



Planning & Implementing the TB Case Management Conference

A unique opportunity for networking, peer support, and ongoing training



New Jersey
Medical School
**National
Tuberculosis
Center**

A Founding Component of the International Center for Public Health

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PLANNING & IMPLEMENTING THE TB CASE MANAGEMENT CONFERENCE

Preface

Current trends reflect steadily decreasing rates of tuberculosis (TB) in the United States. However, as the incidence of TB decreases, the remaining cases may be more complex. The social circumstances, lifestyle, and cultural complexities surrounding TB patients may pose barriers to treatment adherence, medical follow-up, and contact investigation. In addition, as the number of cases declines, an accompanying decrease in funding can affect the ability of public health programs to maintain both experience and expertise in TB prevention and control.

State and local health departments have the primary responsibility for preventing and controlling tuberculosis within their respective communities. The fundamental challenge for TB programs is to maintain existing resources and to develop new avenues for ensuring that TB control staff has the necessary and appropriate training, support, and assistance to successfully perform their TB control activities. Proficiency in TB case management requires expertise in initial/ongoing assessment (e.g., patient adherence, cultural competency), TB case/suspect interviews, contact and source case investigations, field investigations, problem identification and resolution, variance analysis, evaluation, and implementation of regulatory interventions.

Case conferences have a long tradition in the healthcare field of providing education and training by drawing on the expertise and experience of senior colleagues, consultation with peers, and group problem solving. The case conference also plays a role in understanding the skill level of the staff, assists in identifying areas that need improvement, and provides the opportunity to learn techniques from colleagues. These conferences can counteract worker burnout, as well as provide a positive outlet for dealing with challenging situations.¹

Whether the topic is patient adherence, barriers to care, contact investigations, the special circumstances of congregate setting or outbreak investigations, or the difficulties associated with locating patients, a forum for networking, peer support, and on-going training is essential to enhance the level of expertise in the TB program. The *Case Management Conference* is such a forum. This manual provides TB programs with a step-by-step guide for planning, developing, and implementing the *Case Management Conference*.

¹ Centers for Disease Control and Prevention, 1995. Essential Components of a Tuberculosis Prevention and Control Program, Recommendations of the Advisory Council for the Elimination of Tuberculosis. *MMWR* 44 (No. RR-11)

Introduction

The Case Management Conference is a forum for networking, peer support, and ongoing training that affords an opportunity to share in the experience of problem resolution in a supportive environment. This conference is intended for case managers, disease investigators, outreach workers, public health nurses, community health workers, and others involved in the delivery of services to the patient with TB. The Case Management Conference allows staff to learn from peers and colleagues, program leaders, and managers. The format promotes the development of problem-solving skills based upon discussion, analysis, and resolution of problems presented through actual TB patient scenarios and investigations. The experience that staff gain in this group environment can be applied in everyday TB control activities.

Conference Format

The TB Case Management Conference is designed to function as an interactive group learning experience as well as an opportunity to develop networks and support systems. Participation in the TB Case Management Conference by people throughout a state, as well as from other states, is encouraged. This can be accomplished either on-site or from a remote location, the latter using technology for distance learning, such as audio/video-conferencing. The TB Case Management Conference can also be used as continuing education for credentialing purposes.²

The TB Case Management Conferences differ from the *Cohort Review* in several fundamental ways. The TB Case Management Conference is designed to enhance problem-solving abilities and promote networking and peer support; it is process-driven. The *Cohort Review* is designed to assess accountability for outcome. Although the methodology is quite different, both may serve as educational tools.³

² One can liaison with an accredited provider of continuing education in healthcare disciplines, such as a university, for co-sponsorship and guidance.

³ For more information on the Cohort Review process, contact the Charles P. Felton National Tuberculosis Center at 212-939-8254.

