

## SESSION 3: ESSENTIAL ELEMENTS OF DOT – PART 2

### INTRODUCTION

In this 2-hour session, participants will learn about the use of incentives and enablers as one essential element of a DOT program. The importance of patient education will be emphasized, and participants will explore various methods of sharing correct information about TB with patients. Finally, questions concerning the topic of confidentiality will be addressed, including: What are a patient's rights regarding confidentiality? When can confidentiality be broken? What specific measures can protect a patient's confidentiality in the clinic and in the field?

**MATERIALS  
SUPPLIED  
FOR THIS  
SESSION**

- Outline for trainers
- *Participant's Workbook* (1 reproducible master copy)
- PowerPoint slides or masters for overhead transparencies:
  - Patient Education
  - Effective Education Techniques
  - Review Questions
- Video segments:
  - *The Importance of Confidentiality* (5.5 min)
  - *The Nosy Neighbor* (2.5 min)
  - *Data Leaks* (2.75 min)
  - *A Contact Wants to Know* (3 min)

**MATERIALS  
YOU NEED  
TO SUPPLY**

- Duplicate *Participant's Workbook* for each participant
- Poster paper, chalkboard, or dry-erase board
- Overhead projector or laptop and LCD projector
- VCR and monitor
- Poster pens, chalk, or dry-erase markers

### Material in this session is adapted from:

- *Improving Patient Adherence to Tuberculosis Treatment*. Atlanta: Centers for Disease Control and Prevention; 1994.
- *Self-Study Modules on Tuberculosis: Module 7, Confidentiality in Tuberculosis Control*. Atlanta: Centers for Disease Control and Prevention; 1999.
- *Self-Study Modules on Tuberculosis: Module 9, Patient Adherence to Tuberculosis Treatment*. Atlanta: Centers for Disease Control and Prevention; 1999.
- *Using Incentives and Enablers in the Tuberculosis Control Program*. Columbia: American Lung Association of South Carolina and South Carolina Department of Health and Environmental Control, Division of Tuberculosis Control; 1989.

## SESSION OUTLINE FOR TRAINERS

### 5 MIN **LEARNING OBJECTIVES**

*Review with participants.*

Upon completion of this training session, participants will be able to:

1. Define the role of incentives and enablers
2. Name at least six examples of incentives or enablers
3. Describe three methods for educating TB patients
4. List at least five ways in which a patient's confidentiality can be protected in the field or clinic

### 20 MIN **I. INCENTIVES AND ENABLERS**



#### **A. What is an incentive?**

*Discuss with participants.*

Incentives are small rewards given to patients to encourage them to either take their medications or keep their clinic or field DOT appointments. Incentives can be large or small, but should be tailored to the patient's needs. The best time to begin using incentives is after a good relationship has been established with a patient.

#### **► ACTIVITY**

##### **What are Examples of Incentives?**

*Brainstorm examples and record them on a chalkboard, poster sheet, or overhead transparency. When participants have no more ideas, fill in missing items as needed. Under each general category, such as "food", provide specific examples of items that have been popular among your local patients.*



- Food, beverages
- Clothing
- Automotive supplies
- Hobby/craft items
- Household items
- Laundry services
- Seasonal/holiday treats
- Movie passes
- Restaurant/fast food vouchers
- Toys
- Personal care items

#### **B. What is an enabler?**

*Discuss with participants.*

Enablers are those things that make it possible or easier for patients to receive treatment or to keep clinic or field DOT appointments by overcoming barriers. For example, if a patient cannot come to clinic appointments because he/she has no transportation, a bus pass would be an enabler. Enablers can be very



helpful in getting a patient started on treatment and should be provided as soon as treatment starts.

