as it provides the patient and interviewer some direction on the time frame from which to elicit contacts
  
7. Why is physical description and location information of contacts important?
  - If the patient does not know the contacts' names, or only nicknames or aliases, the description can help to identify the patient, once located
  - Physical descriptions can help to verify the identity of contacts, even if named, once located

### Questions on Opinions and Relevance to Local Situations

8. Do you agree with the way Pete pushed the patient for contacts? Why?
9. Is there anything you would have done differently in this situation? If so, what and why?
10. How do the activities portrayed here relate to the way things occur in your locality?
11. Is there anything else you noticed about this TB interview scenario that you would like to discuss?



## Course Activities

### Facilitator



## Activity 8: Effective TB Interviewing DVD: Questions for Discussion, continued

### Javier

12. Based on this scenario, why is the reinterview important? Why is the interview in the home important?
- The reinterview can help the interviewer obtain more in-depth information, especially after having developed rapport with the patient.
  - In the home, the interviewer can see evidence of others (e.g., children's toys, family pictures) who spend time in the home.
13. What did Khalil (the outreach worker) do to address the issue of stigma?
- Reminded Javier that since TB is airborne, anyone can get it (e.g., "people from all walks of life can get it")
  - Indicated that though he will not tell Javier's aunt and uncle that Javier has TB, they will be told that they are contacts of someone with TB. He indicated that they might realize it is Javier. Khalil offered to be present if Javier decides to tell his aunt and uncle that he has TB, so that he can help answer any questions and explain that Javier is no longer contagious
14. What is the purpose of an interpreter?
- To communicate everything that the patient and interviewer are saying, accurately and in the first person
15. How might the interaction with the interpreter have been improved?
- The interpreter could have been positioned correctly, next to and slightly behind the patient, in order to allow for good eye contact between Javier and Khalil.
  - Khalil could have had a pre-session with the interpreter during which explained his needs and expectations. If a pre-session had been conducted, the interpreter could have understood that she was to only communicate the exact statements given by the interviewer and patient. She could also have understood that it is appropriate to ask for clarification from both parties if anything is not clear.



## Course Activities

Facilitator



### Activity 8: Effective TB Interviewing DVD: Questions for Discussion, continued

16. What techniques did Khalil use to elicit information about the additional children in the home, which Javier was clearly reluctant to provide?
- Paid close attention to the home environment (e.g., used the presence of age-inappropriate toys as cue to ask about other contacts);
  - Asked probing questions;
  - Emphasized the importance of knowing whether there were additional children who might have been exposed; and
  - Used persistence, by dropping the subject of other contacts but returning to it, until he got an answer.

#### Questions on Opinions and Relevance to Local Situations

17. What do you think of the manner in which Khalil dealt with Javier's home remedy (tea)?
18. What might you have done differently in this scenario?
19. How would you address concerns about undocumented immigrants in workplace assessments in your areas?
20. Is there anything else you noticed about this TB interview scenario that you would like to discuss?



## Course Activities

### Facilitator



## Activity 8: Effective TB Interviewing DVD: Questions for Discussion, continued

### Sheila

1. Why did Marianne (the public health nurse) put on her respirator upon entering the home? How did she address this with the patient?
  - Marianne did not know whether this infectious patient was wearing her mask at all times as instructed by her doctor.
  - Marianne did not put on the respirator until she was in the patient's home and explained to the patient that she would be wearing the respirator. She told the patient that she needed to wear the respirator to protect herself.
2. Sheila was a private patient in a rural area. She could have been interviewed easily over the phone. What would have been missed had this been done? When is it appropriate to obtain information over the phone?
  - By conducting the interview over the phone, it would have been difficult to establish rapport with the patient. The interviewer would also have missed the fact that the patient was not wearing her mask as instructed, and Marianne might have noticed that the patient was wearing the wrong mask (she should have been wearing a surgical mask). Also, during a home interview, the interviewer can see the home environment to assess other possible exposure and look for signs of other contacts whom the patient may not mention.
  - There are very few circumstances in which it is appropriate to interview the patient over the phone; however, this varies based on local circumstances. Perhaps once rapport has been established with a patient, an occasional phone call can be placed to verify information.
3. Who are the high-priority contacts?
  - Baby and family (i.e., Sheila's son, husband, and mother)
  - Children in vanpool
  - An assessment of the adult school classroom environment should be done to determine the priority of the contacts in the room.



## Course Activities

### Facilitator



### Activity 8: Effective TB Interviewing DVD: Questions for Discussion, continued

4. How well did Marianne handle the sensitive questions, e.g., HIV and other contacts?
  - Marianne explained to the patient ahead of time that she would be asking some questions which she asked all of her patients.
  - Marianne acknowledged that naming all contacts may not be comfortable for Sheila, but that it was important. Marianne explained the nature of TB transmission, which helped Sheila understand why it was important to name certain contacts.
5. As a nurse, what else could Marianne have done in the home during the interview?
  - Talked about the side effects of the medications
  - Administered a skin test to other family members, if available
  - Completed a physical exam on the patient or any contacts

### Questions on Opinions and Relevance to Local Situations

6. Is it common to see an infectious patient in the home in your area? If so, what instructions should the patient be given while in the home?
7. If directly observed therapy, home visits, or both are not options, what medicating options can be given to this patient?
8. What would you have done differently from Marianne? Why?
9. Is there anything else you noticed about this TB interview scenario that you would like to discuss?



## Course Activities

### Facilitator



### Activity 9: Simulated Patients

#### 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 patient feedback
- 10 minutes for observer or group leader feedback
- 5 minutes for break between interviews

#### Materials

Copies of

- “Observer Instructions” on page 89
- “Observer Assessment Form” on page 90
- “Index Patient Instructions” on pages 92-93
- Index Patient Roles for the actor patients (marked for “patients”) on pages 94-107
- “Index Patient’s Evaluation Form” for the actor patients (marked for “patients”) on page 108
- “Interviewer Instructions” on page 110
- Index Patient Roles for the course participants (marked for “interviewer”) on pages 111-117
- Videotapes and video camera with tripod (optional)

#### Pre-Course Procedure

This activity involves conducting a full interview in a simulated environment with observation and critical feedback from other course participants and a group leader. You will need some extensive preparation for this activity, including patient or actor recruitment, distribution of the relevant materials, and preparation of materials for the participants and actors.

