



TB SIMULATED PATIENTS

A TRAINING RESOURCE FOR THE
CONTACT INVESTIGATION INTERVIEW



NEW JERSEY
MEDICAL SCHOOL

GLOBAL
TUBERCULOSIS
INSTITUTE

TB SIMULATED PATIENTS

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INTRODUCTION

Interviewing a suspected/verified TB patient (index patient) for the purpose of a contact investigation is an integral part of tuberculosis (TB) control. An effective TB interview requires skill and practice. Prior to conducting an actual interview, it is important that a healthcare worker develop his/her interviewing skills. The most effective method of accomplishing this is for a healthcare worker to interview an individual who portrays an index patient in the presence of a trained observer who provides constructive feedback.

This manual contains seven case scenarios, describing index patients who require an interview for contact investigation. On completion of the activities described in this manual, the interviewer will be able to:

- Demonstrate effective communication and interviewing skills
- Recognize strengths and areas requiring improvement in interviewing skills via self-assessment and observer feedback
- Conduct a TB interview for contact investigation

This manual is a supervisor's training tool, which provides practical guidance for teaching a new interviewer and for the evaluation and ongoing training of an experienced interviewer. As the trainer, the supervisor should be skilled and experienced in the process of TB interviewing for contact investigation.¹ In observing the practice interview, (s)he will provide constructive feedback to the interviewer regarding the interviewing process.

¹ Although this manual discusses interviewing index patients for contact investigation purposes, the same interviewing skills are also necessary in source case investigation.

OVERVIEW

This manual discusses practicing interviewing skills and tasks in a simulated atmosphere via role-playing. Role-playing is an effective way of training, providing realistic scenarios without jeopardizing the results of an actual interview. In the methodology described in this manual, one person plays the role of an index patient requiring a TB interview, a healthcare worker plays the role of the interviewer, and the supervisor observes process to provide feedback for training the interviewer.

Prior to use of the patients described in this manual, the interviewer must be educated on the concepts, goals, and skills required for TB interviewing (See Appendix C for training resources). This manual includes seven *Index Patient Roles*, the *Supervisor's Evaluation Form* the *Index Patient's Evaluation Form* and the *Interviewer's Self-Assessment Form*.

- The *Index Patient Roles* contain:
 - Personal background information for an individual to play the role of the patient
 - Index patient's information, similar to data gathered from a medical record review, for the interviewer's reference prior to and during the interview
- The *Supervisor's Evaluation Form*: Used by the interviewer's supervisor to assess skills needed for effective interviewing
- The *Index Patient's Evaluation Form*: Used by the person portraying the index patient to assess the interactive skills of the interviewer
- The *Interviewer's Self-Assessment Form*: Used by the interviewer to guide one's own performance evaluation

All of the above materials include instructions for the index patient, interviewer, and supervisor regarding their roles in the simulated interview. Use of these materials is described in further detail later in the manual.

IDENTIFYING INDIVIDUALS TO PORTRAY SIMULATED PATIENTS

The role of the index patient is ideally portrayed by a standardized patient (SP). A SP is an actor trained to consistently portray one type of patient for the purpose of training healthcare workers. Using an individual who is familiar with portraying patient roles creates a realistic scenario. Many medical schools use SPs as part of student training. The supervisor should contact the medical education department of a local medical school for more information. If SPs are available, the medical school program can be consulted about how SPs are compensated for their time and how arrangements are made for their use.²

² For more information on training SPs, see the NJMS National Tuberculosis Center manual *Designing a TB Standardized Patient Program for Medical Students*. This manual is available by calling the Center at (973) 972-0979 or by visiting <http://www.umdnj.edu/ntbcweb>.

If SPs cannot be used, one should seek out persons with acting experience. Individuals in the acting field can adjust to various roles. Actors can be recruited through local colleges and schools that offer drama as part of the curriculum or extra-curricular activities. There are also local community drama groups, which can provide you with different types of people to play index patients.

If using an actor is not feasible, a person who is unfamiliar with both the TB interview and with the healthcare worker can participate in the role play. This may preclude the index patient from 'helping' the new interviewer and creates a realistic learning activity. If none of the above options are available, a colleague can be used to play the role of an index patient.