► **ACTIVITY**

**What are Examples of Enablers?**

*Brainstorm examples and record on a chalkboard, poster sheet or overhead transparency. When participants have no more ideas, fill in missing items as needed.*



- Transportation
  - Bus pass
  - Subway token
  - Cab fare
  - Battery for patient's car
  - Gas
  - Fee for driver's license
- Childcare
- Obtaining and transporting specimens for the patient
- Assisting the client to get medication refills
- Assisting the client to complete paperwork to get food/housing assistance
- Assisting the client to get substance treatment

**C. Limitations of incentives and enablers**

*Discuss with participants.*



There are no easy answers on how to motivate or enable patients to take their TB medications. The motivating effect of incentives can wear off over time. Some patients may feel as if the health care worker is trying to bribe them into accepting treatment. This is more likely to happen if the health care worker has not gained the patient's trust before offering the incentive. Both incentives and enablers must be combined with an attitude of caring and concern for the patient. They are never a substitute for a high-quality relationship with the patient based on trust, effective communication, and mutual respect.

15 MIN

► **ACTIVITY**



**Incentive/Enabler Case Studies**

Ask participants to refer to *Incentive/Enabler Case Studies* (page 3-4 in the Participant's Workbook).

*1 – 5 participants:*

Ask participants to read *Case Study #1*; debrief and discuss, using the questions following the case study.

Repeat for *Case Study #2*.

*6+ participants:*

Break large group into small groups of 3 – 4 participants. Divide case studies evenly between the groups. Ask each group to assign one person to serve as recorder/reporter. Ask each small group to read their assigned case and discuss it using the questions that follow. The recorder/reporter will record the group's responses. If time allows, reassemble the small groups into the larger group. Ask each small group's recorder/reporter to summarize the group's case study and their responses to the questions. If time allows, ask participants outside of the responding group for other responses.

**Case Study #1**

Miguel Serrano is a recent immigrant from the Philippines who is working two jobs to support his wife and three children. He has been on DOT for 2 months and his TB symptoms have greatly improved. Miguel has kept daily DOT appointments with the health care worker, but recently has missed two appointments and skipped his last clinic visit.

Why might Mr. Serrano be nonadherent?

*Symptoms have improved so he may not think he needs to keep taking medication; too busy with work schedule*

What incentives or enablers might help Mr. Serrano to keep his appointments and adhere to his treatment?

*Incentives: fast food or movie coupons; small item related to a personal interest or hobby.*

*Enablers: transportation tokens; snacks or meals.*

**Case Study #2**

Traci Shaw is a 23-year-old woman who has struggled with substance abuse and homelessness. She has recently been released from the hospital after two weeks of treatment for pulmonary TB. In the hospital, Traci told the public health nurse that she wanted to stay off drugs and find a job so she could eventually get her own apartment. Traci currently sleeps on the couch in the home of some friends, where her DOT worker delivers her medicine each day.

What challenges exist for Traci to complete her TB treatment?

*Substance abuse; unstable housing; unemployment*

What incentives or enablers might help Traci to adhere to her treatment?

*Incentives: personal care items; fast food/movie coupons.*

*Enablers: assistance with substance treatment, housing, employment.*

## 20 MIN II. PATIENT EDUCATION (OHs/PowerPoint slides)



*Discuss with participants using the PowerPoint slides/overhead transparencies, Patient Education.*

DOT workers are in a perfect position to provide their patients with TB education. Because they often are the individuals on the TB program staff who have the most frequent contact with the patients, they often, although certainly not always, have developed a friendly relationship together. When an individual feels the care and support provided by a health care provider, he/she may be more likely to respect the provider and be open to receiving information from him/her.

*Ask, "Why is it important that we teach our patients about TB?"*

### A. Purpose of TB patient education

1. Provide information
2. Correct misinformation
3. Improve patient adherence
4. Improve success of treatment
5. Improve success of contact investigation

Not all people have the same learning styles. Culture, age, educational background and gender all have an impact on how people learn. However, current research confirms that there are some general principles that describe an effective approach to teaching adults.

