Developing the Workshop
Introduction

Nurse case management is the cornerstone of managing the care of patients with tuberculosis (TB), and one day, eliminating the disease altogether. This guide provides step-by-step instructions for agencies wishing to provide training for nurses in the form of an interactive two-day workshop.

This resource can assist in the training of nurses whose jobs require them to provide case management services to patients with TB, and is based on self-study modules and course materials developed by the New Jersey Medical School National Tuberculosis Center (NJMS-NTBC).

Objectives of the Facilitator's Guide

As a result of reading and reviewing this guide, facilitators will be able to:

- Organize the logistics for delivering a two-day, interactive workshop
- Facilitate a two-day program
- Apply the principles of adult learning to training facilitation
- Conduct a qualitative evaluation of the workshop

The Facilitator's Guide provides the information and materials you will need to teach the workshop. The most effective way to learn case management techniques is to practice them. Therefore, the workshop activities are practice-based and not lecture-oriented.

Reading the \textit{Tuberculosis Case Management for Nurses: Self-Study Modules} is a prerequisite for all participants. These modules should be ordered from the NJMS-NTBC prior to the workshop and distributed to participants well in advance of the training date. This prerequisite will provide background information. The workshop will build on this knowledge and help develop effective case management skills. The workshop assumes, therefore, that all participants will have read the materials before the program begins.

To order materials, call 973-972-0979 or visit the NJMS-NTBC website: www.umdnj.edu/ntbcweb.

Format of the Workshop

\textit{TB Case Management for Nurses} is an interactive, skills-building workshop. It is designed to improve the knowledge and job skills of nursing staff that have the responsibility of providing TB case management. Since skills building is a key component of this workshop, it is presented as an interactive learning experience. The prerequisite, \textit{Tuberculosis for Case Management Nurses Self-Study Modules}, provides the background information necessary for participation in the training, along with supplemental information offered during the program. The
main focus of the training, therefore, is the application of the content within the professional setting.

Interactive activities for this workshop consist of the following formats:

- Written exercises
- Simulated patient interviews
- Small group exercises
- Group discussions

**Participants’ Prerequisites**

This training is based on several participant prerequisites. The ideal participant should have the following:

- Bachelor of Science in Nursing
- TB case management as part of his or her job responsibilities
- Minimum 1-2 years experience in a TB program

In addition, we recommend that as a prerequisite, each participant become familiar with the content of the *Tuberculosis Case Management for Nurses Self-Study Modules*. Module topics include:

- Overview of Public Health and Public Health Nursing
- Fundamentals of Tuberculosis Case Management
- Leadership Skills of the Nurse Case Manager
- The Pediatric Patient

The content of these modules provides a foundation in the principles of TB case management. As such, the workshop can then concentrate on building skills and addressing other practical applications of the knowledge.

**Personnel Required for Offering the Workshop**

*Staff and faculty* for this workshop should include the following:

- Facilitator(s)
- Presenter(s)
- Small group facilitator
- Workshop coordinator
- Simulated patients
• The **facilitator** is responsible for several content pieces as well as the ongoing flow of the workshop. If necessary, co-facilitators can be used, especially if there is someone else on staff with a great deal of TB case management experience but little to no facilitation experience. It is imperative that there be at least one strong facilitator in a lead role. Using an experienced facilitator and a content expert is an effective way of ensuring that both needs are met.

The best-qualified individual to conduct this workshop is one who has a background as TB nurse case manager AND who is a skilled facilitator or trainer.

A skilled facilitator is someone who is:

• Able to manage group discussions effectively
• Comfortable in front of a group of people
• Flexible with digressions from workshop structure, yet able to refocus the group
• Able to provide constructive, respectful feedback

As mentioned earlier, if one person is not available to fulfill all of these roles, it is ideal to have two lead facilitators: one of whom is skilled in the content area and can provide most of the didactic presentations, and the other of whom is a strong trainer.

Having more than one facilitator can help for a number of reasons:

• It can reduce fatigue on the lead facilitator, for whom a two-day program can be quite taxing
• It offers a variety of presentation styles, experiences, and vocal presentations
• It expands and varies the expertise of the training staff

It is imperative that facilitators and presenters be identified and confirmed far in advance of the training.

• **Presenters** are individuals who have expertise in the various TB case management content areas, and who are comfortable speaking in front of a group of people. These individuals may or may not have strong facilitation skills as well, but should be able to convey their knowledge base in a compelling, interesting manner, and to answer questions from the participants

• **Small group facilitators** for the simulated patient activity should be prepared in advance for their roles and responsibilities. This information is provided in section 3 – Simulated Patient Exercises
• The workshop coordinator should handle logistics, including mailings, ordering the meals, securing the meeting space, and assembling materials for participants, facilitators, and presenters.

