

Session #6 Confidentiality, Professional Behavior, Using Interpreters, Final Review, and Next Steps

Introduction

This final training session covers several remaining topics of importance for the TST technician: 1) confidentiality, including a client's rights and specific measures to protect confidentiality in the clinic and in the field; 2) other standards of professional behavior; and 3) how to use interpreters when serving non- or limited-English-speaking clients. The session concludes with a review of key concepts from the entire TST training course, and a discussion of next steps toward TST technician certification.

Learning objectives

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

1. Name two reasons why confidentiality is such an important aspect of TB control.
2. List five ways in which a client's confidentiality can be protected in the field or clinic.
3. Describe three standards of professional behavior promoted by your TB program.
4. Name three guidelines for using an interpreter when interacting with a non- or limited-English-speaking client.
5. Name three guidelines for interacting with a non- or limited-English-speaking client without the assistance of an interpreter.

Material in this session is adapted from:

- *DOT Essentials: A Training Curriculum for TB Control Programs*. San Francisco, CA: Francis J. Curry National Tuberculosis Center; 2003.
- *Self-Study Modules on Tuberculosis: Module 7: Confidentiality in Tuberculosis Control*, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 1999.
- *Self-Study Modules on Tuberculosis: Module 9: Patient Adherence to Tuberculosis Treatment*, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 1999.
- *Tuberculin Skin Testing: A Model for Trainers*. San Francisco, CA: Francis J. Curry National Tuberculosis Center; 2001.
- *Tuberculosis Outreach Worker's Course*. Presented by the Francis J. Curry National Tuberculosis Center on July 20-21, 2000, in San Francisco, California.

Confidentiality and professional behavior

I. Confidentiality

A. Why is confidentiality so important?

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

B. What are a client's rights?

1. The right to give or withhold authorization of disclosures (except as otherwise provided by law). The client 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 client'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 client's decisions.
4. The right to be given information. The client has a right to information about his or her medical diagnosis, treatment, and progress. This allows the client to make informed decisions about his or her health care.
5. The right to refuse treatment. (This, of course, may have consequences, such as detainment in isolation. For more information, see the regulations in Section 121361 of the California Health and Safety Code at <http://www.ctca.org/regs.htm>.)

C. How can confidentiality be protected?

Measures to protect confidentiality

SOURCE: SELF-STUDY MODULES ON TUBERCULOSIS, MODULE 7: CONFIDENTIALITY IN TUBERCULOSIS CONTROL. ATLANTA: CENTERS FOR DISEASE CONTROL AND PREVENTION, 1999; P. 53.

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

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

D. Confidentiality case studies

Confidentiality case study #2

Read the following exchange between a health care worker (HCW) and a TST recipient (TR). The setting is the office of a large company. Recently, one of the company's employees was diagnosed with an active case of pulmonary TB. The health care worker is conducting a screening of close contacts who may have been exposed to the TB patient during the infectious period.

TR: *[Sticks head inside door.]*

Um, hi...is this where I'm supposed to get my skin test?

HCW: Hi. Yes, this is the place. My name's Patrick and I'm with the Davis County Health Department. Come have a seat. *[Motions to chair.]*

TR: *[Sits down, leaves door open.]*

OK, but I hope this doesn't take long. I've got a ton of work.

HCW: No, it won't take long. I have a few questions to ask, we'll do a quick skin test, and then you're on your way. What's your name, please?
[Looks at list on clipboard.]

TR: My name's Alice Jones. Listen, I can save us some time—I don't have TB, if that's what you're wondering. I don't ever hang around the legal department.

HCW: The legal department? *[Puts clipboard face up on table.]*

TR: Yeah, the legal department. We all know the TB case came from that department, right? So, since I never go over to legal... *[Glances down at clipboard.]*

HCW: Well, you may have shared air space with her somewhere else in the building...

TR: Her? You mean Jennifer!

HCW: *[Flustered]* I don't mean anybody. We are screening everyone who spent time on the second floor in November. So tell me, have you been coughing lately?

TR: No. Jennifer coughs, but I thought it's because she smokes. She's it, right?

HCW: *[Stammering]* Well, um, I'm not supposed to say...Anyway, your name is on our list as a 2nd floor employee. So we need to finish these questions and place a skin test to see if you've been infected...

1. How was confidentiality breached in this situation?

2. How could the HCW have better responded to the following statements from the TST recipient?

○ "I don't have TB, if that's what you're wondering."

○ "We all know the TB case came from the legal department, and I never go to legal."

○ "So, it's Jennifer, right?"

II. Professional behavior

Taking steps to ensure client confidentiality is an important professional obligation for health care workers. Maintaining confidentiality is only one of many standards of professional behavior that TST technicians must uphold with their clients.

What are other examples of professional behavior that have been discussed in this course?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Using an interpreter

I. Interpretation resources in my jurisdiction:

II. Potential problems with interpreters

- A. Interpreters may not state accurately what the health care worker and/or the client have said.
- B. Interpreters might add their own ideas of what has been said.
- C. The client might be uncomfortable talking about personal information that he/she does not want the interpreter to know.
- D. Interpreters may have difficulty finding equivalent words or interpreting medical terms into the client's language.

