

June 2007

Communicable Disease Investigators
CORE COMPETENCIES FOR TUBERCULOSIS CONTROL

1. Communication

Display effective oral and written communication skills
Use communication strategies that build trust and rapport
Demonstrate an unbiased and non-judgmental manner, in actions and communications with others
Demonstrates ability to follow instructions and work with licensed health care workers

2. Cultural Competency

Recognize the role of economic, cultural, social, behavioral, and historical factors while performing interviewing and field investigation activities
Develop and adapt approaches that take into account cultural differences

3. Community Dimensions of Practice

Establish and maintain linkages with appropriate persons in a variety of settings to elicit patient information and access special populations
Utilize leadership, team building, communication, negotiation, and conflict resolution skills to build community partnerships
Display high standards of conduct and ethics; understand the impact of violating confidentiality standards on the patient, program, self, and others
Follow and refer to local, state, and national guidelines and established protocols
Demonstrate understanding of public health's role in the community
Participates in community activities concerned with health care delivery: health fairs, screenings, community board meetings, church social functions etc.
Develop and maintain knowledge of public health laws and regulations
Develop a commitment to learning and rigorous critical thinking

4. Team Skills

Participate productively as a team member
Contribute to programmatic goals
Identify limits to own knowledge/skill/authority and identify resources for referring matters that exceed these limits
Demonstrate fiscal responsibility and utilize resources according to program priorities and policies

TUBERCULOSIS SPECIFIC CORE COMPETENCIES

June 2007

Interview and re-interview tuberculosis (TB) patients
and other key persons to elicit information needed to control and prevent TB

Analytic/Assessment Skills

Conduct interviews of TB patients and other key persons to elicit information about contacts, places/settings of potential disease transmission, potential sources of infection and/or disease and other relevant information

As part of the TB team, analyze case and contact investigation information to determine re-interview and investigative priorities and strategies

Identify and address inconsistencies in information

Planning Skills

Participate in developing and carrying out plans to locate and refer TB patients for appropriate services

Communicate to TB patients and others information regarding the role of public health and the importance of TB control

Work with community-based organizations for service delivery to targeted communities

TB Control Skills/Methods

Understand and apply the concepts of TB transmission to the contact investigation process, including proper use of respiratory protection

Conduct and manage field investigations to locate and refer identified TB patients for appropriate services

Analytic/Assessment Skills

Collect and analyze information to determine TB risk, need for evaluation, and investigative priorities

Conduct field visits to assess environments where TB exposure may have occurred to determine risk of TB transmission

Document all investigations and interviews, and apply data collection processes as appropriate

Planning (in conjunction with TB team)

Develop a plan for monitoring and evaluating a “plan of action” for field investigations

TB Control Skills/Methods

Conduct field investigation activities in a safe and attentive manner

Utilize investigative tools to locate persons in need of TB follow-up

Complete field investigation tasks within the pre-determined timeframes and maximize

June 2007

the use of available and appropriate resources
Motivate TB patients to follow-up on recommendations

Perform critical analysis of TB cases and field investigations

Analytic/Assessment Skills

Identify and access relevant and appropriate information sources
Evaluate the integrity, quality, completeness, and results of information collected through contact investigations
Establish investigation priorities and determine “plan of action” that takes into account the role of economic, cultural, social, and behavioral factors
Utilize data as a resource when conducting investigations

Planning (in conjunction with TB team)

Monitor and evaluate the effectiveness and quality of interventions
Identifies organizational and infrastructure factors that may impact delivery of services or desired outcomes
Collects information needed for data analysis
Familiar with local TB control policies, procedures, and guidelines

Monitor TB patients’ diagnostic workup and adherence to treatment and intervene appropriately (within the scope of non-licensed practice)

Analytic/Assessment Skills (in conjunction with TB team)

Monitor and assess TB patients’ adherence to diagnostic work-up and treatment plan
Determine an appropriate “plan of action” to facilitate adherence or address non-adherence
Facilitate collaboration with locally identified health and other service providers
Participate in preparing and serving legal orders

Planning Skills (in conjunction with TB team)

Identify and implement interventions that support treatment adherence and overcome barriers
Apply knowledge of community and public health resources to facilitate meaningful patient referrals
Maintain awareness of local and community providers and share information with program management

TB Control Skills/Methods

Knowledgeable about TB modes of transmission, diagnostic tests, recommended treatments, and control procedures

June 2007

Obtain and transport specimens for laboratory examination
Place and measure tuberculin skin tests (if certified and/or in accordance with local regulation or policy)
Refer patients for tuberculin skin test interpretation and follow-up per local protocols
Conduct directly observed therapy and monitor efficacy and side effects of treatment
Perform routine phlebotomy as ordered (if certified and/or in accordance with local regulation or policy)
Perform HIV pre and post-test counseling (if certified and/or in accordance with local regulation or policy)
Perform HIV testing using approved tests and procedures (if certified and/or in accordance with local regulation or policy)

9. Interact with health care and other community providers and laboratory staff to support TB control efforts

TB Control Skills/Methods - Public Health Science Skills

Communicate public health's role, history, and structure to health care and other community providers and laboratory staff
Support health care and other community providers' and laboratory staffs' understanding of public health laws and regulations
Act as an agent of the Health Officer while securing TB patients' personal medical information from health care providers and laboratories

10. Conduct health education presentations to the public

Planning Skills

Communicate TB information to different target audiences
Make clear and effective presentations to individuals and groups
Use effective platform presentation skills supported by appropriate visual aids