CONDUCTING A SIMULATED INTERVIEW

Depending on which of the seven interviews is being conducted, the index patient will require the relevant patient background information and should read the two-page index patient instructions found on page 13. The interviewer should review the corresponding patient profile and the interviewer instructions found on page 16. Both the interviewer and index patient should have some time to prepare their parts in this simulation and about one hour to complete the interview process including feedback from the index patient and supervisor.

The simulated interview should be as close to an actual patient interview as possible. The following points will improve the learning experience:

- The interview should be conducted in a private room, free from distractions
- The index patient should remain in the patient role throughout the interview reacting to the interviewer's interactive style as realistically as possible
- The interviewer should treat this scenario as a real interview completing the appropriate health department interviewing form[s]
- The supervisor, in observing this scenario as if it were a real interview, should provide feedback on interview content and communication skills. The supervisor should be seated in a location that is away from the interviewer and the index patient but close enough to hear the dialogue and observe body language

These scenarios can also be used to evaluate experienced healthcare workers. This will provide the basis for ongoing staff development.

PROVIDING FEEDBACK

The supervisor and index patient should provide feedback to the interviewer immediately after the interview is completed. The feedback is based on the two evaluation forms provided in this manual; one for the index patient on page 15 and one for the supervisor on page 11. These evaluation tools are for training purposes for the new interviewer as well as for the ongoing evaluation of the experienced interviewer.

A valuable part of this exercise is for the interviewer to assess his/her own skills as well. This is done through the interviewer's completion of the *Interviewer's Self-Assessment Form* on page 17. Another way to enable self-assessment is to videotape the interview. The interviewer can view his/her own interviewing techniques and have a clearer understanding of his/her strengths and weaknesses. The supervisor can then provide additional feedback to the interviewer, citing examples that are evident from the viewing.

SELECTING APPROPRIATE PATIENT SCENARIOS

The seven index patient scenarios challenge the interviewer to use many of the skills needed to conduct an effective interview. These skills and their explanations, indicated on the *Supervisor's Evaluation Form*, begin on page 39. Each of the seven index patients has unique characteristics that require the interviewer to use skills through various techniques. If a healthcare worker is not able to conduct all seven simulated interviews, the supervisor may choose those patients that fit the circumstances in which additional training is required. Table 1 (p. 8) lists the patients accompanied by the specific details of the skills emphasized. In addition to the general evaluation form, this listing will assist the supervisor in determining the most important points of each scenario that the interviewer must address.

The simulated cases can be modified, as needed, depending on local policies and procedures. These scenarios can also be modified to reflect the personal and physical characteristics of patients commonly seen in the local health department or of the person portraying the simulated index patient. In summary, simulated patients are an innovative way for the new interviewer to gain experience and for the supervisor to assess the training and development needs of the experienced interviewer.

Listed below are the specific circumstances of each simulated patient by interview skill category. The supervisor may use this information to 1) choose patients based on the skills emphasized and 2) identify areas the interviewer must address with each patient. The highlighted areas denote key challenges in the interview of each patient.

