

DOT TRAINER'S CURRICULUM

ABOUT THIS CURRICULUM

The *DOT Trainer's Curriculum* was developed by the Francis J. Curry National Tuberculosis Center (CNTC) for use by tuberculosis (TB) program managers, nurse consultants, health educators, and others responsible for training staff who conduct outreach and/or Directly Observed Therapy (DOT) activities.

The curriculum content is based on the results of a needs assessment that included the following sources of information:

- A survey of TB program managers from throughout the U.S.
- Telephone interviews with TB program staff who conduct training for DOT workers
- Course evaluation data provided by participants in CNTC's *Tuberculosis Outreach Worker's Course* conducted in California in 1999 and 2000.

A draft of the curriculum was reviewed by 12 representatives of the target audience in 7 jurisdictions around the country, and a pre-final draft was pilot tested in San Diego County and San Francisco before final revisions were made.

The curriculum designers recognize that TB programs differ widely in their practices regarding DOT, and there is no "one-size-fits-all" approach. For example, some programs practice universal DOT; others lack the resources or have a heavy caseload, making it difficult to pursue this strategy. The *DOT Trainer's Curriculum* was designed to promote a core set of skills for any staff who perform DOT duties regardless of the special circumstances that shape local TB programs' policies and procedures.

CURRICULUM CONTENT

The *DOT Trainer's Curriculum* is divided into six sessions that can be conducted as individual, stand-alone sessions or as a multi-session series. In a few instances, material from one training session has been repeated in a subsequent session. It is assumed that course participants already have basic knowledge about TB. If participants do not have this foundation, refer them to the CDC's *Self-Study Modules on Tuberculosis, Modules 1-5*, or integrate the material into a training module that precedes the implementation of this curriculum.

The sessions range from 2 to 3 hours in length. The six sessions are:

1. Introduction to DOT
2. Essential Elements of DOT – Part I (risk assessment; building rapport; observing/documenting the dose; side effects)
3. Essential Elements of DOT – Part II (incentives and enablers; patient education; confidentiality)
4. Working with Culturally Diverse Populations
5. Working with Patients with Special Challenges
6. Field Safety and Infection Control

The curriculum features a *Trainer's Guide* and a *Participant's Workbook* for each session. The *Trainer's Guide* contains instructions for trainers, timing guidelines, masters for overhead transparencies, and PowerPoint slides on a CD-ROM. The *Participant's Workbook* is a reproducible master that you can photocopy and distribute to the course participants.

Each session's content can be modified or supplemented as needed to incorporate a local program's specific data, policies, and procedures.

HOW TO USE THIS CURRICULUM

General overview

This curriculum was designed as a highly interactive educational process that allows participants to gain knowledge and skills to help them be effective DOT workers. As the trainer, it is important for you to do everything you can to invite all individuals to participate as fully as possible. There are numerous small- and large-group activities interspersed among presentations by the trainers. Our hope is that this medley of training methods will meet the needs of all participants.

Each session is numbered, has a specific title, and begins with a brief overview of the session. Materials that are provided in the curriculum are listed, as well as those materials that you need to provide. Reference information is also included.

A list of learning objectives is the next component of each session introduction. It is important to review the objectives with the participants at the beginning of each session, as these provide the framework for the session. If time allows, also review the objectives at the end of the session and ask the participants whether they think the objectives were met.

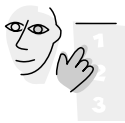
For each section of each session, the curriculum developers have suggested an approximate amount of time that each activity requires. This allows you to plan accordingly and to make decisions about when each session can be conducted.

