

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.

MATERIALS SUPPLIED FOR THIS SESSION

- Outline for trainers
- Participant workbook (1 reproducible master copy)
- Masters for overhead transparencies and PowerPoint slides:
 - *Client's Rights*
 - *Guidelines for Interpreters*

MATERIALS YOU NEED TO SUPPLY

- Duplicate participant workbooks
- Poster paper, chalkboard, or dry-erase board
- Poster pens, chalk, or dry-erase markers
- Overhead projector or laptop and LCD projector

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.

Session Outline for Trainers

30 min Opening activities

Session agenda

Review with participants. Your agenda may be customized with other items or additional details. Consider presenting the agenda on poster paper or displaying it on a chalk- or dry-erase board as a visual reference throughout the session.

- Pre-test
- Review of agenda and learning objectives
- Confidentiality
- Professional behavior: Key principles
- Using an interpreter
- Final review of Sessions 1-5
- Next steps in TST technician certification process
- Review questions or post-test (Session 6)
- Participant evaluation

Pre-test

Ask participants to complete the session pre-test on page 2 of their workbooks.

Learning objectives

Refer participants to page 1 of their workbooks. Review with participants.

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.

75 min **Confidentiality and professional behavior**

I. Confidentiality

A. Why is confidentiality so important?

Refer participants to page 3 of their workbooks. Discuss with participants.

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?

Discuss with participants, using overheads/PowerPoints: 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?

Refer participants to Measures to Protect Confidentiality (page 4 in the Participant's Workbook.) Review the measures with participants. Add other measures utilized by your program.

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

Ask participants to refer to the Confidentiality Case Studies on pages 5-7 of their workbooks.

1-5 participants

Ask participants to read Confidentiality Case Study #1; debrief and discuss using the questions following the case study. Repeat for Confidentiality Case Study #2.

6+ participants

Divide large group into small groups of 3-4 participants. Divide *Confidentiality Case Studies* evenly between the groups. Ask each group to assign one person to serve as "recorder/reporter." Ask each small group to read its assigned case and discuss it, using the questions following each case study. 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 the responses to the questions. If time allows, ask participants outside of the responding group for other responses.

Confidentiality case study #1

Read the following case study and discuss the questions that follow.

Joe is a dishwasher at a local restaurant. He reluctantly came to the health department for a TST after his best friend told him he had been diagnosed with active TB. Joe is very hesitant to reveal anything about himself beyond his name and some basic health information. Joe does not want to reveal the name or address of his employer. He is also unwilling to provide his home address, although he does mention that several families share his small apartment. The basic TST interview questions make Joe increasingly anxious and visibly nervous. Before the health care worker can administer the TST, Joe gets up to leave.

- What issues of confidentiality exist for Joe? What is your program's policy for dealing with these issues?
- What can the health care worker do to develop Joe's trust and convince him to stay for the TST?

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?

- Door was left open.
- Use of pronoun, "her."
- Clipboard visible to TR.
- HCW indirectly confirms TR's guess that patient is from legal department.
- HCW reveals the scope of the screening ("2nd floor") and time period in question ("November").

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
Discuss with participants

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?

Brainstorm answers to this question and record the answers on a chalkboard, poster sheet, or overhead transparency. Participants can record responses on page 8 of their workbooks. When participants have no more ideas, fill in missing items as needed.

- Demonstrating sensitivity to cultural diversity and developing cultural competence
- Treating all clients with courtesy, compassion, and respect
- Not showing anger or frustration with a client
- Not being judgmental or accusatory with a client, even if he/she is engaged in activities with which you do not approve
- Using simple, nonmedical terms and appropriate language level for the client
- Listening to feedback and responding to questions from the client

Discuss any other professional standards of behavior that are relevant to your program's activities and policies.

30 min Using an interpreter

- I. Interpretation resources
Describe the interpretation resources available to health care workers in your jurisdiction and any relevant procedures they should follow for requesting or working with an interpreter.
- II. Potential problems with interpreters
Refer participants to page 8 of their workbooks. Discuss with participants.
 - 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

Discuss with participants, using overheads/PowerPoints: 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

Discuss other strategies/resources available in your jurisdiction for TST technicians to utilize when an interpreter is not available during a client interaction.

60 min Review of Sessions 1- 5

Refer participants to page 10 of their workbooks. Provide a brief review of the major topics covered in each session, using the following questions to guide your discussion.

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.

45 min **Closing activities**

Next steps in TST technician certification process

Discuss with participants the next steps to be taken, following the successful completion of this training course, for unlicensed staff to be certified as TST technicians. Review your plans for how participants will complete the practical instruction requirement.

Review questions or post-test

The following questions can be used for a group discussion to review the session's main points (use overheads/PowerPoint slides, Review Questions), or they can be utilized as a post-test for participants (see page 15 in Participant's Workbook.)

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

Ask participants to share their feedback about this training session on the evaluation form (see page 16 in Participant's Workbook.)