Table 1. CIRCUMSTANCES EMPHASIZED FOR EACH SIMULATED PATIENT BY REQUIRED SKILL

Patient	Educational Skill	Contact Identification Skill	Communication Skill	Problem-Solving Skill	Analytical Skill
1 traveling lounge singer	<ul style="list-style-type: none"> • TB knowledge is limited • requires reemphasis of covering mouth and wearing mask 	<ul style="list-style-type: none"> • many potential close contacts; vague about significant other 	<ul style="list-style-type: none"> • evasive about discussing illness 	<ul style="list-style-type: none"> • distracted during interview • DOT must be adjusted to an out-of-town schedule • desires working despite infectiousness 	<ul style="list-style-type: none"> • multiple environments and identification of close contacts
2 private patient	<ul style="list-style-type: none"> • resistant to receiving TB education • requires HIV-testing education • does not understand purpose of interviewer wearing mask 	<ul style="list-style-type: none"> • many contacts; confidentiality is a concern • secretive about co-worker as a close contact 	<ul style="list-style-type: none"> • patient is reluctant participant in contact investigation process 	<ul style="list-style-type: none"> • body language shows lack of engagement in interview • opposed to DOT • requires collaborative private and health department follow-up 	<ul style="list-style-type: none"> • has many contacts who need to be differentiated as close vs. casual • treated for "flu-like" symptoms; infectious period needs refining • information about work setting (accountancy firm) required to determine course of contact investigation
3 HIV co-infected / shelter resident	<ul style="list-style-type: none"> • TB knowledge is limited • does not cover mouth while coughing • requires education on importance of adherence to HIV & TB regimens 	<ul style="list-style-type: none"> • identifications of non-shelter contacts are unknown; physical descriptions and locating information of contacts are essential 	<ul style="list-style-type: none"> • has many social issues that deviate from interview topics 	<ul style="list-style-type: none"> • has many barriers to adherence including lack of income, transient lifestyle, and HIV infection • anxious about being in the hospital • requires DOT 	<ul style="list-style-type: none"> • congregate-setting (shelter) contacts need to be differentiated as close vs. casual • onset of symptoms unknown; infectious period difficult to establish
4 stay-at-home parent	<ul style="list-style-type: none"> • TB knowledge is limited • requires reemphasis of covering mouth, wearing mask, and caring for own health 	<ul style="list-style-type: none"> • hesitant about revealing identities of close contacts 	<ul style="list-style-type: none"> • requires reassurance about confidentiality to allow for sharing of relevant information 	<ul style="list-style-type: none"> • left hospital against medical advice; prioritizes domestic responsibilities over hospitalization • requires DOT 	<ul style="list-style-type: none"> • has many contacts who need to be differentiated as close vs. casual
5 school bus driver	<ul style="list-style-type: none"> • has received inadequate TB education • does not consistently cover mouth while coughing 	<ul style="list-style-type: none"> • close contact identification is urgent 	<ul style="list-style-type: none"> • hesitant to reveal job-related information 	<ul style="list-style-type: none"> • anxious about being in the hospital • has another health-related concern (asthma) • adherence to treatment is poor (lack of proper hospital oversight) • negative experience with past TB care 	<ul style="list-style-type: none"> • information about work setting (school bus) required to determine course of contact investigation
6 substance abuser	<ul style="list-style-type: none"> • disinterested in TB education • does not cover mouth while coughing • requires HIV-testing education 	<ul style="list-style-type: none"> • reluctant to share information related to close contact identification (physical description and locating information) 	<ul style="list-style-type: none"> • lacks trust in others • reluctant to share personal and/or contact-related information • tired and withdrawn 	<ul style="list-style-type: none"> • has barriers to adherence including substance abuse, history of incarceration, and unwillingness to take anti-TB pills 	<ul style="list-style-type: none"> • identification needed of high-risk contacts • smoker with history of prolonged cough; infectious period needs to be based solely on TB-related symptoms
7 foreign born	<ul style="list-style-type: none"> • does not believe (s)he has TB • has not understood TB education thus far 	<ul style="list-style-type: none"> • reluctant to share information related to close contact identification (physical description and locating information) 	<ul style="list-style-type: none"> • English comprehension is limited • requires reassurance about confidentiality to allow for sharing of relevant information 	<ul style="list-style-type: none"> • worried about hospital stay (no insurance) • has trouble with medication regimen 	<ul style="list-style-type: none"> • information required about the work setting to determine course of contact investigation

SUPERVISOR'S INSTRUCTIONS

As this activity is important in the development of interviewing skills, you must carefully choose which patient roles you will use. In addition to the *Index Patient Roles* for information, you may also use Table 1 on page 8 to assist you in identifying the patient(s) that highlight the interviewing skills you wish to emphasize. The *Supervisor's Evaluation Form* on page 11 lists interviewing processes and skills. The form's elements are explained in Appendix A.

BEFORE THE INTERVIEW

- Information for the patient that is labeled as "Index Patient" should be given to the person playing the role of the patient and information labeled as "Interviewer" should be given to the healthcare worker being observed for interviewing skills. The number (1-7) listed on the roles should be the same for both. A key to the interviewer's materials is in Appendix B
 - Become familiar with the information that both the index patient and the interviewer received and answer any questions they may have
 - If any changes to the scenarios (e.g., additional characteristics, specific dates, etc.) are made make sure that these are reflected consistently in the *Index Patient Roles* for both the patient and the interviewer
 - Add the patient's name, address, phone number, and age to the *Index Patient Roles* for both the patient and interviewer. It will be simple for the patient to remember his or her own personal information for the role. However, when you use the index patient's personal information, ask his/her permission in advance. If the patient does not wish for any of his/her own personal information to be used, devise information that can be easily memorized by the index patient