All sessions include informal presentations to be conducted by the trainer(s). The *Trainer's Guide* provides an outline of the presentation and is also included in the *Participant's Workbook*. Instructions for the trainer are written in italic. At the end of the *Trainer's Guide* for each session, you'll find overhead transparency masters, which you can copy onto acetate and use with an overhead projector. Or, if you prefer to use an LCD projector and laptop computer, the same material is included as PowerPoint slides on the CD-ROM found in the back of the binder. Watch for notations designating when to use the overheads (OHs) or PowerPoint slides. The use of visuals is recommended when conducting the sessions; not only does it help you, the trainer, stay on track, but visual aids also help the participants absorb the material.

If it is possible to divide the curriculum sessions among two or more trainers, we recommend that you consider the advantages of using a team approach to training. Participants benefit from the diverse skills and approaches that a team of trainers can bring to the learning experience. Trainers can learn from one another by watching how their colleagues present the material, and the burden of training responsibilities does not rest exclusively on one individual.

Learning activities

Because training is most effective when learning methods are varied, this curriculum utilizes a number of instructional approaches. Each method is represented and indicated by an icon whenever it is featured in the *Trainer's Guide*:



PRESENTATION: Provided by trainer(s). Overheads and PowerPoint slides are included in the *Trainer's Guide*.



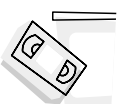
FACILITATED DISCUSSION: While good facilitation skills are important for all trainers, it is especially important to use skilled facilitators for training content that includes sensitive material. In this curriculum, sessions 4 (Working with Culturally Diverse Populations) and 5 (Working with Patients with Special Challenges) include this type of material. If you feel more comfortable recruiting a skilled facilitator to lead the sensitive discussions, feel free to do so. See pages 7–9 in this *Introduction* to review facilitation guidelines.



BRAINSTORMING SESSION: Brainstorming is a technique in which participants spontaneously present ideas on a given topic. The purpose of this technique is to generate as many ideas as possible and for participants to stimulate each other's thinking. All ideas should be written down; none should be dismissed or criticized. After all the ideas are listed, the group discusses them. Some ideas may be more relevant or on-target than others; however, don't focus on whether any idea is "right" or "wrong," but on how all ideas are valuable because they stimulate additional thought.



CASE STUDY: Case studies provide the opportunity for participants to apply their knowledge to real life scenarios. All case studies are provided to the trainer(s) as reproducible masters that can be duplicated for distribution to the participants.



VIDEO SEGMENTS: In 2000, CNTC broadcast a course by satellite to TB control workers. The course, titled *TB Frontline*, was viewed by public health workers around the United States. Portions of that course have been edited and included on the videotape accompanying this curriculum. The video segments are utilized in the curriculum to model effective TB control skills as well as to generate discussion among the course participants.



ROLE PLAY: Role playing allows course participants to practice their communication skills. At the conclusion of each role play, facilitate a debriefing session among the participants and observers. Always ask the person who played the public health worker to debrief first; then ask others to provide him/her with

constructive feedback (see “*Guidelines for Giving and Receiving Feedback*” on pages 8–9).



GUEST SPEAKER or PANEL DISCUSSION: Sessions 2, 4, 5 and 6 in this curriculum suggest the use of guest speakers. Guest speakers give participants the opportunity to hear other perspectives than those of the trainers and participants. It is essential that you make sure that speakers are very clear on what you want them to talk about. When possible, give them a written outline of the key points you want them to cover. Also, because time is always a limiting factor, be sure that they know how much time they are allotted, and tell them that you will have to adhere to that timeframe (i.e., you might have to cut them off!)

A word about the page numbers

Each session of the curriculum begins with page 1. For easy cross-referencing, we have included the session number in the page number as well. The first number is the session number while the second number is the page number. For example, “Page 3-6” means “page 6 of session 3.” Both the *Trainer’s Guide* (TG) and the *Participant’s Workbook* (PW) use the same numbering system, so when looking for a particular page, be sure to check the footer on the left side which identifies whether the document is the TG or PW.