The activity requires the use of outside individuals to portray index patients. We suggest that you recruit actors or other health department employees who are not known by the course participants. However, if this is not possible, this activity may be done with known persons or as role-play exercises amongst course participants.



## Course Activities

### Facilitator



### Activity 9: Simulated Patients, continued

#### Pre-Course Procedure (continued)

1. This manual contains seven patient roles (from previous exercises in this guide). Choose which roles you will use ahead of time. You may base the decisions on the types of patients the participants see frequently or with whom they have challenges. Choose as many patients as you have groups. The groups should have no more than three persons.
  2. Recruit actors to play the roles of the patients for the day of the course. You should create a separate confirmation letter for actors indicating
    - The date and time of the course activity
    - Where to meet you or a support person the day of the course
    - How payment for service will be made (optional)
    - Directions and parking arrangements
    - Description of the audience with which they will be working
    - The documents\* you are enclosing with the letter, including
      - Role description
      - Instructions
      - Interviewer evaluation form
- \*These attached documents are labeled as “Index Patient”
3. Prior to sending the letters, you will need to collect some basic information from each actor to put on their patient role sheets. Some people may not want to use their own personal information for the course. Therefore, ask each actor what personal information, real or made up, they would like to use for the purpose of the course. This should be information that is easy for them to remember. You will need a first and last name, age, address, and phone number. Write this information on the patient role sheets so that the actors can remember what personal data they have chosen to use. Keep a copy of this information to share with the participants later.
  4. After filling in the patient’s personal information, make copies of the index patient roles for the interviewer (these are labeled “Interviewer”). Also, make copies of the Interviewer Instructions.
  5. Make copies of the “Observer Instructions” on page 89 and the “Observer Assessment Form” on page 90 for the observers and facilitators.



## Course Activities

### Facilitator



### Activity 9: Simulated Patients, continued

#### Pre-Course Procedure (continued)

6. You should arrange to have one leader for each group. Each group should consist of no more than three participants. In this way, for each interview, you will have a maximum of three participants, who interchange the interviewer and observer roles, and one group leader, who observes and provides expertise. You should create these groups ahead of time. One suggestion is to do this based on level of participant experience. Mixed experience-level groups allow less-experienced members to observe some stronger interviewing skills. Make copies of the Facilitator's Instructions for the group leaders.
7. It is suggested that you provide the Index Patient Roles on pages 94-107 to the participants ahead of time so that they can prepare an interview strategy. Give all of the patient scenarios to the entire participant group whether the individual members are doing a particular interview or not. This way they can become familiar with all of the cases. However, you must specify for each participant for which case each will be conducting the interview and for which they will each observe.

Also, provide the "Observer Assessment Form" on page 90 with the definitions. You will need to give one form for each interview that will be observed. Again, this will give the participants and group facilitators an opportunity to become familiar with the evaluation criteria for observation prior to the interview. As a description, briefly state in a written cover memo the following:

"This course will include various skills-building exercises, including the completion of an entire TB interview with a simulated patient. You will be in a group of (#) other course participants. In this group, you will conduct an interview with Patient # \_\_\_ and observe (#) other interviews done by your colleagues. Also included in this packet, you will find instructions for conducting your interview as well as for observing the other interview(s). The latter set of instructions mentions an Observer Assessment Form. You will use this form to guide your feedback to the other interviewers. Therefore, please become familiar with this form and its accompanying definitions prior to coming to the course. Please also bring all of this paperwork with you on the day of the course."

8. Ask participants to bring copies of their health department interview data collection form(s) so they can practice using these instruments. If the course participants are all from the same health department, you may be able to obtain these forms yourself and duplicate them.



## Course Activities

### Facilitator



### Activity 9: Simulated Patients, continued

#### Pre-Course Procedure (continued)

9. Keep extra copies of all interviewer, observer, and patient information with you for the course date in case participants forget any documents.
10. Another way to enable self-assessment is to videotape the interviews. The interviewers can view their own interviewing techniques and have a clearer understanding of their individual strengths and weaknesses. This does involve extensive arrangements. While there may not be time during the course to review the tapes with the participants, the participants can view tapes on their own to supplement feedback given by the observers.
11. Arrange for rooms in which the interviews can be conducted. If possible, a small room for each patient is best for a disturbance- and distraction-free environment. Also, create signs that designate patient numbers to hang on each interview room door. It is easiest if each patient stays in his or her room while the participant groups rotate from room to room. If the rooms are close together, a coordinator for the entire activity may not be needed. However, if possible, it will be helpful to designate a support person to make sure the activity is running smoothly.
12. Create a master plan for interviews to occur and make copies of this for the participants on the day of the course. It can look something like the table (Figure 6) below:

*Figure 6. Sample Simulated Patient Interviews Grid for 15 Course Participants*

(5 groups of 3 people)

Group/Facilitator Name	1:00 pm – 2:00 pm Patient #	2:00 pm – 3:00 pm Patient #	3:00 pm-4:00 pm Patient #
A – Facilitator Name	1	2	3
B – Facilitator Name	2	3	4
C – Facilitator Name	3	4	5
D – Facilitator Name	4	5	1
E – Facilitator Name	5	1	2

This manual contains seven patient roles. You should choose the number that you require, noting that not all groups may be able see all patients. This will vary based on the size of your groups.



## Course Activities

### Facilitator



### Activity 9: Simulated Patients, continued

#### Course Procedure

1. Make sure all participants and facilitators have the information they require. You will be providing the extra copies you made ahead of time. On the day of the course, place groups with designated facilitators.
2. Instruct the facilitator to keep time for the groups. The interviews should take 35 minutes; patient feedback, 5 minutes; and observer/facilitator feedback, about 10 minutes. Prior to anyone giving feedback, however, the interviewer should be asked how he or she felt about his or her interview performance.
3. During the interviews, the facilitator should also encourage the observers to make observations and take notes. This will enable them to give better feedback with specific examples. Ask the facilitators to tell their groups that they will collect the completed forms at the end of the activity. This may ensure that observers take notes.
4. After each group completes an interview, they should move on to the next room. Some groups may finish more quickly than others and may have to wait to enter their next room.
5. After the entire activity is complete, all of the course participants should come back into the classroom together along with the facilitators. This is good time for the course participants to discuss their experiences. You may ask observers to comment on their colleagues' skills, mentioning strategies they used to address challenging situations. The facilitators should be asked at the end to summarize the work of their group, emphasizing what was learned by all. Overall, the atmosphere for discussion should be kept positive.