DURING THE INTERVIEW

- While observing the interview, remain at a distance from the interviewer and index patient, so that you are not intrusive on their space. However, you should position yourself so that you can clearly hear the dialogue and observe all body language
- During the interview, complete the accompanying evaluation 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 which are ongoing throughout the interview. Use the form as a checklist and for taking notes about the interaction. Or, take notes separately and complete the form later

AFTER THE INTERVIEW

- There will be a feedback session after the completion of the interview. Take a few minutes to complete the *Supervisor's Evaluation Form* and instruct the index patient and interviewer to complete the *Index Patient's Evaluation Form* and the *Interviewer's Self-Assessment Form* respectively. The interviewer can take a brief break during this time
 - First, have the interviewer talk about the process and rate his/her own skills and comfort with the interview based on the self-assessment form. Review of a videotape (if available) of the interview can be quite helpful
 - 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*
 - Finally, review your completed *Supervisor's Evaluation Form* with the interviewer and include both the interviewer's strengths and areas in need of improvement
- When providing feedback, start with strengths and/or positive characteristics first and then move into the areas needing improvement
- Address each element of the interview and provide specific examples of strengths and areas needing improvement, noted during the interview
- If any areas need improvement, offer techniques to accomplish certain skills more effectively. Remember, the goal is to assist the interviewer to become more proficient while maintaining his/her confidence

SUPERVISOR'S EVALUATION FORM³

PROCESS ELEMENTS	Excellent	Satisfactory	Needs Improvement	STRENGTHS/ WEAKNESSES
Introduction				
1. Introduces self				
2. Explains purposes of interview				
3. Emphasizes confidentiality				
4. Collects/confirms index patient's personal information				
Education				
5. Determines index patient's level of disease comprehension				
6. Provides appropriate TB education				
7. Reviews symptom history				
8. Discusses basis of diagnosis by providing education				
9. Discusses appropriate disease-intervention behaviors				
Contact Identification				
10. Defines close & casual exposure				
11. Verbalizes a sense of urgency				
12. Pursues detailed contact information				
13. Persists to identify all close contacts				
14. Explains contact referrals				
Conclusion				
15. Invites index patient's questions				
16. Reviews/reinforces adherence to treatment plan				
17. Closes interview				

Comments:

3 This form is abridged to provide relevance to the performance of *simulated* interviews. It does not cover all skill areas required in an *actual* TB interview for contact investigation. To use the unabridged assessment form for the evaluation of interviews, see the *Performance Guidelines for Contact Investigation: The TB Interview – A Supervisor's Guide for the Development and Assessment of Interviewing Skills*. This manual is available by calling the NJMS National Tuberculosis Center at (973) 972-0979 or by visiting <http://www.umdnj.edu/ntbcweb>.

SUPERVISOR'S EVALUATION FORM *(continued)*

SKILLS ELEMENTS	Excellent	Satisfactory	Needs Improvement	STRENGTHS/ WEAKNESSES
Communication				
18. Demonstrates professionalism				
19. Establishes trust & rapport				
20. Listens actively				
21. Uses open-ended questions				
22. Communicates at the index patient's level of comprehension				
23. Gives factually correct information				
24. Solicits index patient's feedback				
25. Provides encouragement				
26. Uses appropriate nonverbal communication				
27. Motivates & encourages active participation of index patient				
28. Exhibits nonjudgmental behavior				
Problem-Solving				
29. Displays flexibility in interview process				
30. Identifies & addresses index patient's concerns				
31. Recognizes/addresses verbal problem indicators				
32. Recognizes/addresses nonverbal problem indicators				
33. Maintains control of interview				
34. Identifies/begins resolution of barriers to adherence				
Analysis				
35. Refines the infectious period				
36. Distinguishes between close & casual contacts				

Comments:

INDEX PATIENT'S INSTRUCTIONS

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
 - You will be asked by the interviewer 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 such as how much time you spend with them, when was the last time you saw them, their physical descriptions, etc.
 - Use your own name, address, phone number, and other relevant identifiers, if asked, to make recalling this information simple. If you prefer not to give your own personal information, let the individual who has organized this interview scenario know this ahead of time. This way, the organizer can devise fictitious personal information that can be used
- 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 (s)he is having difficulty, try to assist by revealing some information as appropriate, particularly if this is an inexperienced interviewer. If the interviewer is more experienced, you may challenge him/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/her

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/her confidence

INDEX PATIENT'S EVALUATION FORM

Please use this form to evaluate the strengths and areas requiring improvement in the interviewer's skills by marking the appropriate column and writing additional comments.