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Format of this Manual

This manual is presented in five sections. Each section is dedicated to one aspect of the Case Management Conference. The first four sections provide information for one of the four roles in the Case Management Conference: the overall conference coordinator, the site coordinator, the presenter, and the moderator. The fifth section focuses on evaluating outcomes, building momentum, and encouraging partnerships. The provision of materials into separate sections by responsibility simplifies planning, organizing, and evaluating the conference as described below:

- The sectional design facilitates organizing and distributing appropriate segments of the manual by function
- A separate section for each function provides a step-by-step guide to follow in conducting a conference. Each section includes checklists of “to-do” items, presenting what needs to be done pre-conference, during the conference, and post-conference
- Each section includes sample forms and letters, other correspondence, and formats used in planning and organizing the conference. The sample correspondence for the site coordinator, presenter, and moderator, as well as a template for the presentation, are also available electronically on CD-ROM, at the back of this manual

I. TB CASE MANAGEMENT CONFERENCE: LEADERSHIP, PLANNING, AND COORDINATION

A. Leadership

An essential component in planning a successful TB Case Management Conference in any program is to ensure that one person undertakes a leadership role for the conference. This individual assumes overall responsibility for planning, development, and coordination. The conference can be statewide, regional, or local as long as there is sufficient interest, staff, and potential number of participants to generate a dynamic exchange. Leadership may come from a program manager or other senior staff member, who can provide advice and encouragement as conferences develop. When possible, the state TB program manager's attendance at these conferences would provide further evidence of strong and positive state support. The program manager or designated conference leader on the state level could take responsibility for setting an annual schedule for TB Case Management Conferences and for circulating a flyer, announcing the schedule of conferences for the year. Having a leader, who supports initiation and encourages attendance and preparation is very critical to the success of case management conferences. States can select schedules based on their resources, budget, staff, and caseload. TB Case Management Conferences can be scheduled monthly, quarterly, semi-annually, or annually.

B. Planning and Coordination

The process of planning and coordination initially begins with:

1. Setting an annual schedule for the TB Case Management Conferences in the program
2. Selecting sites and dates for these conferences by:
 - Canvassing local programs with capacity for organizing and coordinating site activity
 - Identifying site coordinators with access to a facility for anticipated number of participants
3. Circulating a flyer announcing the schedule of conferences for the year to provide advanced notice of upcoming meetings (See "Save the Date(s)" Flyer, p. 9)

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- 4.** Assisting in selection of case presentations which:
 - Reflect challenges or issues pertaining to circumstances the audience works in
 - Demonstrate meaningful teaching points for ongoing training or benefit from open discussion and resolution of pending issues
 - Provide opportunities to discuss trends in demographics and epidemiology, and applications of standards of practice
- 5.** Working with site coordinators to ensure that conference moderators and presenters have been identified
 - Presenters may be chosen from throughout the state
 - It is recommended that moderators and presenters come from different areas to promote objectivity
- 6.** Providing support and encouragement for preparation of presentations, attendance, and participation in these conferences
- 7.** Ensuring that site coordinators are provided with this complete manual

“Save the Date(s)” TB Case Management Conference Flyer

The individual in the leadership role should identify conference sites and dates and provide this information to staff in the target area. This may be communicated by a flyer using the format seen here.

Your Letterhead

Announcement from the < program name >.

“Save the Date(s): < year > TB Case Management Conference(s)”
Please keep your calendar open. < program name > has arranged for TB Case Management Conference(s) located throughout the < region >, to encourage participation from different areas. The projected dates and general locations of these case management conferences are indicated below.

- < date and location >

We are currently seeking individuals or groups of individuals to present cases at these conferences. If you are interested in presenting at these conferences, please contact < name of contact person > at < phone number > or by email at < email address >.

Discuss an idea or case with your supervisor and provide us with a title for your presentation to include in a flyer to interested participants.

Put the dates of these TB Case Management Conferences on your calendar and watch for flyers for individual TB Case Management Conferences in the future.

We look forward to seeing you!

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II. THE TB CASE MANAGEMENT CONFERENCE SITE COORDINATOR

A. Overview of Role

TB program staff can share the site coordinator role. The site coordinator has the overall responsibility for planning and organizing an individual TB Case Management Conference. As the host of the conference, the site coordinator oversees each step of the planning and organization process. The site coordinator handles communications with the moderator and presenters, as well as other activities related to the attendees and facilities (*e.g., arrangement for food and securing appropriate facilities and equipment*). The site coordinator should be familiar with information in all sections of this manual. All the materials referred to below and throughout the manual can be found starting on page 9.

