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School of Public Health

Centers for Public Health
Education and Outreach



Public Health Emergency Preparedness: Contact Investigation Skill Development Guide

Application activities for public health professionals,
supervisors, managers and trainers

PURPOSE

The purpose of this Guide is to build on the content of the Contact Investigation module offered through the University of Minnesota Center for Public Health Preparedness (UMNCPHP), by providing opportunities to discuss and apply the module content in workplace settings.

This Guide is intended to offer guidance on the topic of Contact Investigation. Each workplace may have specific guidelines regarding particular components of Contact Investigation. Please refer to any workplace policies or procedures related to this topic.

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To download an electronic version of the Skill Development Guide, go to <http://cpheo.sph.umn.edu/umncphp>

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ADDITIONAL INFORMATION

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CONTACT INVESTIGATION MODULE OVERVIEW

Goal

The goal of the University of Minnesota Center for Public Health Preparedness (UMNCPHP) Contact Investigation module is to provide an overview of contact investigation as an essential strategy for preventing and controlling serious communicable diseases. The concepts and guidance presented in the module can be applied to indirectly transmitted diseases (such as pulmonary tuberculosis, smallpox, and SARS) as well as directly transmitted diseases (such as HIV infection and syphilis).

Structure

The online module contains the following sections:

- 1: Introduction
- 2: Elements and Process
- 3: Receive Report
- 4: Interview Basics
- 5: Interview Steps
- 6: Conduct
- 7: Document
- 8: Summary

Learning Objectives

After completing the online module, participants should be able to:

- Define contact investigation (CI)
- Describe key elements of CI (disease, contacts, actions)
- Explain the steps of the CI process
- Describe the steps and essential components of interviewing
- Explain methods to locate and notify contacts
- State guidelines for field safety during CI

HOW TO USE THIS GUIDE

This Guide provides supplemental learning activities for the online Contact Investigation module, to promote discussion and application of contact investigation knowledge and skills in work settings. Colleagues or members of workgroups can tailor these learning activities to meet their specific situation or needs. Some groups may choose to appoint a facilitator to lead the activities, while others may combine self-study with group discussions and role plays.

Each activity begins with a brief review of a module topic, to be completed either as a self-study reading or as a group discussion. Several questions follow the review material, to encourage reflection and/or discussion of this topic. Following the review, the activity presents scenarios as opportunities for participants to practice applying the module concepts and skills in realistic contact investigation situations. For each activity, the Appendix to this Guide provides sample responses to reflection/discussion questions and highlights key points relevant to the practice activities.

Users are encouraged to complete the Contact Investigation module before using this Guide. The module can be accessed online at <http://cpheo.sph.umn.edu/umncphp/pfet.html> or on the CD attached to this booklet. The CD also contains printable copies of the Reflection/Discussion Questions, Scenarios, and Sample Responses.

Skill Development Activities

The Guide contains the following activities:

- 1: Basic Interviewing Techniques
- 2: Contact Investigation Interviewing Principles
- 3: Telephone Contact Investigation
- 4: Field Contact Investigation

Learning Objectives

After completing the learning activities, participants should be able to:

- Describe basic interviewing skills and techniques
- Apply basic interviewing skills and techniques in contact investigation situations
- Explain three essential principles of contact investigation interviews (voluntary, confidential, and case/client-centered)
- Apply essential principles of contact investigation during interviews
- Prepare for telephone contacts
- Protect contacts' confidentiality during telephone conversations
- Explain basic guidelines to prepare for a field investigation
- Identify ways to protect a contact's confidentiality while locating the individual
- List ways to ensure the safety of investigators during field visits

ACTIVITY 1: Basic Interviewing Techniques

Purpose

To review basic interviewing skills and techniques and provide practice in applying effective techniques in realistic contact investigation situations.

Objectives

This activity enables participants to:

- Describe basic interviewing skills and techniques.
- Apply basic interviewing skills and techniques in contact investigation situations.

Outline

Activity	Estimated Time
Part 1: Review	20 – 30 minutes
Part 2: Practice Scenarios	
A: Family Members	10 – 15 minutes
B: Settings	10 – 15 minutes
Total estimated time	40 – 60 minutes

PART 1: Review Instructions

Follow these steps to review the module content:

1. **Read and reflect.** Read the following information and answer the reflection/discussion questions.
2. **Discuss.** Discuss your answers with colleagues and/or members of your workgroup. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.

Basic Interviewing Techniques

Communication skills are the foundation of effective interviewing. Two-way communication means that both people participate and are able to understand each other. During a contact investigation interview, the interviewer should not dominate the conversation by speaking more than the interviewee, or by making statements that elicit no relevant information.

Following are several techniques for effective interviewing in contact investigation situations:

- **Be prepared.** Know in advance of your conversation the key information (such as onset dates) relevant to the type of investigation you are conducting. Bring along any relevant documents or diagrams that might facilitate your discussion. Anticipate resistance; be aware of reasons why the patient may not wish to talk with you, and plan your responses.
- **Ensure privacy.** Conduct the interview at a time and place with minimal distractions, so that the patient and interviewer can be comfortable.
- **Establish purpose.** Clearly explain the purpose of the interview.
- **Ask questions.** Know which questions to ask when. Use open-ended questions (which do not require a specific answer) to encourage discussion. Use closed-ended questions (which require 'yes' or 'no' or another specific answer) only to verify details from the interviewee.
- **Motivate.** Engage and encourage the person to offer more information by:
 - Restating the confidentiality policy
 - Reminding the patient of potential benefits to the contacts and potential complications of the illness (and risks of not notifying contacts, if relevant)
 - Reassuring the patient of your department's ability to contact others in a confidential and professional manner
- **Educate.** Explain key characteristics of the disease being investigated (including symptoms, transmission, and treatment).