### B. Teaching/learning principles

1. Learning will occur only if the information presented is meaningful to the client's needs, comprehensive, and presented in an appropriate manner
2. Factors that can influence a patient's readiness to learn include: level of anxiety, educational background, level of maturity, past experiences, needs and priorities, and level of denial

3. Teaching should be interactive
4. Adults retain more when they use all their senses. Studies show that adults will remember:
  - 10% of what they read
  - 20% of what they hear
  - 30% of what they see
  - 50% of what they hear and see
  - 70% of what they say or write
  - 90% of what they do

### C. Assessing the patient's knowledge and attitudes about TB

*If you didn't conduct the segment on open-ended questions in session 2, (see Trainer's Guide, session 2, page 10), conduct the segment before going on to "D. Effective education techniques."*

Use open-ended questions to help you gain information about what your patient understands and feels about TB. These are questions that cannot be answered with a simple "yes" or "no," and begin with words like, *Who? What? When? Where? Why? How? Tell me about... Explain to me...*

20 MIN



#### ► ACTIVITY

*Brainstorm examples and record on a chalkboard, poster sheet, or overhead transparency. When participants have no more ideas, fill in missing items as needed.*

- What do you know about TB?
- How do you think you got TB?
- What problems has your illness caused for you?
- What treatment do you think you should receive for TB?
- How do your family members or close friends feel about your TB?
- Explain to me what TB does to your body.
- Tell me about any difficulties you have taking medicine.
- What do you fear about your illness?
- How severe do you think your illness is?

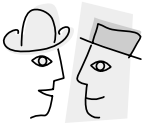
### D. Effective education techniques

*Discuss with participants, using the OH/PowerPoint slides, Effective Education Techniques.*



1. Use simple, nonmedical terms.
2. Use the appropriate language level for the patient.
3. Limit the amount of information in any given discussion.
4. Discuss the most important topics first and last.
5. Repeat important information.
6. Use concrete examples.
7. Provide patients with information in written words or pictures.
8. Check for understanding by using open-ended questions.

15 MIN



► **ACTIVITY**

**Patient Education Role Play**

Ask participants to refer to “Patient Education Role Play” (page 3–6 in the Participant’s Workbook, page 3–8 in this Trainer’s Guide).

Ask participants to divide into pairs. One person in each pair will act as the patient, one will act as the DOT worker.

The patient will choose a statement from the list, and the DOT worker will practice giving a respectful and informative response. Run through an example for your participants:

Patient:

“I feel much better now, so I don’t need to keep taking all those pills.”

DOT worker:

“I’m really glad to hear you’re feeling better. To stay that way, you DO need to finish all your medication for the next two months, or else the TB can get bad again, and could even be spread to others. What can we do to make the last two months of taking your medicine as easy as possible?”

*Point out that in a “good” response, a patient is never told that he or she is “wrong.” The correct information is presented respectfully and may be followed by an open-ended question by the DOT worker to find out more about what the patient needs.*

*After five minutes, ask the pairs to switch roles. After another five minutes has elapsed, reassemble into the large group and discuss the following questions:*

1. Which patient statements were especially hard to respond to? Why?
2. Share some examples of responses that worked well with your “patient.”

## PATIENT EDUCATION ROLE PLAY



What would you say to a patient who makes one of the following statements?

1. "I feel much better now, so I don't need to keep taking all those pills."
2. "Back in the Philippines, everyone I know tests positive for TB. It's no big deal."
3. "I think I got TB from someone at work drinking from my thermos."
4. "The TB pills you're talking about won't help me. My family's doctor gave me some special herbs to take."
5. "I can't come to the clinic. I don't want to be reported to immigration."
6. "If my family finds out I have TB, they won't let me back into the house."
7. "I don't have time to meet you everyday for these medicines; I work two jobs."
8. "I have TB?? Back home in India I know many people who have died from TB!!"
9. "Just leave the whole bottle of pills with me. I'll take them on my own. I'm not a child!"
10. "I heard that these pills hurt your liver."