Responsibilities of the Site Coordinator

- To coordinate exchange of information between presenters, participants, and the moderator
- To make facility arrangements

B. Checklist

Pre-Conference

- Confirm the conference date, time, and location
- Develop and distribute the TB Case Management Flyer with directions to site, using template
- Identify the presenters in conjunction with conference coordinator and develop an agenda
- Send the Presenter's Cover Letter to individuals who have indicated an interest in presenting. Confirm presenter(s) availability
- Prepare the Presenter's Package
 - Send the Presenter's Confirmation Form
 - Provide the Template for Presentation
- Identify the moderator
 - Send the Moderator's Cover Letter
 - Provide the Moderator's Package
- Inform the presenters and moderator of the conference format/agenda
- Provide a copy of the presentation(s) to moderator 2 weeks in advance
- Prepare the Sign-in Sheet(s) and Evaluation Form(s)
- Photocopy the presenter's handouts, if received in time
- Use the attendees' contact information to develop/add to mailing list

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- Arrange for an adequate facility. Consider:
 - Intended date of the conference
 - Anticipated number of people attending the conference
 - Travel time to the conference site
 - Accessibility and familiarity of location
 - Equipment requirements for presentations
 - Convenient parking facilities
- Arrange for refreshments, if food is being provided
 - Find out the lead-time for obtaining a check, or other means of payment for food (*e.g., money order, cash, credit card, purchase order*)
 - Designate area for food set up
 - Finalize the food order and cost
- Set the seating arrangement, considering room configuration and number of people

During Conference

- Provide/circulate the Sign-in Sheet(s) (*p. 20*)
- Provide and distribute the Evaluation Forms at start of session (*p. 21*)
- Ensure equipment is available and functioning (*e.g., microphones, LCD/overhead projector, easel, laptop computer*)
- Ensure the refreshment area does not interfere with flow of presentation(s)
- Remind the participants to complete evaluation forms and ensure collection

Post-Conference

- Send out thank-you letters to the presenter(s) and moderator (*pp. 22-23*)
- Review and summarize the conference evaluations, and forward to lead program office
- Evaluations provide useful information for developing future conferences

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C. List of Contents of Presenter's Package

Ensure that presenter's package contains all of the following items:

- Presenter's Cover Letter (p. 13)
- Presenter's Confirmation Form (p. 14)
- Template for TB Case Management Conference Presentation (Section III, p. 25)
- Presenter's Guide (Section III, p. 30)
- Directions to Conference Site

Sample Presenter's Cover Letter:

- Send 4-6 weeks prior to the conference
- Print on letterhead

Your Letterhead

< Date >

< Presenter's Name and Address >

Dear _____,

Thank you for agreeing to serve as a presenter at the TB Case Management Conference on < date > at the < location >, from < start and end times >. Your willingness to share your experience will provide a learning opportunity for all in attendance.

The following enclosed information is included:

- The Presenter's Confirmation Form
- The Presentation Template
- The Presenter's Guide
- Directions to the Conference Site

The template is to guide you in developing your presentation. The presenter's guide and checklist gives helpful hints on how to achieve a successful presentation. Please complete attached presenter's confirmation form and your presentation and send back by < date at least 2 weeks before the presentation date >.

If you have any questions, please contact me at < telephone number >.

Sincerely,

< Site Coordinator's Name >

< Site Coordinator's Title >

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Presenter's Confirmation Form

- Mail with Presenter's Cover Letter
- Fill in known information beforehand
- Print on letterhead

The information requested below will enable us to have the proper audiovisual equipment available for you to make your presentation. This information will also provide the moderator adequate information to appropriately introduce you to the audience.

Location of Conference

Date/Time

Name of Presenter

Contact Information

Address

Telephone Number:

Email:

Topic of Presentation/Title of Presentation:

Specify Equipment Needed to Make Presentation

- Videocassette recorder Slide projector Overhead projector
- Easel LCD projector Other (please specify)
- Equipment for audio/video conference _____

Please fax or mail this form to < *coordinator's name* > by < *date at least 2 weeks before the presentation date* >.