INTERVIEWING SKILL	Excellent	Satisfactory	Needs Improvement
Used simple language and had 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 occasionally checked if you understood information given to you <i>Comments:</i>			
Made you feel comfortable about sharing personal information <i>Comments:</i>			

INTERVIEWER'S INSTRUCTIONS

This exercise is for you to simulate the interview of a suspected or verified TB patient (index 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. It is an effective way of training, providing realistic scenarios in lieu of participating in an actual interview. This role-play involves one person playing the role of an index patient requiring a TB interview, while another person plays 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 attain from medical record review prior to an interview. The scenario description suggests that either you or the interviewer 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 interviewer will wear a mask
- Ask your supervisor if you have any questions 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/her role, (s)he is portraying a case that (s)he may not know or remember all the details about and 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

- Complete the self-assessment form
- You will receive feedback from your supervisor and the index patient, providing an opportunity to learn or refresh your interviewing skills

INTERVIEWER'S SELF-ASSESSMENT FORM

Please circle the number indicating your opinion of your performance in the following interviewing activities.

	Excellent		Satisfactory		Poor
Established trust & rapport	5	4	3	2	1
Identified/addressed patient's comfort level	5	4	3	2	1
Exhibited confidence	5	4	3	2	1
Demonstrated professionalism	5	4	3	2	1
Provided TB education at the patient's level of understanding	5	4	3	2	1
Identified/resolved barriers to adherence	5	4	3	2	1
Encouraged the patient's participation in the interview	5	4	3	2	1
Focused on the infectious period	5	4	3	2	1
Listened carefully	5	4	3	2	1
Exhibited non-judgmental behavior	5	4	3	2	1
Maintained control of the interview	5	4	3	2	1

Notes:

INDEX PATIENT ROLE #1 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

Age: ____ years old

Occupation: Lounge singer

INTERVIEW SCENARIO

Interview takes place at the health department clinic. You are:

- Wearing a mask during this interview
- Flashy and 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
- General medical care limited due to lack of health insurance
- Medical Evaluation
 - 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 were placed on medications
 - An HIV test was done (awaiting results)

- Medications
 - Four different TB medications but aren't sure of the names or the numbers of pills
 - 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 on tour regardless of what the doctor says
 - Will be on directly observed therapy (DOT) which means a healthcare worker will come to your house to watch you take medications everyday
 - Let the interviewer know that when you go back on tour you don't see how DOT can be arranged

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

INDEX PATIENT ROLE #1 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

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

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

INDEX PATIENT ROLE #2 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

Age: ____ years old

Occupation: Very busy accountant who works for a prestigious firm

INTERVIEW SCENARIO

Interview takes place in the hospital. You are:

- Unhappy by 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 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

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
 - 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, which you do during the interview

CONTACTS

Household – spouse and two young children

Work

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

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

INDEX PATIENT ROLE #2 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

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

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 prescription for antibiotics
- Returned to emergency room without symptom resolution, 4 days later, and was admitted to hospital
- TST induration = 22 mm
- CXR abnormal with cavitory 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

INDEX PATIENT ROLE #3 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

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 has 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, you think
- 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 – Get soaking wet at night during the past 1 month

Weight

- Unknown weight loss, but clothes seem to fit more loosely
- Loss of appetite for 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

- Medical Evaluation
 - 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
- Medications
 - 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 and you think this is due to the medications. 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

INDEX PATIENT ROLE #3 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

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

Patient Profile:

- ____ years old
- Admitted to hospital through emergency room 3 days ago with complaints of cough x2 months and acute hemoptysis; history of weight loss and night sweats
- TST induration = 0 mm
- CXR abnormal with cavitary 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

INDEX PATIENT ROLE #4 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

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 drops, which seemed to help until recently
- No pain with the cough but a little bit of phlegm comes up; 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 days at night

Fever – For 1 week which would not reduce 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

- You left the hospital after 2 days because you were worried about your children (your spouse works long hours, and you don't have reliable child care). Leaving was against the doctor's wishes
- 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

