



Essential Interviewing Skills for TB Contact Investigation

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TB Contact Investigation

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Dorothy Rodriguez, CCMA, CPT has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity





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Purpose of the TB CI Interview



- Provide TB education to patients
- Obtain contact information
- Locate, evaluate, & offer preventative care
- Stop Transmission



Suggested Interview Format

I. Introduction

- A. Introduce self
- B. State purpose/role
- C. Explain confidentiality

II. Patient Assessment

- A. Patient Concerns
- B. Social History
- C. Medical History
- D. Disease Comprehension

III. Disease Intervention

- A. Contact Identification
- B. Infection Control



A Good Introduction Lays the Groundwork for Good Rapport

- Identify yourself
- Identify your role
- Approach
- Know when to step away!



Keeping It Confidential



- It's the law
- Make it a partnership
- Role play
- Make it clear
- Essential to maintain credibility



What Factors Affect Information Exchange??



- Communication Skills
 - Yours
 - The patient
- Language or culture
- Rapport
- Knowledge



~~Interviewing Techniques~~

Communication Techniques



- Pay attention
- Look at speaker
- Do not talk
- Ask questions
- Follow directions
- Visualize what is being said



How Can I Show That I am Actively Listening?

- Verbal
 - Paraphrasing and summarizing
 - Reflection
- Nonverbal
 - Silence
 - Body language



Using Body Language

What type of body language can indicate that you are actively listening?

- Facial expression- looking attentive
- Leaning forward
- Nodding head
- Eye contact
- Body direction
- Making appropriate sound gestures or small phrases (mm-hmm, yes...)



Mind Your Tone!

Voice and tone

- Use natural volume and tone
 - If voice too loud, case may be intimidated
 - If too soft, message may be inaudible or sound hesitant

Pace

- Use regular pace
 - If too fast, can indicate a feeling of being rushed
 - If too slow, can sound tentative



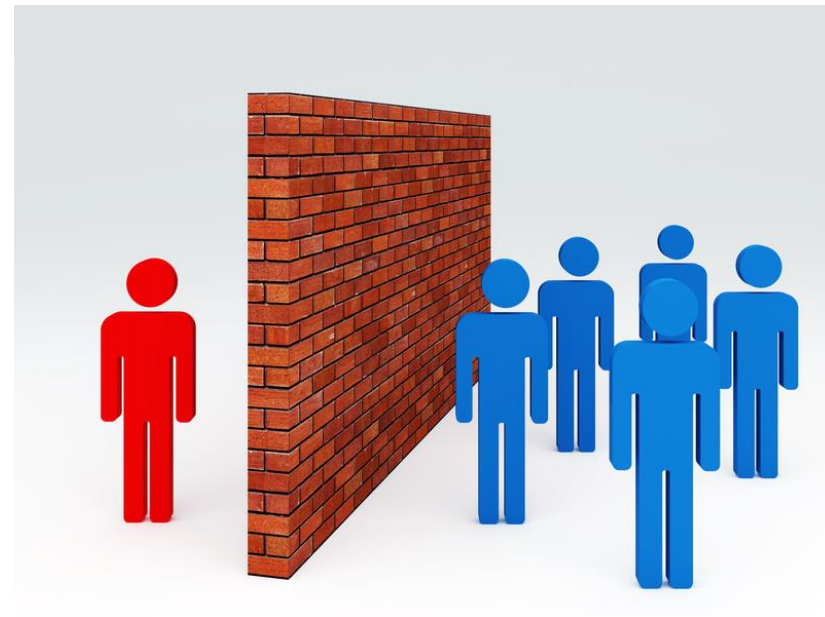
Discussion Time

- From your personal experience, describe an encounter in which you had a patient use a less than friendly tone.
 - How did you interpret the tone?
 - How did you handle the situation?
 - What was the outcome



Potential Barriers

- Physical barriers
- Cultural and linguistic barriers
- Competing priorities
- Others



Cross-Cultural Communication

1. Awareness of one's own cultural values
 - Are you attentive to your own preconceived notions of other cultural groups?
2. Awareness and acceptance of cultural differences
 - Do you look for opportunities to meet and interact with individuals who are from cultures other than your own?