15 MIN

### III. CONFIDENTIALITY



View the video segment *The Importance of Confidentiality (5.5 min)*. Discuss the following with participants.

Why is confidentiality so important for successful TB control?

- Confidentiality is a professional obligation and, in most instances, a requirement of the law.
- Confidentiality enables patients to seek care without the fear that their personal information will be inappropriately shared or used.
- Confidentiality preserves the patient's right to self-determination.
- Confidentiality helps to build a strong and cooperative provider-patient relationship.



#### A. What are a patient's rights?

Discuss with participants.

1. The right to give or withhold authorization of disclosures (except as otherwise provided by law). The patient needs to give specific permission to allow a third party to have access to confidential information.
2. The right to maintain privacy. Only those persons directly involved in the care of the patient's health should have access to private information (either written or electronic).
3. The right to autonomy. Any adult person who is mentally competent has the right to determine what will be done with his or her body, personal belongings and personal information. Sometimes this right can be overridden in the interest of protecting others who may be harmed by the patient's decisions.
4. The right to be given information. The patient has a right to information about his or her medical diagnosis, treatment, and progress. This allows the patient to make informed decisions about his or her health care.
5. The right to refuse treatment. (Such refusal, of course, may have consequences such as detainment in isolation.)

#### B. How can confidentiality be protected?

Ask participants to refer to *Measures to Protect Patient Confidentiality (page 3-8 in Participant's Workbook)*. Review the measures with participants. Add other measures utilized by your program.

## MEASURES TO PROTECT PATIENT CONFIDENTIALITY

### **Any situation**

- Confirm the patient's identity at the first encounter
- Never discuss the patient's case with anyone without the patient's permission (including family and friends during off-duty hours)
- Never leave hard copies of forms or records where unauthorized persons may access them
- Use only secure routes to send patient information (for example, official mail) and always mark this information confidential
- When using an interpreter, ensure that the interpreter understands the importance of patient confidentiality

### **When in an office, clinic, or institution**

- Conduct patient interviews in private rooms or areas
- Never discuss cases or use patients' names in a public area
- If a staff member or health care worker requests patient information, establish his or her authority to do so before disclosing anything
- Keep records that contain patient names and other identifying information in closed, locked files
- Restrict access to electronic databases to designated staff
- Carefully protect computer passwords or keys; never give them to unauthorized persons
- Carefully safeguard computer screens
- Keep computers in a locked or restricted area; physically or electronically lock the hard disk
- Keep printouts of electronic information in a restricted or locked area; printouts that are no longer needed should be destroyed

### **When in the field**

- Be discreet when making patient visits
- Conduct patient interviews in private; never discuss the case in a public place
- Don't leave sensitive or confidential information in messages for the patient on a door; but if a message must be left on the door, it should be left in a sealed envelope, marked confidential, and addressed to a specific person
- Don't leave sensitive or confidential information on an answering machine that other people can access
- Don't leave sensitive or confidential information with a neighbor or friend, and be careful not to disclose the patient's condition when gathering information on his or her whereabouts.

[Source: *Self-Study Modules on Tuberculosis, Module 7: Confidentiality in Tuberculosis Control*. Atlanta: Centers for Disease Control and Prevention; 1999, p. 53]

10-30 MIN



## ► ACTIVITY

### How Was Confidentiality Broken? (video)

View any or all of the three video segments:

- The Nosy Neighbor (2.5 min)
- Data Leaks (2.75 min)
- A Contact Wants to Know (3 min)

Each segment is presented in two parts. Version A shows a “wrong” version of each scenario. Version B shows a “right” version in which confidentiality is protected. Refer participants to the worksheet on page 3–9 of their workbooks.

Before showing the “wrong” version of a scenario, ask participants to listen to and closely observe the actions of the characters in the segment. Ask participants to think about how they would respond to each situation.

After showing the “wrong” version of a scenario, ask participants:

“How was confidentiality broken in this situation?”