## Course Activities

Facilitator



### Activity 9: Simulated Patients, continued

#### Group Leader's Handouts

Facilitator: Hand to each Group Leader

- 1 copy of the “Group Leader’s Instructions” on page 85
- 1 copy of the “Observer’s/Group Leader as Observer Instructions” on page 86
- Copies of the “TB Interview Assessment Form” on page 87 for as many interviews as will be observed



## Course Activities

Leader



### Activity 9: Simulated Patients

Group Leader's  
Materials, p. 1

#### Group Leader's Instructions

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

1. You will keep time for the group
  - 35 minutes – Interview
  - 5 minutes – Interviewer's self-assessment. Ask the interviewer for his or her brief thoughts on how he or she felt during the interview and what his or her strengths and areas for improvement might be
  - 5 minutes – Index Patient's feedback based on the "Index Patient's Evaluation Form"
  - 10 minutes – Observer's feedback based on the "Observer's Assessment Form"
2. Encourage observers to take notes during the interviews so as to have feedback to provide to the interviewer. Tell the observer that you will collect the assessment forms at the end of the interview activity. You may also provide feedback as well, but allow the observer(s) to contribute as much as possible.
3. At the end of the activity, collect all forms from the index patients and observers.



## Course Activities

Leader



### Activity 9: Simulated Patients, continued

Group Leader's  
Materials, p. 2

#### Group Leader as Observer Instructions

- While observing the interview, remain at a distance from the interviewer and index patient, so that you do not intrude on their space. However, position yourself so that you can hear the dialogue clearly and observe all body language
- During each interview, complete the “Observer’s 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 and the skills are techniques that are ongoing throughout the interview. Use the form as a checklist and for taking notes about the interaction

#### Feedback

- There will be a feedback session after the completion of the interview. Take a few minutes to complete the “Observer’s Assessment Form,” and instruct the index patient and interviewer to complete the “Index Patient’s Evaluation Form.”
  1. The interviewer will talk about the process and his or her own skills and comfort with the interview based on the self-assessment form
  2. When the interviewer’s self-assessment is complete, the index patient should give feedback to the interviewer based on the completed Index Patient’s Evaluation Form
  3. Finally, you should review your completed the “Observer’s Assessment Form” with the interviewer and include both the interviewer’s strengths and areas in need of improvement
  4. When providing feedback, start with strengths and positive characteristics and then move into the areas in need of improvement
  5. Address each element of the interview and provide specific examples of strengths and areas in need of improvement as noted during the interview
  6. 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



## Course Activities

Leader



### Activity 9: Simulated Patients TB Interview Assessment Form

Group Leader's  
Materials, p. 3

<b>Process &amp; Skill</b>	<b>Excellent</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
Group Leader: 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>Introduction</b>			
1. Introduces self			
2. Explains purpose of interview			
3. Emphasizes confidentiality			
<b>Information &amp; Education Exchange</b>			
4. Collects/confirms index patient's personal information			
5. Determines index patient'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. Defines close and casual exposure			
11. Pursues detailed contact information			
12. Explains contact referral process			
<b>Conclusion</b>			
13. Invites index patient's questions			
14. Reviews/reinforces adherence to treatment plan			
15. Closes interview			
<b>Ongoing Skills</b>			
16. Demonstrates professionalism			
17. Establishes trust and rapport			
18. Listens actively			
19. Uses open- and closed-ended questions appropriately			
20. Communicates at the index patient's level of comprehension			
21. Provides factually correct information			
22. Provides encouragement			
23. Uses appropriate nonverbal communication			
24. Motivates and encourages active participation of index patient			
25. Displays nonjudgmental behaviors			
26. Displays flexibility in the interview process			
27. Identifies and addresses index patient's concerns			
28. Recognizes and addresses verbal problem indicators			
29. Maintains control of interview			
30. Identifies and discusses barriers to adherence			



## Course Activities

Facilitator



### Activity 9: Simulated Patients, continued

#### Observer's Handouts

Facilitator: Hand to each participant

- 1 copy of the Observer's/Group Leader as Observer Instructions on page 89
- Copies of the "TB Interview Assessment Form" on page 90 for as many interviews as will be observed



## Course Activities

Observer



### Activity 9: Simulated Patients

Observer's Materials  
p. 1

#### Observer's Instructions

- While observing the interview, remain at a distance from the interviewer and index patient so that you do not intrude on their space. However, position yourself so that you can hear the dialogue clearly and observe all body language.
- During each interview, complete the “Observer’s 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 and the skills are techniques that are ongoing throughout the interview. Use the form as a checklist and for taking notes about the interaction.

#### Feedback

- There will be a feedback session after the completion of the interview. Take a few minutes to complete the “Observer’s Assessment Form,” and instruct the index patient and interviewer to complete the “Index Patient’s Evaluation Form.”
  1. The interviewer will talk about the process and his or her own skills and comfort with the interview based on the self-assessment form
  2. When the interviewer’s self-assessment is complete, the index patient should give feedback to the interviewer based on the completed “Index Patient’s Evaluation Form”
  3. Finally, you should review your completed “Observer’s Assessment Form” with the interviewer and include both the interviewer’s strengths and areas in need of improvement
  4. When providing feedback, start with strengths and/or positive characteristics and then move into the areas in need of improvement
  5. Address each element of the interview and provide specific examples of strengths and areas in need of improvement as noted during the interview
  6. If any areas need improvement, offer techniques to improve certain skills. Remember, the goal is to assist the interviewer in becoming more proficient while maintaining his or her confidence



## Course Activities

Observer



### Activity 9: TB Interview Assessment Form

Observer's Materials,  
p. 2

<b>Process &amp; 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.	Excellent	Satisfactory	Needs Improvement
<b>Introduction</b>			
1. Introduces self			
2. Explains purpose of interview			
3. Emphasizes confidentiality			
<b>Information &amp; Education Exchange</b>			
4. Collects/confirms index patient's personal information			
5. Determines index patient'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. Defines close and casual exposure			
11. Pursues detailed contact information			
12. Explains contact referral process			
<b>Conclusion</b>			
13. Invites index patient's questions			
14. Reviews/reinforces adherence to treatment plan			
15. Closes interview			
<b>Ongoing Skills</b>			
16. Demonstrates professionalism			
17. Establishes trust and rapport			
18. Listens actively			
19. Uses open- and closed-ended questions appropriately			
20. Communicates at the index patient's level of comprehension			
21. Provides factually correct information			
22. Provides encouragement			
23. Uses appropriate nonverbal communication			
24. Motivates and encourages active participation of index patient			
25. Displays nonjudgmental behaviors			
26. Displays flexibility in the interview process			
27. Identifies and addresses index patient's concerns			
28. Recognizes and addresses verbal problem indicators			
29. Maintains control of interview			
30. Identifies and discusses barriers to adherence			