Preparing for the training session(s)

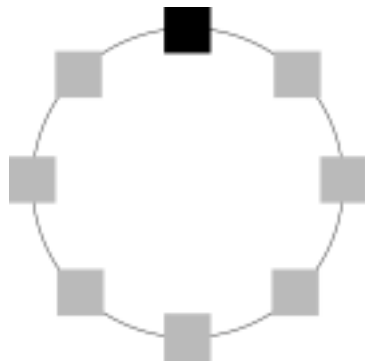
The *Trainer's Guide* for each session includes two lists of items needed to conduct the session: one list of items included in the guide and another that you, the trainer, will need to provide. It is recommended you also use a checklist to track logistical issues well in advance of training sessions. A sample checklist follows:

Task	Person(s) responsible	Due date
Identify co-trainer(s) and guest speaker(s) <i>(if any)</i>		
Recruit/select participants		
Notify participants of training date/location		
Send reminder to participants <i>(1 week prior)</i>		
Discuss expectations with guest speaker(s); roles and responsibilities with co-trainer(s)		
Arrange for continuing education credits <i>(if appropriate)</i>		
Arrange for refreshments <i>(if allowed)</i>		
Reserve training space		
Check light and temperature controls		
Check how space will accommodate A/V equipment		
Check seating: enough seats? movable?		
Check parking logistics for participants		
Check restroom location		
Plan and prepare signs to direct participants		
Duplicate copies of <i>Participant's Workbook</i>		
Prepare any other participant hand-outs		
Prepare flipcharts, overheads, slides		

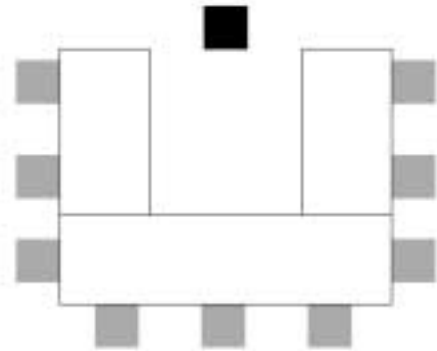
Training Room Layout

Seating arrangements for training participants can greatly influence group dynamics and participants' ability to communicate and cooperate with the trainer and with one another. The *DOT Trainer's Curriculum* includes activities that involve traditional lecture formats, large group discussion, small group discussion, and video viewing. No single seating configuration can ideally accommodate each kind of activity; however, while using the *DOT Trainer's Curriculum* you are advised to use a circular, modified circular, or U-shaped seating formation.

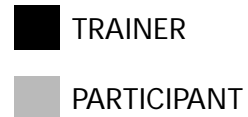
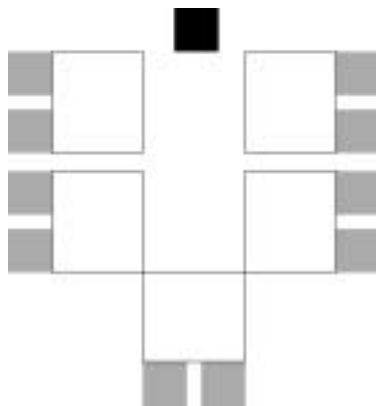
CIRCULAR



U-SHAPED



MODIFIED CIRCULAR



THE ART OF TRAINING: SKILLS AND GUIDELINES FOR EFFECTIVE TRAINERS

Qualities of Effective Trainers/Facilitators*

- Effective communication skills, including good delivery skills
- Group facilitation, including the ability to let the group work on its own
- Self-awareness, including a sense of the impact of your own behavior
- Ability to plan, organize and make clear presentations
- Ability to plan objectives and to move a group toward them
- Patience, flexibility and adaptability in regard to the group's needs
- Respect for the needs of adult learners and the ability to put adult learning theory into practice
- Ability to deal with one's own feelings and the feelings of others
- Ability to make appropriate interventions
- Ability to encourage the taking of risks without embarrassing participants
- Ability to give and receive feedback and criticism
- Ability to evaluate the training event

Ground Rules for Participants*

We advise you to start each training session with a brief review of "ground rules." Ground rules are guidelines that help you to create and maintain an effective, respectful, and non-threatening learning environment. Ground rules can be designed in advance and then presented to the group; ideally, you will invite the group to contribute additional ideas about how to create an optimal learning environment. Ground rules often cover the following issues:

Punctuality and attendance: The trainer will begin and end each session on time; participants will arrive on time and stay for the entire session.