Site Coordinator's Fax:

Telephone Number:

Address:

D. List of Contents of Moderator's Package

Ensure that the moderator's package contains all of the following items:

- Moderator's Cover Letter (p. 16)
- Copy of TB Case Management Conference Flyer (Section II, p. 19)
- Conference Agenda
- Template for TB Case Management Conference Presentation (p. 25)
- Moderator's Guide (p. 33)
- Directions to Conference Site

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Sample Moderator's Cover Letter

- Send 4-6 weeks prior to the conference
- Print on letterhead

Your Letterhead

< Date >

Dear _____,

Thank you for agreeing to be a moderator for the TB Case Management Conference to be held on < date >. In this role, you will:

- Announce the purpose of the conference, as well as introduce the presenter(s)
- Facilitate discussion and take responsibility for the progress and flow of the meeting
- Summarize the lessons learned, as well as their practical applications
- Present the ground rules for the conference, remind participants to sign in and fill out evaluation forms for the conference, and present information on future conferences, if applicable

Enclosed are copies of:

- The TB Case Management Conference Flyer
- Conference Agenda
- Presentation Template
- Moderator's Guide
- Directions to the conference site

To fulfill the moderator's function of providing a meaningful overview of the conference and introduction of the presenter(s), you will be sent information about the presenters prior to the conference to develop a bio-sketch. You will also be sent copies of the presentation(s), so that you can become familiar with the topic(s).

Please take the time to review this letter and the information included in this package. Feel free to contact < contact's name > at < telephone number >, if you have any questions.

Sincerely,

< Site Coordinator's Name >

< Site Coordinator's Title >

Developing an Agenda

The following should be considered in designing the conference format/agenda:

- Desired length of the conference
- Number of cases to be presented
- Time allotted for:
 - Introductions and instructions
 - Speaker presentations
 - Questions and answers, including consideration of when questions will be entertained (*i.e., during the presentation, after each presentation, or after all presentation(s)*)
 - Distribution and collection of conference evaluations
 - Breaks, if conference is more than 2 hours

The conference moderator will manage the agenda and see that presentations and discussions flow accordingly. The overall length of the TB Case Management Conference, including the number of cases to be presented should be determined initially.

The following is an example of an agenda (*which could be set up for a case conference with three presentations*). The number of presentations and the agenda can vary by conference. In the example, there is a total presentation time of 30 minutes per speaker with 20 minutes for each presentation and 10 minutes allotted for questions.

Sample Agenda

Introduction/conference overview	5	minutes
Presentation 1	30	minutes
■ Introduction of first presenter		
■ Presentation		
■ Questions and answers		
Presentation 2	30	minutes
■ Introduction of second presenter		
■ Presentation		
■ Questions and answers		
Presentation 3	30	minutes
■ Introduction of third presenter		
■ Presentation		
■ Questions and answers		
Conclusion/closing remarks	5	minutes
Conference evaluation	5	minutes

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E. Sample Forms and Letters

Sign-in sheet and evaluation forms may be prepared prior to conference using format provided.

- TB Case Management Conference Sign-In Sheet
- TB Case Management Conference Evaluation Form
- Thank-you Letter to Presenter
- Thank-you Letter to Moderator

TB Case Management Conference Flyer

Announce each TB Case Management Conference to staff in the target area at least 2 weeks in advance and provide information about conference site, date, and time. This may be communicated by a flyer using the format seen here.

Your Letterhead

TB Case Management Conference

Hosted by < program name >
Sponsored by < state TB program >

Program Overview

TB staff members with supervisory support will select, prepare and present interesting and/or challenging cases to their peers that will offer participants an opportunity to share in the experience of problem resolution in a supportive environment.

Topics

- TB staff members will focus on core TB control activities with emphasis on:
- TB case/suspect/source case interviews
 - Number of cases to be presented
 - Contact Investigations
 - Assessments of potential exposure to *Mycobacterium tuberculosis* in congregate settings (i.e., workplace, school, shelters, correctional facilities, etc.)
 - Non-adherent patients and the use of regulatory interventions

Who Should Attend

Individuals involved in the management of TB cases (case/suspect/source interviewing, contact/field/ investigations, DOT, etc.)

Date: < date >

Time: < time >

Topic: < title of presentation >

Host: < program name and location >

RSVP: There will be **limited seating** so please respond by < date > to < name of contact person > at < phone > or by email at < email address >.

We are currently seeking sites to host future conferences and individuals or groups of individuals to present cases. If you are interested, please contact < name of contact person > at < phone number > or by email at < email address >.

TB Case Management Conference Evaluation Form

■ < Date and Location >

Your feedback about today's TB Case Management Conference is important and will help us plan the content and assess the quality of future conferences.

For each statement provided below, please circle the number on the 1 to 4 scale that best reflects your opinions about today's conference.