## Course Activities

Facilitator



### Activity 9: Simulated Patients, continued

#### Index Patient's Handouts

Facilitator: Mail to each Index Patient/Actor in advance of the course:

- 1 copy of the Index Patient's Instructions on pages 92-93
- 1 copy of the "Role Information for Index Patient" on pages 94-107 for that actor to portray. Fill in the appropriate personal information at the top of the first page of each role
- Copies of the "Index Patient's Evaluation Form" on page 108 for as many interviews as will be conducted with the actor

Also, have additional copies of all of these handouts available at the course if misplaced by the actor.



## Course Activities

### Activity 9: Index Patient's Instructions

Patient's/Actor's  
Materials, p. 1

The activity that you are participating in is for training purposes. Your role is to help develop healthcare interviewing skills. The index patient background information that you have been given contains information about the person you will portray. You are a TB patient. Even though you are feeling ill, you will be interviewed by a healthcare worker. The purpose of the interview is to build rapport, provide TB education, and find out about whom you may have infected. Keep this in mind along with the patient's background information to make your role as effective as possible. The interviewer has your medical background, but limited information in other areas.

#### Before the Interview

- Become familiar with the patient you will portray. Feel free to elaborate on this general background information 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.
- The scenario description suggests that either you or the interviewer is wearing a mask to reduce the spread of TB. This is to simulate how a real interaction would take place, relevant to the barriers to communication while wearing a mask. However, for the purpose of this exercise, neither you nor the interviewer will wear a mask.
- Become familiar with the "Index Patient's 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. If possible, do not keep the written role in front of you during the interview.
- 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 patient 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.



## Course Activities

### Activity 9: Index Patient's Instructions, continued

Patient's/Actor's  
Materials, p. 2

#### After the Interview

- At the end of the interview, take a few minutes to complete the “Index Patient’s 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.



## Course Activities

### Activity 9: Role Information for Index Patient #1

Patient's  
Materials, p. 3

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

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

Age: \_\_\_\_ years old

Occupation: Lounge singer

#### Interview Scenario

Interview takes place at the health department clinic. You are

- Wearing a mask during this interview.
- Distracted during the interview, frequently talking about yourself but not your medical condition.
- Not very educated about TB, but eager to learn.
- Coughing frequently during the interview.

#### Medical History

##### Symptoms:

##### *Cough*

- Persistent for about 2 months, producing phlegm
- Didn't see a doctor until a week ago since you thought the cough was due to second-hand smoke from night clubs

##### *Weight*

- Lost about 10 pounds during the past month
- Did not think much about weight loss because you wanted to lose weight

##### *Fever*

- Never checked your temperature, but have occasionally felt feverish
- Took aspirin to feel better, which worked temporarily

##### Medical Evaluation

- General medical care limited due to lack of health insurance
  - Visited a medical clinic at the health department a week ago
  - At the health department a TB skin test (positive) and chest X-ray (abnormal) were done and your sputum (phlegm) was collected for testing
  - Returned to the clinic to talk about your test results. You were told that your test results were suspicious for TB and you were placed on 4 different TB medications but aren't sure of the names or the numbers of pills
  - An HIV test was done (awaiting results)
  - Will be on directly observed therapy (DOT), which means a healthcare worker will come to your house to watch you take medications every day
  - Let the interviewer know that when you go back on tour you don't see how DOT can be arranged
  - 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



## Course Activities

### Activity 9: Role Information for Index Patient #1, continued

Patient's  
Materials, p. 4

#### Contacts

*Household* – None

*Work*

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

*Social*

- Significant other – not much revealed about this person unless prompted; travels with you about 25% of the time
- Grandmother – lives in a nursing home; you visit her frequently
- No children or other relatives with whom you keep in close touch
- Many friends – seen about once in two months depending on when you are in town



## Course Activities

### Activity 9: Role Information for Index Patient #2

Patient's  
Materials, p. 5

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

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

Age: \_\_\_\_ years old      Occupation: Very busy accountant who works for a prestigious firm

#### Interview Scenario

Interview takes place in the hospital. You are

- Unhappy with the fact that the interviewer is wearing a mask while talking to you, and you mention this during the interview.
- Impatient during the interview and frequently look at your watch and explain that you are expecting visitors and want the interview to end soon.
- 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.
- Reluctant to share information about your contacts, but eventually do so if the interviewer is persuasive.
- Angry with any references made to HIV infection or testing and “directly observed therapy” or “DOT.”
- Concerned with having to follow up treatment in a health department setting and prefer treatment by your private doctor, whom you think is more qualified to handle your case and knows you better.



## Course Activities

### Activity 9: Role Information for Index Patient #2, continued

Patient's  
Materials, p. 6

#### Medical History

##### Symptoms

- Went to the hospital emergency room a week ago for severe “flu-like” symptoms (dry cough, night sweats, chills, high fever, loss of appetite, vomiting, dizziness, and chest pain); you’ve been coughing for about 1 month, but the other symptoms came on about 2 weeks ago
- Sent home with prescription for antibiotics
- When the symptoms did not resolve, went back to the emergency room where a chest X-ray was taken

##### Medical Evaluation

- As a result of the abnormal chest X-ray, you were admitted to the hospital
- In the hospital a TB skin test and other tests were performed
- An HIV test was offered to you in the hospital but you refused, fearing the result
- You were told that all of the initial test results indicated that you may have TB but final test results were pending

##### Medications

- You were prescribed four different TB medications, which a nurse watches you take daily
- Physician told you that you may be hospitalized as long as 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 and two young children

*Work*

- Three high-profile clients - seen regularly in the last 3 months in your office
- 10 coworkers - in large, spacious, modern building; you work in your own office

*Social*

- Large circle of friends - seen once a month at parties; you are very anxious about possibly having given TB to them and would be embarrassed if anyone found out about your condition
- Co-worker - having an extramarital affair with this co-worker whom you allude to, but remain evasive about unless the interviewer is persistent



## Course Activities

### Activity 9: Role Information for Index Patient #3

Patient's  
Materials, p. 7

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

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

Age: \_\_\_\_\_ years old

Occupation: Unemployed

#### Interview Scenario

Interview takes place in the hospital and the interviewer is wearing a mask. You are

- A resident of homeless shelter for the past 6 months
- Very concerned about having shelter, food, and money. Your health is a secondary priority. You frequently deviate from the topics of the interview and talk about other aspects of your life.
- Anxious to get back to the streets
- 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.
- Currently unemployed with no income; considering applying for welfare assistance.