11. Complete appropriate documentation

Analytic/Assessment Skills

Maintain data entry records and use the TB Information Management System and/or other locally developed electronic information system for case and/or contact data management and reporting
Prepare reports for program evaluation using documentation from investigations and interviews
Recognize how data collection and use guides program performance and actions

TB Control Skills/Methods

Record information on the patient record according to accepted medical/legal

June 2007

documentation recommendations and guidelines

Resources and References for Disease Investigators:

Binken NJ, Vernon AA, Simone PM, McCray E, Miller BI, Schieffelbein CW, Castro KG, Tuberculosis prevention and control activities in the United States: an overview of the organization of tuberculosis services, *International Journal of Tuberculosis & Lung Disease*, 1999 Aug; 3(8): 663-74.

California Department of Health Services Tuberculosis Control Branch in collaboration with Francis J. Curry National Tuberculosis Center, *The Curriculum for Training and Certifying Unlicensed Staff as TST Technicians*.

Center for Disease Control and Prevention, *CDC's Response to Ending Neglect: The Elimination of Tuberculosis in the United States*, 2002.

Center for Disease Control and Prevention, *Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society and the Infectious Diseases Society of America*, *MMWR* 2005, 54 (No. RR-12).

Center for Disease Control and Prevention, *Core Curriculum on Tuberculosis*, 4th edition, 2000.

Center for Disease Control and Prevention, *Essential Components of a Tuberculosis Prevention and Control Program*, *MMWR* 1995, 44 (No. RR-11).

Center for Disease Control and Prevention, *Guidelines for the Investigation of Contacts of Persons with infectious TB: Recommendations from the National TB Controllers Association and CDC*, *MMWR* 2005, 54 (No. RR 14, 1-37).

Center for Disease Control and Prevention, *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, *MMWR* 2005; 54 (No. RR-17, 1-141).

Center for Disease Control and Prevention, *Improving Patient Adherence to Tuberculosis Treatment*, 1994.

Center for Disease Control and Prevention, *Self Study Modules on Tuberculosis: Modules 1 – 5*, 1995.

Introduction

Module 1: Transmission and Pathogenesis of Tuberculosis

Module 2: Epidemiology of Tuberculosis

Module 3: Diagnosis of Tuberculosis Infection & Disease

June 2007

Module 4: Treatment of Tuberculosis Infection & Disease

Module 5: Infectiousness & Infection Control

Glossary

Center for Disease Control and Prevention, Self Study Modules on Tuberculosis:
Modules 6 – 9, 1999.

Introduction

Module 6: Contact Investigation for Tuberculosis

Module 7: Confidentiality in Tuberculosis Control

Module 8: Tuberculosis Surveillance and Case Management in Hospitals & Institutions

Module 9: Patient Adherence to Tuberculosis Treatment

Glossary

Center for Disease Control and Prevention, Treatment of Tuberculosis, American
Thoracic Society, CDC, and Infectious Disease Society of America, MMWR 2003; 52
(No. RR-11).

Francis J. Curry National Tuberculosis Center, Making the Connection: An Introduction
to Interpretation Skills for TB Control, 2003.

Francis J. Curry National Tuberculosis Center, Medical Management of Tuberculosis an
Online Presentation, 2006.

Francis J. Curry National Tuberculosis Center, TB Outreach: Working Effectively with
Hard-to-Reach Patients, 2003.

Gostin, L.O., Controlling the resurgent tuberculosis epidemic, JAMA: 1993; 269(2): 255-
61.

Gostin L.O., Public health law in an age of terrorism: rethinking individual rights and
common goods, Health Affairs: 2002 Nov-Dec; 21(6): 79-93.

Institute of Medicine, Ending Neglect: The Elimination of Tuberculosis in the United
States, Washington, DC, National Academy Press, 2000.

National TB Controllers Association / CDC Advisory Group on Tuberculosis
Genotyping, Guide to the Application of Genotyping to Tuberculosis Prevention and
Control, Atlanta, GA: US Department of Health and Human Services, CDC, June 2004.

New Jersey Medical School Global Tuberculosis Institute, Basic Epidemiology for
Tuberculosis Program Staff, 2005.

New Jersey Medical School Global Tuberculosis Institute, Implementing Legal
Interventions for the Control of Tuberculosis, 2005.

New Jersey Medical School Global Tuberculosis Institute, Performance Guidelines: A

June 2007

Supervisor's Guide for the Development and Assessment of Field Investigation Skills, 2004.

New Jersey Medical School Global Tuberculosis Institute, Performance Guidelines for Contact Investigation: The TB interview, 2001.

New Jersey Medical School Global Tuberculosis Institute, TB Interviewing for Contact Investigation: A Practical Resource for the Health Care Worker, 2001.

New Jersey Medical School Global Tuberculosis Institute, TB Simulated Patients: A Training Resource for the Contact Investigation Interview, 2001.

New Jersey Medical School Global Tuberculosis Institute, Tuberculosis Contact Investigations in Congregate Settings: A Resource for Evaluation, 2004.

New Jersey Medical School Global Tuberculosis Institute, Tuberculosis Field Investigation: A Resource for the Health Care Worker, 2004.

For purposes of this document, the term “TB patients” is meant to be broadly defined and may include persons with TB disease, suspected TB disease, latent TB infection, as well as persons who are TB contacts, associates, or otherwise at risk for TB.