Respectful interaction: Trainer and participants will not interrupt one another; participants will actively contribute during group activities.

Confidentiality: Personal disclosures and other sensitive information that are communicated during training sessions will not be shared outside of the training group.

* This material was adapted from *AIDS outreach in the community: training design and delivery*, a trainer's manual developed by R.O.W. Sciences, Inc., Maryland. Sponsored by the U.S. Department of Health and Human Services; 1990.

Guidelines for Giving and Receiving Feedback*

Participants will benefit from receiving your constructive feedback, especially during exercises in which they are practicing new skills. The following guidelines will help you to provide feedback that is more likely to have a positive impact on participants and not raise their defenses. A shortened, modified version of these suggestions can be shared with participants to assist them in giving and receiving feedback to/from one another.

Giving feedback

1. Frame your feedback in positive, rather than negative, terms. Help and feedback need to be given and heard as an *offer*, not an imposition.
2. Focus your feedback on *behaviors*. Comment on what a person does rather than what you think of the person. Describe actions instead of personal qualities.
3. Direct your feedback toward behavior that the receiver has control to change. Frustration is only increased when a person is reminded of a characteristic over which he or she has little or no control. (For example, "You're much taller than most of our patients.")
4. Be specific in your feedback to what you see and hear; avoid being general or judgmental. To be told, "You are shy" is not as useful as being told, "When you did the role play I noticed that you looked away from the patient and I had trouble hearing you."
5. Feedback is most useful when it is solicited rather than imposed.
6. Accompany your feedback with suggestions for improvement. Focus on an exploration of alternatives, rather than answers, solutions or advice.
7. Offer your feedback as immediately as possible in order to be concrete and free of the distortions that come with the lapse of time.
8. Check with the receiver of your feedback to ensure clear communication. Ask the participant to rephrase the feedback to see whether it matches what you had in mind.
9. Give your feedback in a measured amount. Overloading a participant with feedback reduces the possibility that he/she will use it effectively.

* This material was adapted from *AIDS outreach in the community: training design and delivery*, a trainer's manual developed by R.O.W. Sciences, Inc., Maryland. Sponsored by the U.S. Department of Health and Human Services; 1990.

Receiving feedback

1. Accept feedback without comment or defensiveness.
2. Listen to what is being said. Do not say, "Yes, but..."
3. Accept feedback with appreciation. Thank the person who is giving you feedback whether or not you agree with all of what he/she says.
4. If you are not sure that you understand the feedback, restate what you heard. Ask the person giving feedback, or others in the group, for further clarification or amplification.

Evaluation of This Curriculum and Suggested Follow-up

Evaluation of the impact of training is difficult. Evaluation instruments for participants to complete immediately after each training session are included in the *Participant's Workbook*. We strongly recommend that you require all participants to complete an evaluation form at the end of each session. You can ask participants to put their names on their forms or you can tell them it's OK to submit them anonymously. The latter method is preferable, as you are likely to get more honest feedback. Either way, it is important to review the feedback as soon as possible after each session, in order to learn what you can do to be more effective as a trainer.