#### Medical History

##### Symptoms:

##### *Cough*

- Persistent for 2 months
- During the interview, you cough frequently without covering your mouth, unless asked to do so
- Brought up blood one time, before entering the hospital

*Night sweats* – Have gotten soaking wet at night during the past 1 month

*Fever* – For several weeks have had chills and body aches but never checked temperature

- Diagnosed with HIV infection 3 years ago, but have not followed up with HIV clinic appointments and have not been on HIV medications
- Visited the hospital emergency room 3 days ago after one episode of coughing up blood
- Admitted to the hospital that day after a chest X-ray was read as abnormal
- After admission, a TB skin test and sputum (phlegm) collection were done



## Course Activities

### Activity 9: Role Information for Index Patient #3, continued

Patient's  
Materials, p. 8

#### Medical History (continued)

##### Medications

- You were prescribed many TB pills (each morning for the past 3 days)
- Nurse watches you taking the medications (you think you are reliable and do not need anyone to watch you take medications)
- 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* – Live in the Salvation Army 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.

*Social* – You are not allowed to spend the entire day at the shelter. During the day, you spend time at soup kitchens and the bus station with 2 other people from the shelter. You are afraid that talking about your friends would get them in trouble. You only know their first names.



## Course Activities

### Activity 9: Role Information for Index Patient #4

Patient's  
Materials, p. 9

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

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

Age: \_\_\_\_ years old

Occupation: Unemployed; stay-at-home parent

#### Interview Scenario

Interview takes place in your home. You are

- Wearing a mask so that you will not infect others.
- Cooperative with giving information about yourself and your family since you are very concerned about having given them 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 social contacts (see below) finding out about your TB.

#### Medical History

##### Symptoms

##### *Cough*

- On and off for about 6 weeks; took cough syrup, which seemed to help until recently
- No pain with the cough but a little bit of phlegm comes up; shortness of breath hindered your early morning walks starting about 2 weeks ago

##### *Weight*

- Appetite has been lighter than usual
- 10-pound weight loss in 1 month

*Chills* – For the past few nights

*Fever* – For 1 week which would not decrease with aspirin

##### Medical Evaluation

- Visited private doctor 2 weeks ago who gave you a 10-day course of antibiotics for the cough
- Cough got worse so a chest X-ray was done. The doctor thought the X-ray was abnormal and referred you to a pulmonologist (lung doctor)
- The pulmonologist immediately admitted you to the hospital (6 days ago)
- In the hospital a TB skin test (positive), sputum (phlegm) collection, and HIV test (awaiting results) were done. You were told you most likely have TB based on your test results and were started on medications.
- Left hospital against the doctor's wishes since you had made no child care arrangements



## Course Activities

### Activity 9: Role Information for Index Patient #4, continued

Patient's  
Materials, p. 10

#### Medical History (continued)

##### Medications

- Four different medications (a 3-month supply with monthly refills prescribed by your pulmonologist with instructions to visit your primary medical doctor each month for monitoring)
- You are taking your medications on your own (once a day) but wouldn't object, if asked, to someone watching you take these medications at home (directly observed therapy or DOT)

#### Contacts

##### *Household*

- Infant – 10 months old; sleeping upstairs during the interview
- Teenage child – At school during the interview
- Spouse – At work during the interview; works long hours

##### *Social*

- 2 friends – Seen during early morning walks
- Son's soccer team – At outdoor games twice per week; you cheer from the sidelines
- Creative writing class (20 students) – One evening a week you attend a night class at the local community college



## Course Activities

### Activity 9: Role Information for Index Patient #5

Patient's  
Materials, p. 11

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

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

Age: \_\_\_\_ years old\* Occupation: Bus driver for a junior high school

#### Interview Scenario

Interview takes place in the hospital and interviewer is wearing a mask. You are

- Vague when giving information about your job, since you are afraid you may get fired, but willingly reveal details about your friends. However, you eventually divulge information about your job if the interviewer is persuasive regarding the importance of contact identification.
- Anxious to get back to work.
- Not very knowledgeable about TB and listen patiently if the interviewer tries to educate you .
- Frequently coughing during the interview and sometimes cover your mouth if reminded by the interviewer.

#### Medical History

##### Symptoms

##### *Cough*

- Persistent for about 1 month
- 2 weeks ago, the cough got worse, accompanied by phlegm

*Fever* – Low grade for 1 week

*Weight* – Lost an unknown amount of weight over a 1-month period

*Other* – Asthma and frequent colds; you use an inhaler for the asthma, as needed, for symptom relief

- Positive skin test 2 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 read as normal
- You were told that since you were over the age of 35 you did not need to be on preventive TB medications; you are angry that you now have TB and that you were not offered medications in the past.

##### Medical Evaluation

- Could not get appointment with your doctor for several weeks for the cough
- Four days ago, you had a very bad asthma attack and went to the hospital emergency room. You were admitted that day after a chest X-ray and an exam.
- In the hospital an HIV test was done (had a previous test which was negative; awaiting current test result) and sputum (phlegm) was collected; you were told by a doctor that you have TB.

\* Note: Patient's age must be over 36 years to be consistent with medical history



## Course Activities

### Activity 9: Role Information for Index Patient #5 (continued)

Patient's  
Material's, p.12

#### Medical History (continued)

##### Medications

- 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.
- You have been resting and feel much better. You were told some things about your medical condition, but the doctor used so much medical terminology that you remain confused about many things.