In some cases, an agency will not have separate individuals for each of the above-mentioned roles, but rather, staff who assume multiple roles. This is certainly feasible, but should be determined realistically so that no one staff member becomes overwhelmed by the responsibilities of the workshop.

• The use of simulated patients is an effective method for practicing TB case management skills through interactive role-plays. Sponsoring agencies are encouraged to hire people outside their agency to play the roles of patients. Each “patient” receives a description of the patient role he or she is expected to play, including any TB-related issues the patient may be facing. That person acts out that role, responding appropriately to the case manager(s) who interact with them. See Section 3 – Simulated Patient Exercises for detailed information.

**Workshop Planning**

This section will discuss issues that should be considered prior to conducting the workshop. These issues include the background and knowledge assessment processes, as well as logistical considerations.

**Background Assessment**

It can be helpful to do a pre-training survey to determine who the participants will be. A pre-training survey might ask:

• Years of experience in:
  - nursing
  - supervising TB program staff
  - TB case management
• Types of TB patients typically seen, e.g., private, homeless, substance abusers, immigrants, etc.
• Work setting, e.g., hospital, clinic, health department
• Previous TB case management or general management training

This information can be gathered from the workshop application. A sample has been included in this section on pages 15 - 16.
Knowledge Assessment

One of the most effective ways of determining whether training has accomplished its goals and objectives is to administer and analyze pre- and post-tests. However, since this is a skills-building workshop, the knowledge assessment consists of a pre-test based on content in the *Tuberculosis Case Management for Nurses: Self-Study Modules* and a self-assessment of skills at the end of the workshop.

The pre-test should be administered several weeks prior to attendance at the workshop. Facilitators may decide if a participant’s supervisor should give the pre-test or if it should be given on the “honor system”. The test should be mailed to the facilitator, graded and errors or mistakes clarified. A sample pre-test and answer key can be found on pages 7 - 10.
1. The aim of public health involves all the following EXCEPT:
   a. Prolonging life
   b. Focusing on curative health care
   c. Promoting efficiency through organized community efforts
   d. Preventing disease

2. List the core functions of public health
   a.
   b.
   c.

3. The definition of nursing as a profession is:
   a. Curing patient health problems
   b. The diagnosis and treatment of human responses to actual or potential health problems
   c. Medical treatment of disease
   d. The provision of education and counseling to the sick and disabled

4. Circle the statement(s) that describes the practice of public health nursing
   a. The focus of public health nursing is on the medical treatment of diseases
   b. Public health nursing practice is a specialized field within the broad arena of community health nursing practice
   c. The goal of public health nursing is curing disease
   d. Public health nurses provide care within the context of preventing disease/disability and promoting/protecting the health of the community as a whole

5. State the “Five Rights of Delegation” a nurse should follow when delegating a task:
   a.
   b.
   c.
   d.
   e.

6. Case management is BEST described as:
   a. The provision of nursing care based on patient desires
   b. A collaborative process that accesses, plans, implements, coordinates, monitors, and evaluates options and services required to meet an individual’s health needs
   c. Method of coordinating multiple disciplines in dictating patient care
   d. A method of utilizing the nursing practice and public health
7. The case management process includes the following elements:
   a. Assessment, diagnosis, planning, implementation, and evaluation
   b. Case finding, assessment, implementation, and evaluation
   c. Case finding, assessment, problem identification, planning, implementation, variance analysis, evaluation, and documentation
   d. Collaboration, coordination, monitoring, education, and evaluation

8. All the following are components of a successful case management plan **EXCEPT:**
   a. It is interdisciplinary in nature, clinically specific, and outcome based
   b. It becomes the internal standard of care for the patient as well as the performance standard for the nurse case manager
   c. It is monitored according to established time frames, and adjusted as needed
   d. It is not negotiated with the patient because of it is the case manager’s plan for the patient

9. Conflict in the case management process involves differences in:
   a. Certifications, education focus, and clinical practice that influence care
   b. Views, goals, or facts that place them at opposite poles
   c. Interpretation of the nursing process as it applies to case management
   d. Ethnicity, cultural competence, and styles of delegation

10. Cultural competency is described as:
    a. Knowledge about specific cultural values and beliefs of the patient population
    b. An understanding of the language specific to the culture
    c. The ability of a system, agency, or individual to respond to the unique needs of the population whose cultures are different from that of the dominant society
    d. Knowledge and ability to dispel prejudicial thinking of the case manager

11. Team building encompasses all the following **EXCEPT:**
    a. One person must head up the team
    b. Team goals must be established and clarified
    c. Differing goals among team members will foster creative teamwork
    d. The role of each team member must be clear and well defined