Social

- 2 friends – seen during early morning walks
- Son's soccer team – at outdoor games 2x 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

INDEX PATIENT ROLE #4 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

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

INDEX PATIENT ROLE #5 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

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 one 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 now you got 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
- Medications
 - 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). In 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 fan on your dashboard which keeps you cool
- Social – you associate with 2 friends at a small pool hall about 3 nights a week

INDEX PATIENT ROLE #5 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

TB interview for contact investigation takes place in hospital; interviewer is wearing a mask 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 cavitory 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 the supervisor: patient's age must be over 36 years to be consistent with medical history

INDEX PATIENT ROLE #6 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

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
- 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

- Smoker - 2 packs a day
- Symptoms
 - Cough*
 - Very slight on and off for about one 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

- Medications
 - 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

CONTACTS

Household – Significant other – you live in significant other's apartment spending much time there (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

INDEX PATIENT ROLE #6 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

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

Patient Profile:

- ____ years old
- TST induration = 0 mm (in jail 2 weeks ago)
- 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

INDEX PATIENT ROLE #7 – INDEX PATIENT

Name: _____

Address: _____

Phone number: _____

Age: ____ years old

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

INTERVIEW SCENARIO

Interview is in the hospital and the 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 recently has worsened
 - Excess 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 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
- Medications:
 - 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, however, hurts and you wish to discontinue the shot

CONTACTS

Household

- Elderly uncle and aunt - 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 do not 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 the time with your family

INDEX PATIENT ROLE #7 – INTERVIEWER

Patient's name: _____

Address: _____

Phone number: _____

TB interview for contact investigation takes place in hospital; interviewer is wearing a mask 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 non-pulmonary TB
- Six-drug regimen (INH, RIF, PZA, EMB, SM, Levoquin) 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

SUPERVISOR'S EVALUATION FORM – DEFINITIONS

PROCESS ELEMENTS

Introduction

- 1) Introduces self:
If appropriate, shakes index patient's hand and properly identifies self as a representative of TB control or local health department.
- 2) Explains purposes of interview:
Informs index patient of role in TB control and explains the goals and objectives of the TB interview with emphasis placed on rapport building, significance of patient participation in disease management, TB education, and identification of close contacts.
- 3) Emphasizes confidentiality:
Conveys health department regulations as related to index patient's right to privacy while emphasizing a commitment to maintaining confidentiality. Index patient is informed of the need to share medical information with other health department staff when appropriate.
- 4) Collects/confirms index patient's personal information:
Verifies personal information previously collected from medical record review; assures that information is correct including index patient's name (alias[es]/nickname[s]), spelling of name, residence or mailing address, and phone number(s); includes other locating information such as place of employment, social/recreational gathering places, and family members/next of kin. Documents index patient's physical description. Inconsistencies in information are immediately recognized and professionally confronted.

Education

- 5) Determines index patient's level of disease comprehension:
Uses open-ended questions to determine how much knowledge index patient has about TB, specifically on his/her own medical condition. Questions may be used such as: Tell me what you know about TB?; What has been told to you about your medical condition?; How much do you know about TB?. Patient should be allowed to give information freely, without interruption, while interviewer carefully listens.
- 6) Provides appropriate TB education:
Reviews transmission of TB and answers to the best of his/her ability all questions posed by index patient by using nonmedical terminology. Recognizes when to defer questions to the appropriate personnel.
- 7) Reviews symptom history:
Explains the significance of collecting an accurate TB-related symptom history; each symptom is carefully reviewed and onset date and duration are recorded.
- 8) Discusses basis of diagnosis by providing education:
Reviews/explains index patient's diagnosis of suspected or confirmed TB, including a review of symptom history and laboratory and test results.

-
- 9) Discusses appropriate disease-intervention behaviors:
Emphasizes the importance of following the treatment plan, infection-control procedures, and follow-up appointments. If applicable, reviews local/state regulations mandating adherence to disease-intervention behaviors.