#### Contacts

*Household* – live alone; no visitors in your apartment

*Work* – Students

- On bus (6:30 a.m.-7:30 a.m., 2:30 p.m.-3:30 p.m., and 5:00-5:30 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 2 friends at a small pool hall about 3 nights a week



## Course Activities

### Activity 9: Role Information for Index Patient #6

Patient's  
Materials, p. 13

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

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

Age: \_\_\_\_ years old      Occupation: Unemployed

#### Interview Scenario

Interview takes place in the hospital and interviewer is wearing a mask. You are

- A drug dealer and have used heroin (by injection) and cocaine steadily for several years; have been jailed many times in the past 5 years for a variety of offenses.
- Withdrawn and tired; you feel the need to get high. You are a 2-pack-a-day smoker but aren't 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.

#### Medical History

##### Symptoms

###### *Cough*

- Very slight on and off for about 1 year
- Worsened 1 month ago; has been a dry cough

*Fever* – On and off for the past 1 week

*Night sweats* – Began about 4 days ago

##### Medical Evaluation

- You were arrested 2 weeks ago and put in the county jail
- A TB skin test was done when you entered jail; it was read as negative
- While you were in jail, symptoms got worse; you were transferred to a hospital 1 week ago
- In the hospital a chest X-ray was taken and sputum (phlegm) collection was done
- 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 have TB in your lungs
- 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; once you leave the hospital, you don't want to take all of these pills at once



## Course Activities

### Activity 9: Role Information for Index Patient # 6, continued

Patient's  
Materials, p.14

#### Contacts

*Household* – Significant other; you live in significant other's apartment (your official mailing address is your mother's home)

#### *Social*

- Mother and aunt – even though you care greatly for them, you see them only occasionally because they disapprove of your lifestyle
- Two drug users – known 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 2 or 3 days

#### *Other*

- While in jail, you were in a cell with 6 people
- Drug buyers – you meet them on the street and the meetings are very quick



## Course Activities

### Activity 9: Role Information for Index Patient #7

Patient's  
Materials, p. 15

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

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

Age: \_\_\_\_ years old      Occupation: Assembly-line work in a shoe factory (night shift)

#### Interview Scenario

Interview takes place in the hospital and interviewer is wearing a mask. You are

- An immigrant from Zlawamba;\* you arrived 3 years ago with your spouse and child.
- Learning the English language. You can understand English if it is spoken slowly, and you speak broken English, with a non-American accent; you ask the interviewer to slow down if speaking too quickly.
- A nice person, open to discussing your medical condition but not about your family and work. You ask with whom this interview information will be shared because you fear being fired from your job. Also, you don't want your aunt and uncle, whom you live with, to find out about your TB and you fear being asked to leave their home. You reveal this to the interviewer.
- Very anxious to get home since you have no medical insurance to cover the cost of hospitalization.
- Giving a history of BCG vaccination at birth and you were told that this would prevent TB. You believe that perhaps you have something other than TB and need to be convinced by the interviewer about your TB diagnosis.
- Covering your mouth while coughing during the interview.

\*Fictitious country

#### Medical History

##### Symptoms:

##### *Cough*

- On and off for about 3 months, but has worsened recently
- A lot of phlegm with the cough

*Fever* – On and off for the past week

*Other* – Painful lump at base of the neck for about 1 month

##### Medical Evaluation

- Brought to the hospital emergency room 3 days ago after you collapsed at work
- After chest X-ray, you were admitted to the hospital
- During the hospital admission, a skin test and sputum (phlegm) collection were done and blood drawn. A needle was also stuck into the bump on your neck and fluid was taken out. You were told you had TB and 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.



## Course Activities

### Activity 9: Role Information for Index Patient #7, continued

Patient's  
Materials, p. 16

#### Medical History (continued)

##### Medications:

- You were prescribed many pills, including an injection everyday; a nurse watches you take your medications
- The medications are hard to swallow all at once, but you manage to do so; the injection site hurts, however, and you wish to discontinue the shot

#### Contacts

##### *Household*

- Elderly uncle and aunt – they own the small house in which you live
- Spouse and child

##### *Work*

- 2 co-workers – 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 to or associate with the others
- Commute to work by car (round trip approximately 4 miles) with a co-worker

##### *Social*

- Cousin visits once in a while 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



## Course Activities

### Activity 9: Index Patient's Evaluation Form

Patient's  
Materials, p. 17

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

Process & Skill	Excellent	Satisfactory	Needs Improvement
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>			
Made conversation flow easily <i>Comments:</i>			
Identified and addressed your concerns <i>Comments:</i>			
Invited your questions and checked to see if you understood information given to you <i>Comments:</i>			
Made you feel comfortable about sharing personal information <i>Comments:</i>			



## Course Activities

Facilitator



### Activity 9: Simulated Patients, continued

#### Interviewer's Handouts

Facilitator: Hand to each participant for interviewing:

- 1 copy of the “Interviewer’s Instructions” on page 111
- 1 copy of the “Patient Information for Interviewer” on pages 112-118, corresponding to the # interview he/she will be conducting. Fill in the appropriate personal information which matches what was used for the corresponding Index Patient Role.



## Course Activities

### Participant



### Activity 9: Interviewer's Instructions

Interviewer's  
Materials, p. 1

In this exercise, you will simulate the interview of a suspected or verified TB patient for contact investigation. You will be participating in a role-playing experience. 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 an index patient requiring a TB interview and another person playing the role of the interviewer. You have received the Index Patient Role which provides information regarding the index patient you will be interviewing.

#### Before the Interview

- Become familiar with the index patient's background. This is information similar to what you may obtain from a medical record review prior to an interview. The scenario description suggests that either you or the index patient is wearing a mask. This is to simulate how a real interaction would take place, relevant to the barriers to communication while wearing a mask. However, for the purpose of this exercise, neither you nor the index patient will wear a mask.
- Ask your course facilitator any questions you have about the information that you have received about the index patient

#### During the Interview

- Use all of the skills that you would normally use in interviewing a TB patient, and complete the appropriate health department interviewing forms.
- Although the index patient 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 patient needs a minute to remember or devise some information.

#### After the Interview

- Let the group know how you felt during the interview.
- You will receive feedback from your group observer(s), group leader, and the index patient, providing an opportunity to learn new interviewing skills or refresh those that you have.