12. Strategies to improve adherence include all the following **EXCEPT:**
    a. Nurse case management
    b. Self-administered therapy
    c. Patient-provider relationships
    d. Incentives and enablers
Tuberculosis Case Management For Nurses
Pre-Workshop Knowledge Assessment Answer Key
(Answers are in bold font)

1. The aim of public health involves all the following EXCEPT:
   a. Prolonging life
   b. **Focusing on curative health care**
   c. Promoting efficiency through organized community efforts
   d. Preventing disease

2. List the core functions of public health
   a. **Assessment**
   b. **Policy development**
   c. **Assurance**

3. The definition of nursing as a profession is:
   a. Curing patient health problems
   b. **The diagnosis and treatment of human responses to actual or potential health problems**
   c. Medical treatment of disease
   d. The provision of education and counseling to the sick and disabled

4. Circle the statement(s) that describes the practice of public health nursing
   a. The focus of public health nursing is on the medical treatment of diseases
   b. Public health nursing practice is a specialized field within the broad arena of community health nursing practice
   c. The goal of public health nursing is curing disease
   d. **Public health nurses provide care within the context of preventing disease/disability and promoting/protecting the health of the community as a whole**

5. State the “Five Rights of Delegation” a nurse should follow when delegating a task:
   a. Task
   b. Circumstances
   c. Person
   d. Direction/communication
   e. Supervision

6. Case management is BEST described as:
   a. The provision of nursing care based on patient desires
   b. **A collaborative process that accesses, plans, implements, coordinates, monitors, and evaluates options and services required to meet an individual’s health needs**
   c. Method of coordinating multiple disciplines in dictating patient care
   d. A method of utilizing the nursing practice and public health
7. The case management process includes the following elements:
   a. Assessment, diagnosis, planning, implementation, and evaluation
   b. Case finding, assessment, implementation, and evaluation
   c. **Case finding, assessment, problem identification, planning, implementation, variance analysis, evaluation, and documentation**
   d. Collaboration, coordination, monitoring, education, and evaluation

8. All the following are components of a successful case management plan **EXCEPT:**
   a. It is interdisciplinary in nature, clinically specific, and outcome based
   b. It becomes the internal standard of care for the patient as well as the performance standard for the nurse case manager
   c. It is monitored according to established time frames, and adjusted as needed
   d. **It is not negotiated with the patient because it is the case manager’s plan for the patient**

9. Conflict in the case management involves differences in:
   a. Certifications, education focus, and clinical practice that influence care
   b. **Views, goals, or facts that place them at opposite poles**
   c. Interpretation of the nursing process as it applies to case management
   d. Ethnicity, cultural competence, and styles of delegation

10. Cultural competency is described as:
   a. Knowledge about specific cultural values and beliefs of the patient population
   b. An understanding of the language specific to the culture
   c. **The ability of a system, agency, or individual to respond to the unique needs of the population whose cultures are different from that of the dominant society**
   d. Knowledge and ability to dispel prejudicial thinking of the case manager

11. Team building encompasses all the following **EXCEPT:**
   a. One person must head up the team
   b. Team goals must be established and clarified
   c. **Differing goals among team members will foster creative teamwork**
   d. The role of each team member must be clear and well defined

12. Strategies to improve adherence include all the following **EXCEPT:**
   a. Nurse case management
   b. **Self-administered therapy**
   c. Patient-provider relationships
   d. Incentives and enablers
Logistics

In order for the training to go as planned, a number of logistical issues must be addressed in advance of the actual training date. These may include:

- **Confirming the training budget** - Regardless of who is funding the workshop, you need to determine what costs will be incurred as a result. These may include:
  - Fee for training facilities, including pre-paid parking and technical equipment such as an LCD or overhead projector, laptop computer, and microphone(s)
  - Honoraria for simulated patients and outside speakers
  - Meals: Breakfast, lunch, coffee breaks
  - Photocopying and other supply costs (e.g., binders or folders for materials, pens, flipchart paper and markers, masking tape, etc.)
  - Postage for mailing brochures and confirmation letters

- **Choosing a date** - It is helpful to review a local, state, and national calendar of major conferences and meetings affecting nurse case managers to avoid a scheduling conflict.

  The workshop is designed to take place on two consecutive days. If this is not possible, then the next choice would be to have the workshop during two successive weeks, as close together as possible. Spreading the training over a longer period of time will reduce the effectiveness of the program.

  The expectation is that all participants will stay the entire two days. This should be stated clearly in the confirmation letter and reiterated at the beginning of day one. You may tell participants that they will receive a certificate of completion only if they attend the entire workshop.