4=strongly agree 3=agree 2=disagree 1= strongly disagree

1. The following objectives of the conference were achieved:				
■ Provided a supportive environment for sharing experiences	4	3	2	1
■ Provided an opportunity for sharing techniques/strategies	4	3	2	1
■ Provided opportunities for networking	4	3	2	1
■ Covered information applicable to daily TB control activities	4	3	2	1
2. There was enough time to cover all topics	4	3	2	1
3. I would recommend this conference to co-workers	4	3	2	1

Please answer the following questions. Your comments are very important.

4. What were the major strengths of today's conference?

5. What could be improved in today's conference?

6. What changes would you suggest to improve future conferences?

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Thank you letter to Presenter

- Send within 2 weeks of conference
- Print on letterhead

Your Letterhead

< Date >

< Presenter's Name >

< Presenter's Address >

Dear _____,

Thank you for serving as a presenter at the recent TB Case Management Conference on < date > in < city, state >. Your willingness to share your experience proved to be a valuable learning opportunity for all who attended. The conference was a great success due to your efforts.

If you have any questions or wish to provide additional feedback, please contact me at < telephone number >. Again, thank you for sharing your expertise.

Sincerely,

< Site Coordinator's Name >

< Site Coordinator's Title >

Thank you letter to Moderator

- Send within 2 weeks of conference
- Print on letterhead

Your Letterhead

< Date >

< Moderator's Name >

< Moderator's Address >

Dear _____,

Thank you for serving as moderator at the recent TB Case Management Conference on < date > in < city, state >. Your willingness to moderate the conference enabled us to provide a valuable learning opportunity for all who attended. The conference was a great success due to your efforts and those of the presenter(s).

If you have any questions or wish to provide additional feedback, please contact me at < telephone number >. Again, thank you for sharing your expertise.

Sincerely,

< Site Coordinator's Name >

< Site Coordinator's Title >

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III. GUIDELINES FOR TB CASE MANAGEMENT CONFERENCE PRESENTER

A. Overview of Role

The presenter's primary role is to present a case that is both factually correct and a true representation of case management efforts. The presenter is instructed to use the template on page 25 in developing and making the presentation at the TB Case Management Conference.

Role of Presenter

- To select a case which will stimulate discussion and highlight learning points
- To outline case history, including outcomes and challenges of case management

B. Checklist

Pre-conference

- Select case(s) to present at conference
 - May be current or closed
 - May present unique situation or common challenge
- Complete and provide Presenter's Confirmation Form (p. 14) to site coordinator
- Develop presentation
- Use Sample TB Case Management Conference Presentation (pp. 28-29) as an example
- Consult Presenter's Guide (p. 30) for advice on presenting
- Verify with site coordinator that presentation materials are compatible with the equipment provided
- Provide presentation to site coordinator 2 weeks in advance

C. Template for TB Case Management Conference Presentation

Cover Page

Title page of presentation should include:

- Title of presentation
- Presenter's name
- Organization represented
- Location of organization
- Date of presentation

Background

Provides a brief history of the demographic, medical, and social conditions that are related to the presented case. Information included in this section addresses (1) patient's history, (2) diagnosis and treatment, and (3) information obtained from TB interviews. Background information that should be included, if available, follows:

(1) Background – Patient History

- Age, race, gender, country of origin, co-morbidity (e.g., HIV status, substance abuse, mental illness)
- Significant lifestyle characteristics (e.g., employment status, homelessness, substance abuse)
- Date patient was last seen at healthcare facility and symptom history (if applicable)

(2) Background – Diagnosis and Treatment

- Medical testing results including:
 - Tuberculin skin test
 - Radiographic findings (chest x-ray, MRI, CT)
 - Bacteriology
 - Pathology or biopsy
 - Drug susceptibility
- Date of suspected/verified diagnosis and site of disease
- Treatment regimen and start date
 - Directly Observed Therapy (DOT) or self-administered

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(3) Background – Information obtained from TB interviews

- Date and location of TB interview
- Infectious period
- Number of close contacts and their relationship to index patient

Problem Indicators

Identifies specific issues or situations (e.g., social, environmental, or medical) that directly impact the effectiveness of case management efforts including:

- Family, school, or work-related
 - Legal
 - Communication
 - Access to resources
(patient or health care worker)
 - Trust/confidentiality
 - Adherence
 - Cultural
 - Lifestyle
- Indicator 1:
 - Indicator 2:
 - Indicator 3:

Attempted Problem Resolution

Illustrates the process by which each problem indicator was addressed and/or resolved and highlights specific actions taken to address each problem indicator

- Action 1:
- Action 2:
- Action 3:

Also, indicates key people who were part of the resolution (e.g., other agencies, health officer, colleagues) and positive attributes about the case that were useful in resolving issues (e.g., very cooperative contacts), despite apparent problems

Outcomes to date

Summarizes the current state of the case. In some instances, cases may still be pending at the time of presentation; however, any progress made toward problem resolution, as well as any anticipated plans for follow-up, can be discussed. This section of the presentation may include one or both of the following:

- Patient's current health status
- Outcomes of attempts toward problem resolution
 - Outcome 1:
 - Outcome 2:
 - Outcome 3:

Concerns and Challenges

Highlights outstanding concerns, questions, and personal challenges about the case from the presenter's perspective (e.g., policy and procedures, building better relationships, feelings or reactions to difficult situations). This section provides an opportunity for case management staff to provide useful feedback and share their challenges in an effort to support and encourage others in fulfilling this same role.

- Concern/Challenge 1:
- Concern/Challenge 2:
- Concern/Challenge 3:

Lessons learned

Addresses key lessons learned from this case that may be helpful in dealing with similar cases in the future. Among the lessons learned, presenters may also identify skills that were developed or were found to be in need of further development as a result of their experiences.

- Lesson 1:
- Lesson 2:
- Lesson 3:

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C. Sample Presentation

<p style="text-align: center;">TB Case Management Conference</p> <p style="text-align: right;">1</p>	<p style="text-align: center;">BACKGROUND (3)</p> <ul style="list-style-type: none">• 6/20 – Patient threatens to leave hospital against medical advice (AMA)• 6/21 – Health officer serves hospital restraining order to patient• 6/18 -6/22 – Ongoing attempts by health care worker (HCW) to locate high-risk contacts unsuccessful• 6/26 – High-risk contacts located HCW informs contacts of TB exposure and schedules medical evaluations <p style="text-align: right;">4</p>
<p style="text-align: center;">BACKGROUND (1)</p> <ul style="list-style-type: none">• 26 year old foreign-born female• 1/16 – undocumented immigrant from Ecuador arrived in the U.S. via Guatemala and Mexico• 5/19 – Admitted to hospital with complaints of cough, fever, and chills for 2 months<ul style="list-style-type: none">– Chest X-ray abnormal with cavitory disease– Sputum smear positive (3+)Culture identified as <i>Mycobacterium tuberculosis</i> with sensitivity to INH, RIF, EMB, PZA <p style="text-align: right;">2</p>	<p style="text-align: center;">BACKGROUND (4)</p> <ul style="list-style-type: none">• 6/27 – Re-interview conducted at hospital<ul style="list-style-type: none">– Workplace revealed as a coat factory– Additional contact identified and medical evaluation scheduled• 7/3 – Employer contacted and meeting with management arranged<ul style="list-style-type: none">– Patient discharged from hospital and referred to outpatient clinic for follow-up care• 7/4 – Patient visits clinic<ul style="list-style-type: none">– Directly observed therapy (DOT) ordered– On-site workplace assessment conducted <p style="text-align: right;">5</p>
<p style="text-align: center;">BACKGROUND (2)</p> <ul style="list-style-type: none">• 5/21 – INH, RIF, EMB, PZA initiated• 5/30 – Initial face-to-face TB interview; contact investigation conducted by local TB program<ul style="list-style-type: none">TB Interview revealed:<ul style="list-style-type: none">• Infectious period of 2/9 – 6/5• Identification of three high-risk contacts• Patient's fear of revealing employer name and location• Discrepancy in patient's locating information• 6/14 – Local health department notified that patient lives and works in nearby city <p style="text-align: right;">3</p>	<p style="text-align: center;">BACKGROUND (5)</p> <ul style="list-style-type: none">• Workplace assessment revealed the following:<ul style="list-style-type: none">– Patient worked 7:00am-3:00pm shift 5 days per week– Patient responsible for placing tape on coats– Patient worked on third floor of factory (156,000 sq. feet)<ul style="list-style-type: none">• Fixed workstation shared with 10 co-workers• Immediate work area approximately 100 sq. feet• All breaks taken at workstation or outside factory– 10 high-risk contacts identified <p style="text-align: right;">6</p>