III. Guidelines for interpreters

- A. Ask for the client's permission to use an interpreter.
- B. Meet with the interpreter before seeing the client to give instructions and guidance and to make sure the interpreter is comfortable with the questions and topics that will be discussed.
- C. Remind the interpreter that all information discussed is confidential.
- D. Ask the interpreter to refrain from adding his/her own comments.
- E. Ask the interpreter to interpret the client's and the health care worker's words as exactly as possible; add nothing, omit nothing, change nothing.
- F. Arrange to sit in a configuration in which the health care worker is facing and talking to the client, not the interpreter.
- G. Ask the interpreter to explain questions or answers that are not clear.
- H. Keep messages simple and factual; use short phrases and focus on one topic at a time.
- I. Give the interpreter time to interpret each phrase before continuing; do not interrupt the interpreter.
- J. Give the client time to answer questions.
- K. Ask the interpreter to be sure to use the first person. For example, if a client answers a question about her workplace by saying, "I work at the Acme Laundry with my husband," the interpreter should not say, "**She** works at the Acme Laundry with **her** husband." The interpreter should say it exactly as the client did: "**I** work at the Acme Laundry with **my** husband..."

IV. Who should interpret? (listed in order of preference)

- A. Trained medical interpreters
- B. Other health care workers who speak the client's language
- C. As a last resort, a community member or family member of the client may be used; however, this option is not optimal
 - 1. Potential problems with confidentiality and unfamiliarity with medical terms.
 - 2. If a family member must be used to interpret, do not use children; they will hear personal information and may be asked to interpret things that the family believes children should not discuss.

V. Guidelines for interacting with a client when an interpreter is not available

- A. Call the office for interpretation over the telephone
 - B. If available and approved by program management, use a commercial telephone interpretation service
 - C. Learn and use a few greetings and key TB words in the client's language
 - D. Use materials/instructions written in the client's language
 - E. Other ideas:
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Review of Sessions 1-5

Session 1: Introduction to TB and TB Control – Part 1

1. How does TB spread?
2. How does TB develop in the body?
3. What populations are at risk for TB (in the U.S., California, and local jurisdiction)?
4. How is latent TB infection different from active TB disease?
5. How do clinicians diagnose active TB disease when a case is suspected?
6. How is active TB disease treated?
7. How is LTBI treated?

Session 2: Introduction to TB and TB Control – Part 2

1. What factors determine the infectiousness of an active TB disease patient?

2. Describe the following types of infection control:
 - Administrative controls

 - Engineering controls

 - Personal respiratory protection

3. What steps are involved in TB case management?

4. Which groups should receive high priority for targeted testing?

5. What steps are involved in a contact investigation?

6. What are reasons a patient might be non-adherent to his/her TB treatment?

7. What is the role of DOT in patient adherence?

8. Which groups of patients are the highest priority to receive DOT?

Session 3: Principles of TST – Part 1

1. What method of TST is used by TST technicians? What are the main steps of this method?
2. What are the supplies needed to perform TST?
3. How do you properly handle tuberculin?
4. What are examples of "universal precautions"?
5. How do licensed health care providers determine which TST reactions are "positive" or "negative"?
6. What is a "false-negative reaction"? Name a circumstance under which this can occur.
7. What is BCG? How does it affect TST?

Session 4: Principles of TST – Part 2

1. What skills contribute to good communication with clients?
2. What is an open-ended question?
3. What are the most important pieces of information to relay to clients receiving TST?
4. What are some of the questions most frequently asked by clients? How would you respond to the questions?
5. What are ways that people may culturally identify themselves?
6. How can you learn more about a specific culture and health beliefs?
7. What barriers to health care are faced by clients who are homeless or use substances?
8. What local community resources exist for clients who are homeless or use substances to address their non-TB-related needs?

Session 5: TST Practicum

1. Name important things to say to or ask a client in preparation for TST.
2. What are universal precautions to take during TST?
3. How should tuberculin be properly handled?
4. When administering a TST, what is the correct amount of tuberculin to use?
5. What is the standard injection site used by your local program?
6. How long after a TST is administered should it be read?
7. Describe how a TST reaction is correctly measured and recorded.

Next steps in TST technician certification process

Notes: _____

Review questions or post-test (Session 6)

1. Why is confidentiality such an important aspect of TB control?
2. Name five ways a patient's confidentiality can be protected in the field or clinic.
3. Describe three standards of professional behavior promoted by your TB program.
4. What are three guidelines for using an interpreter when interacting with a non- or limited-English-speaking client?
5. What are three guidelines for interacting with a non- or limited-English-speaking client without the assistance of an interpreter?

Participant evaluation

Your feedback about this training session is important. Please read each statement and circle one number to indicate the level of your agreement/disagreement. Include any comments on the lines provided below.

Name _____ Date _____

Instructor _____ Session # _____

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

1. Topics are covered comprehensively. 1 2 3 4 5

2. Session meets its objectives. 1 2 3 4 5

3. Session length is appropriate. 1 2 3 4 5

4. The information is well organized. 1 2 3 4 5

5. The session maintained my interest. 1 2 3 4 5

6. The level of the material is appropriate. 1 2 3 4 5

7. The printed materials are useful. 1 2 3 4 5

8. The delivery of the material was effective. 1 2 3 4 5

9. I now feel more prepared to perform my TST duties. 1 2 3 4 5

10. Overall, the session was excellent. 1 2 3 4 5

What do you recommend to improve this session? _____

What additional training do you need? _____

Other comments: _____