- **Timeframe** - The workshop runs for 7 ½ hours each day. Facilitators should decide an appropriate starting and ending time for each of the two days. Considerations include whether any participants are traveling a significant distance for the program and starting or ending during a heavy commute time. One idea is to have breakfast and registration run from 8:00 a.m. to 9:00 a.m. each morning, with the program beginning sharply at 9:00 and ending at 4:30 p.m.

- **Securing a facility**
  The ideal setting consists of one main training room that can accommodate 15-20 people and several small breakout rooms. If you are unfamiliar with the space, be sure to visit in advance to determine accessibility, parking facilities, as well as availability of equipment. There is a sample contract on page 12 to be used when the workshop is held in an outside facility
Sample Contract Letter for Facility Use

To download the modifiable MS Word version, go to: http://www.umdnj.edu/ntbcweb/ncmfacguide-frm.html

<Date>
<Agency contact person>
<Agency name and address>

Dear <Contact person’s name>:

Thank you for agreeing to let <Sponsoring agency’s name> use space in your facility for our “TB Case Management for Nurses” program on <Dates of the program>. As we discussed, we would like to have access to the following spaces on-site:

<List the main room and breakout rooms agreed upon; a kitchen space; any other space(s)>

In return for use of this space, our agency agrees to: <List anything that you have agreed to do in return>. One example might be to provide two complimentary registrations for that agency’s staff members.

Or

The fee we have agreed upon for use of this space is < $ amount>.

Our agency will provide all materials, food and refreshments for our participants. We will also explain clear guidelines about the areas to which participants will have access on your site.

This letter of agreement is only binding with regards to the program mentioned above. Should this program have to be cancelled and rescheduled for any reason, or should we wish to request use of the space in the future, a separate agreement letter would be drafted in each circumstance.

If you are in agreement with what is outlined in this letter, please sign and return one original copy of this letter. We thank you for your willingness to work with us in this capacity.

Sincerely,

<Name and signature of representative from agency requesting space>

________________________________________
<Name and signature of representative from agency providing space>

Note: If an agency has a legal advisor on staff, it would be appropriate to have her or him review this letter, or draft something completely different. Otherwise, this letter should suffice.
**Pre-Workshop Arrangements**

In addition to preparing teaching materials and anticipating the participants’ needs, there are some logistical considerations that should be made as part of workshop preparation. These include inviting the participants, arranging the training room set-up, and preparing learning materials.

**Inviting the Participants**

Workshop participants may be either pre-selected to attend or complete an application in order to attend the workshop. Applications should contain description of job responsibilities, experience, and previous training. In either case, all participants should receive a confirmation letter with any relevant workshop instructions including:

- Learning objectives
- Prerequisites
- Workshop times
- Location and directions
- Hotel and parking information

Samples of letters and other registration materials are provided on pages 14-17. They are only examples, and may be modified to fit your workshop needs. The confirmation letter should be sent 1-2 months prior to the workshop to allow for attendees to make arrangements for coverage and for adequate time to read the workshop prerequisite, *Tuberculosis Case Management for Nurses: Self-Study Modules*. 
TB Case Management for Nurses
Sample Invitation Letter
<Print on letterhead>

To download the modifiable MS Word version, go to:
http://www.umdnj.edu/ntbcweb/ncmfacguide-frm.html

<Date>
<Date>
<Date>
<Date>

<Name of Prospective Participant>
<Name of Prospective Participant>
<Name of Prospective Participant>
<Name of Prospective Participant>

<Address>
<Address>
<Address>
<Address>

Dear ______________:

On <day/date> from <start time> to <end time> in <city, state>, <sponsoring agency> will offer a skills-building workshop titled, TB Case Management for Nurses. The goal of this workshop is to increase nurses’ knowledge of TB case management and build on existing skills. This training is designed for nurses who currently provide TB case management as part of the job responsibilities. Participants will earn ____ Continuing Education Units and Nursing Contact Hours from the <Accrediting Organization and accreditation statement> by attending this program.

The requirements include:

- Reading the Tuberculosis Case Management for Nurses: Self-Study Modules
- Attending both days of the workshop, for the entire time
- Active participation in group activities

Please complete the enclosed application and return <with your payment> to the contact person and address listed on the form. For more information, please feel free to contact me directly at <telephone number or email address>.

Thank you.