Concentric Circle

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PROBLEM INDICATORS

- Social worker's notes from hospital reveals patient's concerns:
 - Language barrier
 - Feelings of isolation from friends and family
 - Threats to leave hospital AMA
 - Undocumented immigration status
 - Lack of health insurance
 - Fear of being:
 - Stigmatized by co-workers
 - Terminated by employer
 - Evicted from apartment

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CONCERNS & CHALLENGES

- Protecting patient confidentiality at the worksite
- Building trust and rapport with index patient to obtain name and location of employer
- Educating index patient on the importance of adhering to all medical appointments and DOT

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ATTEMPTED PROBLEM RESOLUTION

- Bilingual (Spanish-speaking) HCW assigned to case
- Trust and rapport established with patient to address anxiety over immigration status, lack of health insurance, job security and feelings of isolation
- Health officer's order issued to prevent patient from leaving hospital
- Reassurance given to patient that her identity would not be revealed to co-workers by health department without consent

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LESSONS LEARNED

- Potential impact of culturally competent field staff on patient interactions
- Maintaining open lines of communication with index patient and management of congregate setting
- Importance of demonstrating respect and sensitivity to patient's concerns

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OUTCOMES TO DATE

- Patient adherent on DOT
- Trust and rapport building continues
- 4 of 5 household and social contacts positive on tuberculin skin test (TST)
 - All on treatment for latent TB infection (LTBI)
- 2 of 10 co-workers positive on TST
 - 1 contact placed on treatment for LTBI
 - 1 Class IV TB on treatment
 - Post-exposure TSTs scheduled for other 8 contacts

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E. Presenter's Guide

The following describes what presenters can do in preparing their presentations.

CHECKLIST

- ✓ Know the case well
- ✓ Maintain patient confidentiality
- ✓ Plan ahead
- ✓ Develop the presentation
- ✓ Review the presentation materials
- ✓ Practice the presentation
- ✓ Follow the tips for presenting
- ✓ Be prepared the day of the presentation
- ✓ Be open to other points of view and suggestions

Know the case well

- Obtain the information necessary to complete the template
- Understand the social/environmental circumstances impacting the case
- Know the details related to the steps of problem identification and resolution
- Include personal knowledge, experiences, and insights into the case, as appropriate
- Be comfortable with your level of knowledge. You do not have to know everything. The purpose of the conference is to generate discussion

Maintain patient confidentiality

- Maintain confidentiality of patients and contacts at all times
- Use patient initials or pseudonyms
- Avoid using identifying photographs

Plan ahead

- Prepare your presentation well in advance
- Secure the equipment, materials, or other resources you require

Develop the presentation

- Choose from various presentation types (*e.g. transparencies, PowerPoint,[®] flip charts*)
- Follow the suggested format of the template for presentation content. The template has been designed to provide information in a simple, easy-to-follow and logical format, providing the right amount of detail to make a brief but thorough presentation
- Focus on the main topics of discussion. Providing too much information and too many details can be confusing
- Adapt items in the template to overheads, PowerPoint,[®] easel, etc.



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- Provide more details or examples of key points from your visual aids or note cards, rather than reading word for word
- Explain any charts, graphs, or diagrams you use

Review the presentation materials

- Make sure the presentation is clear
- Check for missing information and typographical errors
- Verify slides, overheads, or flip chart pages are in order

Practice the presentation

- Become comfortable with the information you are presenting
- Do not read directly from your materials
- Become familiar with the presentation (know what comes next)
- Be able to deliver presentation within the allotted time
- Have someone view the entire presentation and provide feedback

Follow the tips for presenting

- Speak clearly and loudly enough for those in the back of the room to hear
- Speak at a moderate pace (not too fast or too slowly)
- Speak from your heart and experience
- Establish eye contact with the audience, drawing participants into your discussion and enabling you to observe audience cues/feedback to determine if your point is understood
- Relax and have confidence, based on your preparation and practice

Be prepared the day of the presentation

- Bring overheads, computer disk(s), flip charts, laptop, etc.
- Bring copies of handouts, or ask the coordinator to do this for you in advance
- Bring an outline of the presentation
- Be prepared for unexpected technical difficulties
- Print a copy of the presentation, for yourself
- Consider using alternate means if an LCD projector or computer is not available, such as easel, wipe boards, overheads, etc.