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #1

Interviewer's  
materials, p. 2

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

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

TB interview for contact investigation takes place at clinic; patient is wearing a respirator

#### Patient Profile

- \_\_\_\_ years old
- Visit to health department doctor 1 week ago
- Productive cough x2 months, 10-pound weight loss over 1 month, fever
- TST induration = 16 mm
- Health department CXR abnormal with noncavitary disease
- AFB 1+ on sputum smear; culture identification pending
- HIV-test results pending
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) initiated today
- On home isolation as ordered by clinic physician
- Home-based, daily DOT
- Self-employed, traveling singer



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #2

Interviewer's  
Materials, p. 3

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

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

TB interview for contact investigation takes place in hospital; interviewer is wearing a respirator

#### Patient Profile

- \_\_\_\_ years old
- Went to hospital emergency room 1 week ago complaining of dry cough, night sweats, chills, high fever, loss of appetite, vomiting, dizziness, and chest pain
- Sent home with prescriptions for antibiotics
- Returned to emergency room without symptom resolution 4 days later, and was admitted to hospital
- TST induration = 22 mm
- CXR abnormal with cavitary disease
- AFB 2+ on bronchial wash; culture identification pending
- HIV status unknown
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Employed as an accountant



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #3

Interviewer's  
Materials, p. 4

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

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

TB interview for contact investigation takes place in hospital; interviewer is wearing a respirator

#### Patient Profile

- \_\_\_\_ years old
- Admitted to hospital through emergency room 3 days ago with complaints of cough for 2 months and acute hemoptysis; history of weight loss and night sweats
- TST induration = 0 mm
- CXR abnormal with cavitory disease
- Sputum smear negative; culture identification pending
- HIV (+); treatment started during hospital admission
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RBT, PZA, EMB) started in hospital
- Lives in homeless shelter
- Unemployed



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #4

Interviewer's  
Materials, p. 5

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

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

TB interview for contact investigation takes place at home; patient is wearing a respirator during interview

#### Patient Profile

- \_\_\_ years old
- Productive cough x6 weeks, fever, 10-pound weight loss, chills
- Visited primary medical doctor 2 weeks ago
- CXR abnormal with right upper lobe infiltrate
- Admitted to hospital 4 days ago; left against medical advice 2 days ago
- TST induration = 20 mm
- AFB 3+ on sputum smear; culture identification 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



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #5

Interviewer's  
Materials, p. 6

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

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

TB interview for contact investigation takes place in hospital; interviewer is wearing a respirator during interview

#### Patient Profile

- \_\_\_\_ years old
- History of documented positive TST 2 years ago (no mm reading), with no history of treatment for latent TB infection
- Admitted to hospital through emergency room with asthma attack 4 days ago; complained of cough x1 month, fever, and unspecified weight loss
- CXR abnormal with cavitary disease
- AFB 4+ on sputum smear; culture identification 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

\* Note to Course Facilitator: Patient's age must be over 36 years to be consistent with medical history



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #6

Interviewer's  
Materials, p. 7

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

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

TB interview for contact investigation takes place in hospital; interviewer is wearing a respirator during interview

#### Patient Profile

- \_\_\_ years old
- Admitted from county correctional facility 1 week ago with fever, night sweats, and cough
- CXR abnormal with left upper lobe infiltrate
- AFB <1 on sputum smear
- HIV testing refused
- Diagnosed with suspected pulmonary TB
- Four-drug regimen (INH, RIF, PZA, EMB) started in hospital
- Active substance abuser (cocaine, heroin)
- Unemployed



## Course Activities

Participant



### Activity 9: Patient Information for the Interviewer: Index Patient #7

Interviewer's  
Materials, p. 8

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

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

TB interview for contact investigation takes place in hospital; interviewer is wearing a respirator during interview

#### Patient Profile

- \_\_\_ years old
- Had productive cough x3 months with intermittent fever for 1 week; admitted through emergency room 3 days ago after collapsing at work
- CXR abnormal; miliary TB
- AFB 3+ on sputum smear; culture identification pending
- Lymph node 2+ on smear; biopsy and final culture identification pending
- TST induration = 33 mm
- HIV-test results pending
- Diagnosed with suspected pulmonary and nonpulmonary TB
- Six-drug regimen (INH, RIF, PZA, EMB, SM, Levaquin) started in hospital
- Employed as assembly-line worker in shoe factory
- Foreign born, from Zlawamba\*
- English speaking, but comprehension is limited; Zlawamban interpreter is unavailable

\* Fictitious country



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American Lung Association

Curriculum: Extended Disease Control Investigator Training (Trainer's Manual)

California Department of Health Services

TB Interviewing Course Materials

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination  
Conducting a TB Interview (Videotape)

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination  
Effective Tuberculosis Interviews: A Course on Communication Skills (Trainer's and Participant's Manuals)

Centers for Disease Control and Prevention. Guidelines for the investigation of contacts of persons with infectious tuberculosis. Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR 2005.

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination  
Self-Study Modules on Tuberculosis: Module 6 – Contact Investigations for Tuberculosis

Centers for Disease Control and Prevention, National Network of STD/HIV Prevention Training Centers, Core Training Programs: Partner Services and Program Support

Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention  
Training Guide for HIV Partner Counseling and Referral Services

Emory University

Lost and Found: The Case of Mr. Norwood - A Video to Build Communication Skills for Healthcare Providers (Videotape and Trainer's Manual)

Francis J. Curry National Tuberculosis Center

Effective TB Interviewing Course (Training materials)

Francis J. Curry National Tuberculosis Center

Making the Connection: An Introduction to Interpretation Skills for TB Control

Massachusetts Department of Public Health

Contact Tracing and Investigation of Tuberculosis (Slide set)



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New Jersey Medical School National Tuberculosis Center  
Performance Guidelines for Contact Investigation: The TB Interview

New Jersey Medical School National Tuberculosis Center  
TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker

New Jersey Medical School National Tuberculosis Center  
TB Simulated Patients: A Training Resource for the Contact Investigation Interview

New York City Department of Health  
Contact Investigation Communication Skills Workshop (Exercises)

Texas Center for Infectious Diseases/Texas Department of Health  
Contact Investigation (Policy handbook)

Wisconsin Department of Public Health  
Conducting Comprehensive Contact and Source Case Investigation (Procedure manual)



## Resource List

### Resource List

The following resources and organizations can provide additional education and training information related to TB and other topics addressed in the TB interviewing educational materials:

#### **Centers for Disease Control and Prevention (CDC)**

##### **Division of Tuberculosis Elimination (DTBE)**

1600 Clifton Rd., NE  
Mail Stop E-10  
Atlanta, Georgia 30333  
1-800-CDC-INFO (1-800-232-4636)

<http://www.cdc.gov/tb>

*The mission of the Division of Tuberculosis Elimination (DTBE) is to provide leadership in preventing, controlling, and eventually eliminating tuberculosis (TB) from the United States, in collaboration with partners at the community, state, and international levels.*

##### **Division of HIV/AIDS Prevention**

1600 Clifton Rd., NE  
Mail Stop E-49  
Atlanta, Georgia 30333  
1-800-CDC-INFO (1-800-232-4636)

<http://www.cdc.gov/hiv>

*CDC's HIV mission is to prevent HIV infection and reduce the incidence of HIV-related illness and death, in collaboration with community, state, national, and international partners.*

##### **Division of Sexually Transmitted Diseases**

1600 Clifton Rd., NE  
Mail Stop E-02  
Atlanta, Georgia 30329  
1-800-CDC-INFO (1-800-232-4636)

<http://www.cdc.gov/std>

*The Division of STD Prevention provides national leadership through research, policy development, and support of effective services to prevent sexually transmitted diseases (including HIV infection) and their complications such as enhanced HIV transmission, infertility, adverse outcomes of pregnancy, and reproductive tract cancer.*



## Resource List

### **Centers for Disease Control and Prevention (CDC) National Prevention Information Network (NPIN)**

P.O. Box 6003

Rockville, MD 20849-6003

1-800-458-5231

<http://www.cdcnpin.org/scripts/index.asp>

*The CDC National Prevention Information Network (NPIN) is the U.S. reference, referral, and distribution service for information on HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB). NPIN produces, collects, catalogs, processes, stocks, and disseminates materials and information on HIV/AIDS, STDs, and TB to organizations and people working in those disease fields in local, state, national, and international settings.*

### **Centers for Disease Control and Prevention (CDC) National Prevention Information Network (NPIN) Tuberculosis and Education and Training Resource Guide**

<http://www.cdcnpin.org/scripts/tb/guide/toc.asp>

*The Tuberculosis Education and Training Resource Guide was developed as a cooperative effort between the Centers for Disease Control and Prevention (CDC) National Prevention Information Network (NPIN) and the CDC Division of Tuberculosis Elimination (DTBE).*

### **TB Education and Training Resources Website**

<http://www.findtbresources.org>

*Sponsored by the Centers for Disease Control and Prevention (CDC), the TB Education and Training Resources Website includes a searchable, comprehensive database of materials from numerous national and international organizations. At this “one-stop” site of TB education and training resources, you can find materials to suit your needs by selecting parameters such as language, target audience, and format.*

### **Regional Training and Medical Consultation Centers**

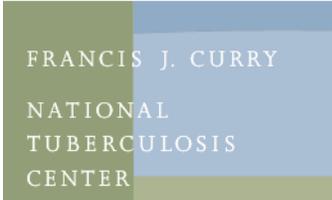
The Centers for Disease Control and Prevention, Division of Tuberculosis Elimination funds four Regional Training and Medical Consultation Centers (RTMCCs). The primary purpose of each RTMCC is to

- provide training and technical assistance to increase human resource development in TB programs
- develop TB educational materials, and
- provide medical consultation to TB programs and medical providers.



## Resource List

### Francis J. Curry National Tuberculosis Center



3180 18th Street, Suite 101  
San Francisco, CA 94110-2028  
415-502-4600 (Phone)  
415-502-4620 (Fax)  
tbcenter@nationaltbcenter.edu (E-mail)  
[www.nationaltbcenter.edu](http://www.nationaltbcenter.edu) (website)

### Heartland National Tuberculosis Center



2303 SE Military Drive,  
San Antonio, TX 78223-3542  
800-TEX-LUNG (800-839-5864) (Phone)  
210-531-4500 (Fax)  
<http://www.heartlandntbc.org> (website)

### Northeastern Regional Training and Medical Consultation Consortium



225 Warren Street  
Second Floor East Wing  
Newark, NJ 07103  
973-972-3270 (Phone)  
800-482-3627 (Toll-Free)  
973-972-3268 (Fax)  
[www.umdnj.edu/globaltb](http://www.umdnj.edu/globaltb) (website)

### Southeastern National Tuberculosis Center



1329 SW 16th Street  
Room 5187  
Gainesville, FL 32608  
Mailing Address:  
PO Box 103600  
Gainesville, FL 32610-3600  
352-265-7682 (Phone)  
352-265-7683 (Fax)  
<http://sntc.medicine.ufl.edu/> (website)



## Resource List

### Special Populations Resources

#### **EthnoMed**

<http://www.ethnomed.org>

*EthnoMed is a joint project of the University of Washington Health Sciences Library and the Harborview Medical Center's Community House Calls Program. EthnoMed is a website containing medical and cultural information on immigrant and refugee groups. It contains information specific to groups in the Seattle area, but much of the cultural and health information is of interest and applicable to other geographic areas as well.*

#### **Office of Minority Health Resource Center**

P.O. Box 37337

Washington, D.C. 20013-7337

800-444-6472

<http://www.omhrc.gov>

*The mission of the Office of Minority Health is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.*

#### **Health Resources and Services Administration**

<http://www.hrsa.gov/culturalcompetence/>

*This Health Resources and Services Administration site exists to provide culturally and linguistically appropriate, high-quality, comprehensive, and coordinated primary and preventive care developed and implemented at the community level. This site provides tools and resources aimed at cultural competency.*

#### **The François-Xavier Bagnoud Center**

#### **AIDS Education and Training Centers (AETC) National Resource Center**

30 Bergen Street

PO Box 1709

Newark, NJ 07101-1709

973-972-0410 / 1-800-362-0071

<http://www.aidsetc.org>

*The AIDS Education and Training Centers National Resource Center works to increase the number of healthcare providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection, and prevent high-risk behaviors that lead to HIV transmission.*



## Resource List

### **The Migrant Clinicians Network (MCN) Clinical Education Program**

P.O. Box 164285

Austin, TX 78716

(512) 327-2017

<http://www.migrantclinician.org>

*The Migrant Clinicians Network is committed to providing high-quality continuing education to healthcare providers serving migrant farmworkers. MCN's comprehensive clinical education program helps to develop excellence in practice, clinical leadership, and dissemination of best models and practices.*