Sincerely,

<Workshop Facilitator>

Enclosure
TB Case Management for Nurses
Sample Workshop Registration/Application

<Date, time, location>

To download the modifiable MS Word version, go to:
http://www.umdnj.edu/ntbcweb/ncmfacguide-frm.html

First Name: _____________________  Last Name: _____________________
Degree(s) used after name: _____________________  Title: _____________________
Organization: _____________________  Department: _____________________
Preferred Mailing Address: _____________________  (circle) Home  Work
Street: _____________________  P.O. Box: _____________________
City: _____________________  State: _____________________  ZIP Code: _____________________
Office Phone: _____________________  Ext. _____  Fax: _____________________
Email: _____________________
Social security number: _______ - _______ - _______  (for continuing education purposes only)

Years of experience as a nurse: _______  Length of time in current position: _______
Years of experience in TB program: _______  Years of experience as a case manager: _______
On average, how many patients with LTBI do you see each week? _____  With TB disease? _____
Types of TB patients typically seen, e.g., private, homeless, substance abusers, foreign-born:

Please describe your workplace setting (e.g., health department, hospital, long-term care facility, correctional facility)

How did you learn about this workshop?

Please specify any special accommodations you may need to attend this workshop.
What do you hope to gain by attending this workshop? What are your expectations?

Please check one:

_____ Enclosed please find my check or money order in the amount of $__________.

Check # ___________________ Money Order # _______________________________

_____ Enclosed please find a purchase order for $___________. PO # ________________

_____ Please charge my credit card in the amount of $__________

Credit card: ______ Card number: ____________________________ Exp. Date: _______________
TB Case Management for Nurses Sample Confirmation Letter

< Print on letterhead>

To download the modifiable MS Word version, go to:
http://www.umdnj.edu/ntbcweb/ncmfacguide-frm.html

<Date>
<Date>
<Name of Participant>
<Name of Participant>
<Address>
<Address>

Dear ________________:

I am pleased to confirm your enrollment in the TB Case Management for Nurses Workshop, which will be held on <day/date> from <start time> to <end time> in <city, state>.

Enclosed please find TB Case Management for Nurses: Self-Study Modules. As we mentioned in our invitation letter, participants are required to read this before attending the workshop. You will also be required to complete a pre-workshop knowledge assessment to evaluate your understanding of the basics of public health nursing and TB case management. The content of the modules will only be reviewed briefly during the workshop so that maximum time is devoted to practicing the skills of TB case management.

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

If you have any questions about the course, please feel free to call me at ( ) ______-_______ or contact me by email at ______@__________. I look forward to seeing you on <course date>.

Sincerely,

<Course Facilitator>

Enclosures
Continuing Education Credits

For many healthcare professionals, earning a certain number of continuing education credits is a licensure requirement. There are a number of different organizations that offer continuing education units (CEU) or nursing contact hours, and each has its own requirements that have to be met in advance of the workshop. An organization offering continuing education credits will typically want to review the goals and objectives for the workshop, course content, budget, needs assessment, evaluation forms, and presenters’ curriculum vitae (CV). It is important to determine the specific requirements from each organization as far in advance as possible. That way, information about the types of continuing education credits being awarded can be included in the invitation letter as a selling point for the workshop.

For this workshop, the most logical continuing education credits to offer would be nursing contact hours through the American Nurses’ Credentialing Center (ANCC). Information about this can be obtained by calling the ANCC toll-free number, (1-800-284-2378) or online at http://www.nursingworld.org/ancc. Other possible continuing education credit offerings may include Continuing Medical Education (CME) credits and Continuing Education Units (CEU). Many local colleges and universities and some state governments can provide CEUs. More information can be obtained by contacting the Accreditation Council for Continuing Medical Education. Online information: http://www.accme.org. Questions by phone: 1-312-755-7401. Many health sciences universities and academies of medicine sponsor CME as well.

Administrative/Logistical Assistance

If possible, secure a support person to help with organizing the workshop. This person should not be a participant and does not need to be skilled in TB case management. The support person can be responsible for registration, confirmation letters, organizing logistics (such as room set-up), assembling participant binders, and other tasks that are not specific to delivering the actual training.

This person can also act as a timekeeper, following the agenda and signaling the facilitators as time grows short. If the other facilitator/trainer acts as the support person, he or she can also make observations during the workshop, which will assist in evaluating the training. It is also important to have a support person to assist with any unforeseen issues. This person can address unanticipated problems while the facilitator proceeds with the workshop.

Supplies

Materials needed for each aspect of the workshop appear throughout the guide. In addition, you will need the following items before the start of the workshop:
● Pre-printed or pre-written nametags (if not pre-printed or pre-written, provide markers for writing). The print should be visible from the front of the room and all areas of the classroom. Facilitators/trainers should also have nametags.

● Sign-in roster with a pre-printed list of expected participants’ names with a space for them to sign. Participants may require verification of their attendance and the roster can provide this information readily. Note: For continuing education credits, a separate sign-in sheet may be required. Often, this sign-in sheet requires name, home address, social security number, and other personal information. People are often wary about providing this information. It is important, therefore, to explain clearly that the information is required by the accrediting agency. Alternatively, you can collect this information in advance on the registration form or application.

● Extra pens and notepads for participants.