61.8 Million People in the United States Speak a Language Other Than English at Home

- Less likely to receive care
- Less likely to understand care
- Increased risk of medical errors
- Reduced quality of care
- Increased risk of unethical care
- Less satisfied with care



Understanding the Interpretation Process



- The interview should be conducted in the primary language of the interviewee
- What is the role of the interpreter?
- Who should interpret?
- Interpreter etiquette



Motivators

- It is beneficial to their **CONTACTS**
- It is beneficial to **PUBLIC HEALTH**
- It is beneficial to **THEM**



MOTIVATION



Interviewing Techniques



- Use of open ended questions
- Offer options not directives
- Assertive vs. Aggressive
- Provide Education
 - Give information simply



What Is an Open Ended Question?



This is!



Open ended

Who else lives in the home with you?

How do you spend your free time?

What number can you best be reached at?

Close Ended

Do you live alone?

Do you go bowling, or to church?

Do you have a cell phone?



Why use open/closed questions?

Open Ended

- Allows for more information to be given
- Allows for a natural progression of conversation

Closed Ended

- Allows for definite answer
- Useful in reigning in the conversation



Things to Avoid



- Asking several questions at once
- Interrupting
- Leading questions
- Not providing enough time for case to answer the question
- Putting case on the spot



Offer Options NOT Directives



- Patients directed to do something tend to be less compliant.
- Options make it possible for the patient to “buy in” to the process.
- Present a “buffet of choices”.



Assertive vs. Aggressive

Assertive: to claim or maintain one's rights/position without compromising the rights of others.

“Although you may smoke outside in the courtyard, smoking is not permitted in the building because it is a health risk to others.”

Passive: to relinquish one's rights/position in deference of others.

“You're not supposed to be smoking in here. I wish you would wait until after class.”

Aggressive: to demand one's rights/position at the expense of others.

“How can you be so disgusting and insensitive smoking in here? You're bothering people.”




Literacy

Are hand out materials written at a level understandable to the general public (see “Simply Put” for guidance)


- Are they written in a language understandable by your audience
 - How can you compensate for this?




Educational Resources



Simply Put
A guide for creating easy-to-understand materials



 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf



Pictures provide a lot of information without a lot of words and are understood as a common language.

Important to Remember

- It's important to remember that you are the TB Expert, and you are intimately familiar with the content and jargon use language that the audience can relate to.
- Give accurate information.
- Be sure to show how this is a benefit to them not you.



K.I.S.S.

Keep It Simple and Short

Keep It Simple and Straightforward



Less is More
< = >

When Educating Patients

- Avoid technical terms and jargon
- Limit the amount of information
 - “Need to Know” vs. “Nice to Know”
- Clearly explain necessary medical and technical terms and concepts
- Repeat important information
- Provide resources
- Address misconceptions



Summarize Your Conversation

- Examples

- “We have discussed a lot today. In your own words, review for me what we have discussed.”
- “Please tell me what you heard me say. This will help me provide you with any additional information you need.”

- **Avoid phrases such as:**

- “Do you have any questions?”
- “Do you understand?”



Strategies to Conduct an Effective Interview

- Explain the importance of the CI to prevent and control TB.
- Ensure environment encourages effective communication.
- Establish mutual trust and understanding.
- Exchange of information.
- Assess patient's knowledge, feelings and beliefs about TB.



After the Interview

- What information doesn't make sense?
- What did you forget to ask?
- Who are your priority contacts?
- What is your plan of action (POA)?
 - POA should **always** include a re-interview at the place of residence.



Tips for improving interview skills

- Practice
- Hang out with experienced TB interviewers
- Hang out with STD interviewers
- Practice
- Look for more training – formal and informal
- Practice



Questions



Stay Enthusiastic

“I believe that education is all about being excited about something. Seeing passion and enthusiasm helps push an educational message”