Be open to other points of view and suggestions

- Consider your colleagues' alternate approaches and solutions
- Ask for the audience's opinions and decision-making tactics
- Solicit other resources and ideas which have worked well for others

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IV. THE TB CASE MANAGEMENT CONFERENCE MODERATOR

A. Overview of Role

The moderator's role is to (1) introduce the purpose of the conference and the presenter to the audience, (2) act as the facilitator for the discussion, by taking responsibility for the progress and flow of the meeting, (3) summarize the lessons learned and the practical applications of the lessons learned at the conference. The moderator's role is most visible during the conference, but there is also an element of pre-conference homework (familiarize yourself with presentations) in order to be an effective facilitator during the conference.

Role of the Moderator:

- To welcome the attendees, describe the purpose of the conference, and introduce the presenter(s)
- To facilitate the discussion and take responsibility for the progress/flow of the conference
- To summarize the lessons learned and their practical application(s)

B. Checklist

Pre-conference

- Review the Moderator's Agreement/Cover Letter (p. 16)
- Be familiar with the intended purpose of the TB case management conference
- Become familiar with the speaker's background information (i.e., name, title, affiliation)
- Obtain and review copies of presentation(s)
 - Summarize teaching points
 - Gather resource materials (e.g., journal articles, case studies) to support your statements and facilitate/encourage discussion
- Review the conference agenda (p. 17)

C. Moderator's Guide

The following describes what moderators should do on the day of the conference:

CHECKLIST

- ✓ Welcome the audience
- ✓ Introduce the conference
- ✓ Set the ground rules
- ✓ Introduce each speaker
- ✓ Monitor the speaker's time
- ✓ Facilitate the question and answer period
- ✓ Close the conference

Welcome the audience

Provide a brief overview/introduction to the TB Case Management Conference

Set the environment/establish ground rules for conference attendees

- Respect patient confidentiality
- Refrain from talking during presentations
- Do not pass judgement; do offer constructive suggestions
- Review the question/answer guidelines

Introduce each speaker

- Name
- Title/position
- Affiliation
- Title of presentation

Monitor the speaker's time

- Remind the speaker prior to start of conference of allotted presentation time
- Politely inform the presenter(s) when allotted time has run out
- Use 1 or 5 minute warning cards from back of room

Facilitate the question and answer period

- Allow for discussion at the conclusion of the presentation
- Moderate, monitor, and control the flow of questions and answers
- Promote atmosphere for quality discussion while maintaining balance with time constraints
- Be prepared to raise several pertinent issues to facilitate discussion
- Summarize the lessons learned with practical applications
- Bring the discussion back on track if it strays from topic

Close the conference

- Thank the speaker(s) and participants for their attendance
- Announce the place and date of future case conferences (if applicable)
- Provide time for participants to complete evaluation form
- Stress the significance of evaluations for developing future conferences

PLANNING & IMPLEMENTING THE TB CASE MANAGEMENT CONFERENCE

V. CONCLUSION

A. Evaluating Outcomes

The TB Case Management Conference evaluations provide valuable information for consideration in planning and organizing future programs. There is an opportunity to gather general feedback on items such as the facility location and scheduled time of conference, quality of presentations, effectiveness of moderator, and opportunities for networking. Equally important, there is an opportunity to ascertain if the conference provided a supportive environment for staff to share experiences and techniques and strategies for dealing with difficult, interesting, or unusual cases. Careful attention must be paid to the comfort level of participants regarding their ability and willingness to express their opinions in a non-threatening and non-judgmental setting.

B. Building Momentum and Encouraging Partnerships

TB Case Management Conferences can energize staff through acknowledging their expertise and providing forums for sharing their valuable experiences and strategies with others involved in the same activities. They are an effective way to demonstrate the value of teamwork and successful efforts to higher-level program staff. They may prevent or reduce burn-out through providing an outlet for unburdening and recognition of the difficulties encountered on a daily basis in a “therapeutic” and productive environment. TB Case Management Conferences also provide a wonderful venue for persons from other programs to invite collaborations and share resources and ideas.

Successful TB Case Management conferences enable programs to draw upon their own resources, expertise, and strengths. They are an excellent strategy for maintaining momentum in TB control.



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