● Participant’s binder containing copies of presentation handouts (3 to a page), the agenda, general information about the sponsoring agency. If 3-ring binders are used, handouts used during the program should be photocopied onto three-hole punch paper.

● Extra copies of the Tuberculosis Case Management for Nurses: Self-Study Modules for reference purposes.

● Flip chart pad and easel, chalkboard, or wipe-off board, and the appropriate writing implement for each.

● Masking tape for posting flip chart sheets.

● Participant certificates of completion. Certificate paper can be purchased inexpensively at an office supply store or through a catalog, and participant information can be typed or neatly handwritten. These may also serve as verification of attendance.

Classroom and Facility Arrangements

A key component of effective education and training is an environment or “climate” that is conducive to learning. This can be done by paying close attention to how the room is set up, ensuring that there is sufficient food for meals and breaks, setting a comfortable room temperature, and establishing ground rules or a group contract at the beginning of the program.

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 tables. In this arrangement, participants can see each other for interactive purposes. The “U” should remain open to allow the instructor to move about freely.

Whatever the arrangement, there should be enough space for participants to move about and work in small groups without disturbing one another. Much of
the workshop involves small group activities and this seating arrangement helps to facilitate discussion after each activity has been completed and the participants come together to process the activity. Ideally, if several small rooms are available, these can be used for small group activities.

Food
Designate an area of the training room for food set up that will not interfere with workshop activities. Provide participants with a continental or buffet breakfast and some kind of lunch. It is also a good idea to have healthy snacks available for mid-morning and mid-afternoon energy slumps. If lunch cannot be provided on-site, an adequate lunch break must be provided along with a list of nearby restaurants.
**Workshop Design and Delivery**

**Adult Learning Principles**

Most adults have experienced passive classroom learning as children, sitting in classrooms while a teacher provides information to be learned. This is far from the most effective way to teach children and adolescents; it is completely ineffective for teaching adults.

There are four vital points to remember in creating an environment conducive to adult learning. According to Knowles (1984), adults:

- Have to know why they need to learn a particular item or piece
- Need to learn actively and experientially
- Approach learning in response to a problem
- Learn best when what is being taught is of immediate value to them

As learners themselves, adults tend to be:

- Autonomous and self-directed
- Goal-oriented
- Practical problem-solvers

Above all, it is important to acknowledge at the beginning of the training that adults have accumulated life experiences. As a result, learning must be both presented as an interactive exchange *between* facilitators and participants rather than a bestowal of knowledge by facilitators *upon* participants. The activities, methodologies, and content of this training and facilitator’s guide were designed with these important realities in mind.

Just as TB case management is patient-centered, the facilitators should be committed to making the workshop 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.

**Multiple Learning Styles**

Individuals have different ways of learning. Some principles of adult learning were described earlier in this section. It is important to remember, however, that if the goal of a program is information and skills retention, it is imperative to have time to practice those skills.

According to researcher Edgar Dale (1946), people remember only about 5% of information that is lectured to them. When they receive that information through a combination of lecturing and visual images, that number goes up to
20%. If, however, they are provided the information and then given the opportunity to practice the skills associated with it, their retention level goes up to 90% or higher. This training program creates an atmosphere in which participants practice data gathering for the purpose of patient assessment and then receive feedback on their performance.

**Facilitator Preparation**

Every trainer has a personal style of preparation and presentation. The individual who is facilitating this program should review the *Tuberculosis Case Management for Nurses: Self-Study Modules* and become familiar with the content. To further prepare:

- 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
- Plan to deal with special or sensitive issues, especially when discussing diversity and topics related to sexual orientation

Other suggestions may assist you in facilitating this workshop:

- **Determine the non-case management duties of participants** - Duties may include directly observed therapy (DOT), skin testing, and follow-up of contacts, congregate setting contact investigation, etc. This information will assist in determining the nature of the work participants are involved in and can be gathered during the application process.

- **Form participant groups thoughtfully** - 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. By using the information gathered in the pre-training surveys, the groups can be mixed according to experience level. Less experienced professionals can learn from more experienced ones. In some cases, participants may have case management experience from other disciplines that can also be factored into group assignments.

- Participants should work with people they do not know as much as possible. While in groups with unknown individuals, participants will see others’ skills in a variety of settings and learn some varying techniques.
Group Facilitation and Training Delivery

Avoiding subordinate/supervisor relationships in the program
To create a safe, positive learning environment it is recommend that participants’ supervisors not be allowed to attend the same training as participants. It is important that the participants feel free to express themselves without fear of judgment or criticism. When one’s supervisor is present or conducting the actual program this may not feel comfortable to the subordinate. Realistically, supervisors may need to be re-trained periodically and may need to attend the same workshop as their subordinates. In this case, facilitators should be aware of the influence of supervisors on individuals’ levels of participation, and address it in advance of the training on an individual basis as necessary.