Contact Identification

- 10) Defines close and casual exposure:
Gives evidence of understanding the definition of close contact as defined by local health department guidelines. Is proficient at explaining that risk of transmission is linked to person, place, and time characteristics of index patient. If applicable, displays the ability to explain concentric circle principle.
- 11) Verbalizes a sense of urgency:
Communicates to index patient the significance of rapid identification of close contacts. Expresses concern for those exposed and their need to be identified and medically evaluated; maintains focus on the infectious period.
- 12) Pursues detailed contact information:
Displays skill and perseverance in obtaining necessary detailed information, e.g., name, nickname/aliases, address, physical descriptions, and any specific identifying characteristics related to household, social, work, school, or any congregate-setting contacts with focus on infectious period. Confidentiality is reinforced.
- 13) Persists to identify all close contacts:
Reviews importance of close contact identification. Perseveres to identify contacts exposed during the infectious period. Exhibits resourcefulness and assertiveness while not jeopardizing rapport. Recognizes when to pursue/when to withdraw line of questioning.
- 14) Explains contact referrals:
Reviews patient versus health department referrals for medical evaluation of contact(s). Emphasizes the importance of the rapid identification of contacts according to health department guidelines. Confidentiality is stressed. If applicable, reviews local/state regulations mandating contacts' medical evaluations.

Conclusion

- 15) Invites index patient's questions:
Requests of the index patient any final questions and addresses these with clarity and factual information.
- 16) Reviews/reinforces adherence to treatment plan:
(Re)emphasizes importance of adherence including directly observed therapy (DOT) and provides reminders of any pending appointments.
- 17) Closes interview:
Thanks the index patient for his/her time and information. There is a reiteration of the importance of the interview for contact investigation. Information is provided on how index patient can reach interviewer should questions or concerns arise.

SKILLS ELEMENTS

Communication

- 18) Demonstrates professionalism:
Displays self-confidence, competence, dependability, preparation, integrity, and appropriate seriousness and is nonjudgmental and objective about index patient's behavior and lifestyle.
- 19) Establishes trust and rapport:
Displays respect, empathy, and sincerity to index patient throughout the interview process.
- 20) Listens actively:
Does not interrupt index patient unnecessarily, awaiting his or her responses. Gives evidence that important information is noted, by following up with additional questions or paraphrasing.
- 21) Uses open-ended questions:
Phrases questions beginning with who, what, when, where, why, how, and tell me to stimulate meaningful responses. Uses closed-ended questions (those requiring a one-word answer), only when necessary, to guide conversation or to clarify/confirm statements.
- 22) Communicates at the index patient's level of comprehension:
Avoids technical terms, jargon, or words deemed beyond the comprehension of the index patient and clearly explains necessary medical and technical terms and concepts. Periodically asks questions to gauge index patient's understanding. Speaks slowly and clearly. Assesses index patient's ability to speak and understand English.
- 23) Gives factually correct information:
Demonstrates an accurate knowledge of TB, corrects index patient's misconceptions, provides comprehensive disease information, and avoids extraneous information.
- 24) Solicits index patient's feedback:
While providing information and education, asks appropriate questions to determine whether index patient understands; asks index patient to paraphrase, summarize, or provide examples.
- 25) Provides encouragement:
Responds to index patient's positive behaviors. Displays affirmative verbal and nonverbal reinforcement.
- 26) Uses appropriate nonverbal communication:
Conveys sincerity, e.g., by maintaining eye contact and open-body posture, minimizing physical barriers, and not appearing pressured for time.
- 27) Motivates and encourages active participation of index patient:
Displays a desire and ability to engage index patient in the interviewing process through patient-interviewer partnership. Conveys importance of index patient taking an active role in the identification of those at risk of exposure and transmission. Demonstrates significance of source/spread principle in communicable diseases.

28) Exhibits nonjudgmental behavior:

Displays awareness of the index patient's experience of being ill and explains why certain questions are being asked, especially sensitive ones. Shows respect toward cultural differences using the index patient as a source of information about his/her own culture.

Problem-Solving

29) Displays flexibility in interview process:

Is adept at recognizing the need to deviate from prearranged interview outline. Illustrates confidence in addressing the needs of the index patient in conjunction with the needs of the interviewer while remaining in control of the interview.

30) Identifies and addresses index patient's concerns:

Through careful observation of verbal and nonverbal indicators, demonstrates the ability to identify and address index patient's concerns and displays a sense of concern for index patient's well being.

31) Recognizes/addresses verbal problem indicators:

Identifies and displays readiness to address index patient's contradictions, concerns, misunderstandings, and reluctance to reveal pertinent information. Displays sensitivity, professionalism, assertiveness, and confidence in interacting with index patient.