Other suggested follow-up activities for training participants are:

- *Follow-up written surveys, interviews, and/or post-tests about the training within three to six months of course completion.* Follow-up surveys and interviews can ask participants how they are integrating course concepts into their daily work and what they need in the way of additional training; follow-up post-tests can gauge how much and how well participants remember from the trainings. Sample questions for surveys or interviews include:
 - *How have your DOT skills improved since you participated in the DOT training?*
 - *Have your relationships with your DOT clients improved? If so, please describe the changes you feel are results of your participation in the training.*
 - *What other impact on your DOT practice occurred as a result of your participation?*
 - *Please tell us any suggestions you have for improving DOT staff training.*
 - *What other TB training needs do you have?*
- *Observation of training participants in the field.* Although this approach is both labor- and time-intensive, "field observation" is a direct way to gauge how participants are actually applying training concepts into their daily practice and reveal where lapses in skill or knowledge occur.

- *“Refresher” training sessions offered to participants on a periodic basis.* Learning is seldom a “one-time” phenomenon. Even experienced staff can benefit from updates and refresher training sessions.

CNTC is very interested in receiving feedback from trainers about their experiences using the *DOT Trainer’s Curriculum*. Please see the binder’s back inside pocket for a trainer’s evaluation form.

Acknowledgements

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Curriculum Reviewers:

- Cathy Barnett, formerly with the Houston TB Control Program
- James Cobb, Bureau Chief, Florida TB Control Program
- Leslie Hausman, B.A., B.S.N., M.P.H., TB Coordinator, Norton Sound Health Corporation
- Maureen Kelly, R.N., B.S.N., DOT Coordinator, Houston TB Control Program
- Kathleen Kolaski, R.N., M.S.N., C.N.S., Nurse Consultant, Georgia TB Control Program
- Connee Martin, R.N., B.S.N., TB Nurse Specialist, Georgia TB Control Program
- Debbie McIntosh, R.N., B.S.N., P.H.N., TB Consultant/Nurse Educator, San Diego County (CA) TB Control Program
- Gabriel Palumbo, CDC Public Health Advisor, Michigan TB Control Program
- Susan Peters, Ph.D., TB Health Educator, Florida TB Control Program
- Ann Poole, R.N., Nurse Educator, Georgia TB Control Program
- Carol Pozsik, R.N., M.P.H., Director, South Carolina TB Control Program
- JoAnn Pullins, R.N., B.S.N., B.S., Infectious Disease Specialist, Georgia TB Control Program

Pilot Course Coordinator:

- Bonnie Freel, R.N., P.H.N., Outreach Supervisor, San Diego TB Control Program

Other Contributors:

- Barbara Cole, R.N., M.S.N., P.H.N., TB Control Program, Riverside County (CA) Health Services Agency
- Moher Downing, M.A., Intervention Director, Urban Health Study, University of California, San Francisco

TB Program Staff Interviewed for Needs Assessment:

- Jean Acham, M.P.H., B.S.N., Nurse Coordinator, Washington D.C. TB Control Program
- Cheryl Cronin, R.N., B.S.N., Lead Nurse, Multnomah County TB Control Program, Oregon
- Kelli Garrity, R.N., M.P.H., Nurse Consultant, Delaware TB Control Program
- Margie Gibbs, B.S.N., P.H.N., Regional Manager, Louisiana TB Control Program
- Jim Goodrich, Bureau Chief, Iowa TB Control Program
- Connee Martin, R.N., B.S.N., TB Nurse Specialist, Georgia TB Control Program
- Debbie McIntosh, R.N., B.S.N., P.H.N., TB Consultant/Nurse Educator, San Diego TB Control Program
- Doris Morishige, R.N., B.S.N., Nurse Consultant, Hawaii TB Control Program
- Lynelle Phillips, R.N., M.P.H., Nurse Consultant, Missouri TB Control Program

Organizations/Agencies Whose Materials Appear in This Training Curriculum:

- Community and Professional Education Branch, National Institute on Drug Abuse, U.S. Department of Health and Human Services
- Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention
- Florida Department of Health, Bureau of TB and Refugee Health
- Kern County (CA) Department of Public Health, Disease Control Program
- San Francisco Department of Public Health, Tuberculosis Control Division
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