Establishing a “group contract” for the workshop
There should be some basic rules of respect followed during the workshop to make all members feel safe and comfortable. The facilitator and participants should formulate these rules together, as groups are more likely to adhere to rules that they themselves have created. Some commonly generated ground rules include:

- **Respect** - Participants should be encouraged to allow one another to have different viewpoints without judging each other for their beliefs

- **Right to Pass** - Everyone should be encouraged to participate as much as possible, but only at his or her own level of comfort. No one should ever be singled out, put on the spot, or pressured to contribute if they do not wish to do so

- **One person speaks at a time** - It is common for people to become enthusiastic about the topics addressed in this workshop, and to forget to let people finish their thoughts without interrupting. This ground rule requests that only one person speak at a time, with no side conversations

- **Use “I” statements** - Everyone should own the statements they make. This means saying, “I think” or “I believe” rather than, “All patients tend to…” Generalizations and stereotypes should be caught and discussed in the moment

- **Have fun!** - Many participants enter professional development workshops with a high level of anxiety. Letting them know that the program will actually be fun can reduce that anxiety level right away

- **Maintain confidentiality** - Confidentiality is a complicated notion. Participants need to know that the information they share will not be attributed to them, particularly when assessing their own organizations’ ability to provide effective TB case management. On the other hand, it is hoped that they will share what they have learned when they return to their respective work places. The facilitator should avoid the phrase, “What’s said in this room stays in this room,” and instead encourage people to avoid attributing a piece of learning to a particular participant,
and instead say, “Someone at the training said that...” Patient confidentiality is important as well and should be maintained even if there is no likelihood of participants identifying another individual as a TB patient.

**Providing Effective Facilitation**

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

- **Let them help you teach** - Whenever possible, particularly during a didactic presentation, ask the group what they know or think about the topic at hand. Elicit a number of responses before providing content, in part because they may be able to come up with the answer before you tell them, which is very satisfying to adult learners. Another reason is that not all items have one answer, and participants may offer a point of view or piece of information that neither you (nor we in developing this program!) may have considered.

- **Encourage participants to network during breaks** - During breaks, at lunch, and at other appropriate times, participants will have time to talk with each other and compare job responsibilities, policies, procedures, and “tricks of the trade.” This interaction will help participants become more comfortable with one another and may well benefit later discussions in the group.

- **Incorporate laws, policies, and practices whenever possible** - Any effective job-training workshop accommodates the circumstances in which the participant works. You will want to pay attention to any relevant laws and practices that may impact how one provides TB case management. It is important to realize, however, that participants representing multiple agencies will have multiple agency policies they must respect. Since it is impossible to incorporate the full range of these into the training content, the facilitator must encourage all participants to verify clinic policies at their individual places of employment.

- **Facilitate question asking by repeating questions** - Questions may not be heard nor understood by all of the participants. Therefore, when a question is asked, either repeat or paraphrase it to help others to understand it clearly. Since this is a skills-building workshop, it is important to ask the rest of the participants to try to answer the question, especially if it revolves around case management experiences.

- **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 incorrect, that point should be quickly and factually clarified so that others are not left with inaccurate information.

- **Be aware of the participation level of each person in the workshop** - Some members will talk more than others. You should encourage those who seem to talk less than others to participate, even if they are new to TB case management. You can do this by rotating...
spokespersons for small group activities, and by being sure to make eye contact with everyone in the room

- **Listen actively at all times during the training** - In addition to ensuring that everyone hears the contributions of their fellow participants, be ready to paraphrase a point someone has made to ensure that both you and the participants understand what has been shared

- **Keep participants on track** - During a training session, discussions often stray from the main point or lead into negative discussions or complaints about work. It is your job to refocus the discussion even if it means interrupting respectfully, or simply acknowledging that although others may have things they want to share, you have to move on to adhere to time constraints. You and your staff/faculty should circulate throughout the room to clarify instructions, ensure focus, and assist or encourage people as needed. Several minutes before a small group activity is about to end, facilitators should alert participants about the amount of time remaining in each activity

- **Allow groups to work independently** - Within the workshop, there are activities that involve large and small group work. This promotes the exchange of different ideas and provides opportunities for skills-building work. As the facilitator, you should walk around the room to observe how groups 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

**Providing Feedback**

Feedback is critical to building skills. Feedback is the process through which facilitators and participants provide each other with specific comments about what they did well and how they could do better. Providing positive feedback is very important in building trainee confidence. Constructive feedback is also important, and should be provided respectfully.