32) Recognizes/addresses nonverbal problem indicators:

Identifies and displays readiness to interpret and address nonverbal gestures such as eye contact, body language, posture, distance, facial expressions, voice inflections, etc.

33) Maintains control of interview:

Fosters an environment that allows the index patient to freely express her/himself, yet demonstrates an ability to extrapolate relevant information and move interview in a meaningful direction.

34) Identifies/discusses potential barriers to adherence:

Addresses and attempts to resolve all known barriers to adherence including, but not limited to, substance abuse, coexisting medical conditions, lifestyle, transportation availability, scheduling problems, availability of family/friend support, and comprehension of TB disease and its transmission and treatment.

Analysis

35) Refines the infectious period:

Based on the index patient's level of disease comprehension, explains the significance of the infectious period; explanation includes the importance of prioritizing the identification of close contacts during this period and the subsequent repercussions if those close contacts are not identified. Preliminary infectious period is modified, if necessary, or confirmed based on additional information collected.

36) Distinguishes between close and casual contact:

Has ability to differentiate between a close and casual contact. Applies this knowledge when working with index patient to concentrate on close contact identification. Uses contact information to form decisions about where to conduct potential field investigations.

KEY TO INDEX PATIENT ROLES FOR THE INTERVIEWER

+	positive
-	negative
TST	tuberculin skin test
AFB	acid fast bacilli
CXR	chest X-ray
HIV	human immunodeficiency virus
INH	isoniazid
RIF	rifampin
PZA	pyrazinamide
EMB	ethambutol
RFB	rifabutin
SM	streptomycin
DOT	directly observed therapy

TB INTERVIEWING FOR CONTACT INVESTIGATION – EDUCATION AND TRAINING RESOURCES

New Jersey Medical School National Tuberculosis Center

65 Bergen Street, Suite GB-1

Newark, NJ 07107-3001

(973) 972-3270

TB Infoline: 1-800-4TB-DOCS

<http://www.umdnj.edu/ntbc>

Available from the Center are:

- *Performance Guidelines for Contact Investigation: The TB Interview – A Supervisor’s Guide for the Development and Assessment of Interviewing Skills*
- Course materials for the *Effective TB Interviewing and Contact Investigation*
- *TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker*

Francis J. Curry National Tuberculosis Center

3180 Eighteenth Street, Suite 101

San Francisco, CA 94110-2028

(415) 502-4600

<http://www.nationaltbcenter.org>

Available from the Center are:

- Course materials from *Effective Tuberculosis Interviews, Part II: Targeting Special Populations*
- The course *Tuberculosis Case Management and Contact Investigation*

Division of TB Elimination

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road, Mail Stop E-10

Atlanta, GA 30333

(404) 639-8135

<http://www.cdc.gov/nchstp/tb/default.htm>

- Available from the CDC National Prevention Information Network is the *Tuberculosis Training and Education Resource Guide*. To order call (800) 458-5231 or visit <http://www.cdcnpin.org/tb/pubs/tbguide.htm>
- To order copies of the *Self-Study Modules on Tuberculosis* through the CDC Voice and Fax Information System call toll-free: 1-888-232-3228, then selecting 2,5,1,2,2,2 and requesting “Self-Study Modules on Tuberculosis, Modules #1-5,” order # 00-6514 and “Self-Study Modules on Tuberculosis, Modules 6-9,” order # 99-6206.

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- The 1995 *Satellite Primer on Tuberculosis (Self-Study Modules on Tuberculosis, 1-5)* was a five-part series. Videotape copies of this course are available from the Alabama Department of Public Health, (334) 206-5618.
 - The 2000 *TB Frontline – Satellite Primer Continued: Modules 6-9 Videotape Set (Self-Study Modules on Tuberculosis, #6-9)* was a 3-part series. Videotape copies of this course are available from National Technical Information Service (NTIS) at (800) 553-6847, order #AVA20848VNB3.
 - *Patient Engagement: A Skills Building Workshop for Health Care Providers Working with Tuberculosis Patients* – Available from Jane Tapia Emory University School of Medicine, Department of Medicine/ID, 69 Butler Street, Atlanta, GA 30303
404-616-9176 (phone) ; 404-616-7862 (fax); jtapia@mindspring.com (email)