**The Nosy Neighbor:** Identified herself to the neighbor as a health department employee; answered Nosy Neighbor’s questions directly; mentioned “coughing”; left envelope out in the open, accessible to others

**Data Leaks:** Left papers/files out on desk, in view of patient; fax machine not located in a secure area; left patient alone in office; mentioned name of patient out loud; mentioned confidential medical details out loud

**A Contact Wants to Know:** clipboard with list of contact names was visible to contact; door was left open; used pronoun to reveal gender of patient; mentioned floor that index case works on; mentioned month that index patient might have exposed co-workers

After showing the “right” version of a scenario, ask participants:

“What steps did the health care worker take to protect confidentiality?”

**The Nosy Neighbor:** Politely sidestepped Nosy Neighbor’s questions; did not reveal the nature of her visit; did not leave bag with neighbor; marked note as “confidential”; slid note under door

**Data Leaks:** Papers/files out of view of patient; fax machine located in secure area; did not leave patient alone in office; did not reveal telephone information out loud; stapled message

**A Contact Wants to Know:** Closed door; kept clipboard out of sight of contact; politely sidestepped contact’s questions; kept discussion focused on contact, not index patient; did not reveal any specific information about gender or work location of index patient

**10 MIN REVIEW QUESTIONS**



*The following questions can be used for a group discussion to review the session's main points (use overhead/PowerPoint slide, Review Questions), or they can be utilized as a written posttest for individuals (see page 3–10 in Participant's Workbook).*

- 1) What is the role of incentives and enablers?
  
  
  
  
  
  
  
  
  
  
- 2) What are three examples of incentives?
  
  
  
  
  
  
  
  
  
  
- 3) What are three examples of enablers?
  
  
  
  
  
  
  
  
  
  
- 4) What are three techniques to use when educating TB patients?
  
  
  
  
  
  
  
  
  
  
- 5) List five ways in which a patient's confidentiality can be protected in the field or clinic.

**5 MIN EVALUATION**

*Ask participants to share their feedback about this training session on the evaluation form (see page 3-12 in Participant's Workbook).*

## ADDITIONAL RESOURCES

- *Core Curriculum on Tuberculosis, 4th ed.* Atlanta: Centers for Disease Control and Prevention; 2000.
- *Improving Patient Adherence to Tuberculosis Treatment.* Atlanta: Centers for Disease Control and Prevention; 1994.
- *Improving Tuberculosis Treatment and Control: An Agenda for Behavioral, Social and Health Services Research.* Proceedings of Tuberculosis and Behavior: National Workshop on Research for the 21st Century: 1994, Aug 28 – 30; Bethesda, MD. Atlanta: Centers for Disease Control and Prevention; 1995.
- *Self-Study Modules on Tuberculosis: 1–5.* Atlanta: Centers for Disease Control and Prevention; 1995.
- *Self-Study Modules on Tuberculosis: 6–9.* Atlanta: Centers for Disease Control and Prevention; 1999.
- *Social Support Services for Tuberculosis Clients.* New York: Charles P. Felton National Tuberculosis Center; 1999.
- Sumartojo E. Adherence to the tuberculosis treatment plan. In: Cohen FL, Durham JD, eds. *Tuberculosis: A Sourcebook for Nursing Practice.* New York, NY: Springer Publishing Co.; 1995; chap 7.
- *Using Incentives and Enablers in the Tuberculosis Control Program.* Columbia: American Lung Association of South Carolina and South Carolina Department of Health and Environmental Control, Division of Tuberculosis Control; 1989
- <http://www.harlemtbcenter.org>  
Charles P. Felton National Tuberculosis Center at Harlem Hospital
- <http://www.cdc.gov/nchstp/tb>  
Division of TB Elimination, Centers for Disease Control and Prevention
- <http://www.nationaltbcenter.edu>  
Francis J. Curry National Tuberculosis Center
- <http://www.umdnj.edu/ntbcweb>  
New Jersey Medical School National TB Center