After a skills-building exercise, feedback should begin with the skills/techniques the participant did well. After that, provide suggestions for what the participant can do differently in the future. Specifically, qualities of effective feedback include ensuring that feedback is:

- Intended to be helpful
- Descriptive rather than evaluative, for example, “You addressed the topic in your role play well when you said....” rather than, “You are really good at doing role plays”
- Specific rather than general. For example, “You might not want to actually touch the patient because you don’t know what her or his values are,” rather than, “Some of the things you did didn’t seem appropriate to me”
- Reflective of others’ experiences. If providing feedback as a group, check to see whether others shared your perceptions
- Targeted, not exhaustive. Several main points may be sufficient
- Direct. Do not use long introductions or sugarcoated language to preface feedback, as this may serve only to confuse the recipient


**Evaluation**

Workshop evaluation is the assessment of a training program based on:
- Participants’ written and/or verbal comments and ratings
- Participants improvement in skills and knowledge both on a short and long-term basis

**Training Evaluation**

Participant evaluations provide valuable information that should be considered when planning and conducting future workshops. The best way to assess the workshop structure and participant satisfaction is a participant evaluation at the end of the workshop to determine:
- The strengths and weaknesses of the workshop
- The participants’ self-reported satisfaction with the learning and skills-building exercises
- How the workshop’s format helped or deterred learning
- Other types of training that may be required
- The effectiveness of the teaching style of facilitators and presenters

A sample evaluation tool for the workshop is provided on page 27.
TB Case Management for Nurses Workshop
Sample Workshop Evaluation Form

To download the modifiable MS Word version, go to:
http://www.umdnj.edu/ntbcweb/ncmfacguide-frm.html

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

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

- The objectives were clearly stated at the beginning of the workshop 4 3 2 1
- The workshop objectives were met 4 3 2 1
- The trainer(s) was (were) knowledgeable about the subject matter [LIST TRAINERS NAMES INDIVIDUALLY] 4 3 2 1
- The trainer(s) exhibited effective facilitation skills during the workshop [LIST TRAINERS NAMES INDIVIDUALLY] 4 3 2 1
- The trainer(s) presentation was interactive [LIST TRAINERS NAMES INDIVIDUALLY] 4 3 2 1
- There were opportunities to ask questions and express concerns 4 3 2 1
- The workshop activities promoted skills-building 4 3 2 1
- The learning environment was comfortable 4 3 2 1
- I would recommend this workshop to others 4 3 2 1
- My skills were greatly enhanced by taking this workshop 4 3 2 1

Which parts of the workshop were MOST helpful? Why?

Which parts of the workshop were LEAST helpful? Why?

What changes would you suggest to improve this workshop?

Additional comments:

Thank you!
**Self-assessment of skills**
As mentioned earlier, an important way of determining whether participants’ knowledge increased is by administering a pre- and post-test. However, in a skills-building workshop the participants are asked to evaluate their learning and improvement in case management skills. A sample self-assessment tool is provided on page 29.
This workshop was designed to develop and build your skills as a TB nurse case manager. To evaluate the effectiveness of this training, we ask participants to consider their strengths prior to the workshop and compare them to the level of skills at the completion of the workshop.

Using the scale below, please rate your skills prior to the workshop by entering the most appropriate number on the line next to each statement. Then, using the same scale, rate your skills for the same activities now that you have completed the workshop.

**Scale:**

4 = Excellent  
3 = Good  
2 = Fair  
1 = Improvement needed

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<thead>
<tr>
<th>Case Management Skill</th>
<th>Before Workshop</th>
<th>After Workshop</th>
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<tbody>
<tr>
<td>1. Provide patient education that is culturally appropriate</td>
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<td>2. Assess patient status by obtaining a detailed health history</td>
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<td>3. Identify and address barriers to treatment and adherence</td>
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<td>4. Develop individualized plan of care</td>
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<td>5. Utilize community resources</td>
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<td>6. Monitor and modify treatment plan to achieve expected outcomes</td>
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<td>7. Evaluate patient outcomes on a regular basis</td>
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<td>8. Communicate effectively with patients and families</td>
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<td>9. Maintain appropriate boundaries with patients</td>
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<td></td>
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<td>10. Provide effective TB case management</td>
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For any 1 or 2 rating in the “After Workshop” column, please state how this could have been better accomplished through the workshop activities.

Thank you
Co-facilitator Evaluation/Debriefing
Finally, you and any co-facilitators should measure the training program’s effectiveness using your own feedback process. This should be done soon after the conclusion of the workshop. As with participant feedback, it is a good idea to begin with what worked well about the training, co-facilitation, and your individual part. After that, it is important to discuss the aspects of the training that did not go as well, whether there was a challenging participant that you did not feel you handled as effectively as you could have, a bumpy transition between facilitation sections, or anything else that needs to be highlighted so it can be improved for the next training.

References