- **Listen actively.** Avoid the mistake of thinking that you know what someone is going to say. Listen to what people are actually saying, and paraphrase what you hear to check your understanding.
- **Be observant.** “Tune in’ to the interviewee. Watch for both verbal and non-verbal (body language) cues. If the person seems anxious, angry, or withdrawn, ask about it.
- **Be open.** Show a calm and non-judgmental attitude.
- **Build trust.** Address the person’s concerns and questions. Explain how the information they provide will be used.
- **Be assertive.** Confront inconsistencies when what you hear contradicts what you know.
- **Be flexible.** Go with the flow. Make the interview conversational. Every interview does not have to follow a rigid order.
- **Thank.** Summarize and thank the person for the information provided.
- **Negotiate.** When necessary, set up a follow-up meeting or contact.

Basic Interviewing Techniques:

Reflection/Discussion Questions

1. **Be prepared.** Think about various types of diseases that require contact investigation. How might you prepare for each type of interview? What diagrams or documents might be useful during each type of conversation?
2. **Ask questions.** What are some examples of open-ended questions you can ask to encourage discussion?
3. **Build trust.** How can you build trust during your interview with the contact?
4. **Be assertive.** When what you hear contradicts what you already know, how can you confront inconsistencies in a calm and non-judgmental manner?
5. **Listen actively.** What specific behaviors will help you communicate that you are attentive and interested? How can you verify your understanding of what the person is saying?

PART 2: Practice

Instructions: Form pairs or triads; then follow these steps with members of your group:

1. **Read and discuss.** Read the first scenario and discuss your answers to the question. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.
2. **Role play.** Choose roles (investigator and contact) to practice applying effective interviewing techniques in this situation.
3. **Debrief.** After the role play, take a few minutes to debrief about challenges, issues, and potential strategies related to this scenario. Discuss how the role play went and how you would handle this type of situation in future field contacts.

Follow the same process for the second scenario, switching roles for the role play exercise.

Basic Interviewing Techniques: Practice

Scenario A: Family Members

You are investigating a case of indirectly transmitted disease and are interviewing John, the index case patient, in his hospital isolation room. John's physician told you that John lives with several family members in a small dwelling. You need to secure information from John about the names and ages of the family members and an alternative to the dwelling as a way to locate them.

How will you secure this information?

Scenario B: Settings

Later in the interview of John, you need to secure specific information from John about other settings (such as work or hangouts) where he may have acquired or transmitted the causative agent of his indirectly transmitted disease.

How will you secure this information?

How might you motivate John to provide you with detailed and accurate information?

ACTIVITY 2: CI Interviewing Principles

Purpose

To review three interviewing principles for contact investigation (voluntary, confidential, and case/client-centered) and provide practice in demonstrating those principles in realistic situations.

Objectives

This activity enables participants to:

- Explain three essential principles of contact investigation interviews (voluntary, confidential, and case/client-centered).
- Apply these essential principles of contact investigation during interviews.

Outline

Activity	Estimated Time
Part 1: Review	20 – 30 minutes
Part 2: Practice Scenarios	
A: Carrier	10 – 20 minutes
B: Contacts	10 – 20 minutes
Total estimated time	50 – 70 minutes

PART 1: Review

Instructions: Follow these steps to review the module content:

1. **Read and reflect.** Read the following information and answer the reflection/discussion questions.
2. **Discuss.** Discuss your answers with colleagues and/or members of your workgroup. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.

CI Interviewing Principles

Contact investigation is the process of identifying relevant *contacts* of persons with *disease* who are at greatest risk of infection, as well as assuring that they are aware of their exposure to disease and are informed of and motivated to take *actions* to protect their health and the health of others.

During an interview, contact investigators should convey three essential underlying principles: voluntary, confidential, and client-centered.

- **Voluntary.** Participation by the interviewee is voluntary. Under no circumstances can a person be compelled to meet with the interviewer or to provide information, and the interviewer must never coerce or threaten an interviewee. The interviewer may try to solve problems that arise during the interview, in order to elicit cooperation and information from the interviewee.
- **Confidential.** All information the interviewer possesses and receives during the interview is confidential. The interviewer must assure interviewees that information they provide about themselves or others will be held in confidence and not be shared with contacts or third parties. The information will be shared only with:
 - Department personnel working to prevent the disease under investigation
 - The interviewee's personal physician, to assist with diagnosis and treatment
 - Others the interviewee authorizes to receive the information
- **Client-Centered.** Communication on the part of the interviewer should be centered on the case or client. The interviewer should encourage two-way communication by:
 - Eliciting responses and relevant information (and not dominating the conversation)
 - Tailoring communication to the interviewee's level of understanding (and avoiding jargon, acronyms, and complex terminology)
 - Being attentive to the interviewee's individual situation and circumstances

While engaging in two-way, tailored, and interviewee-specific communication, an interviewer must pursue and actively solve problems that arise during the interview. The interviewer must also be prepared to tactfully, yet assertively, address contradictory statements made by the interviewee.

CI Interviewing Principles: Reflection/Discussion Questions

1. **Voluntary.** What results are likely if you attempt to intimidate or coerce an interviewee to provide information? To encourage participation, what consequences can you explain to the interviewee, both for providing information and for not providing information?
2. **Confidential.** How can you gain the interviewee's confidence that all information is confidential? How can you remain vigilant in protecting data from inadvertent disclosure?
3. **Client-centered.** Why are "why" questions irrelevant in a contact investigation interview? What types of questions help you identify and solve problems that arise during a contact investigation interview?

PART 2: Practice

Instructions: Form pairs or triads; then follow these steps with members of your group:

1. **Read and discuss.** Read the first scenario and discuss your answers to the question. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.
2. **Role play.** Choose roles (investigator and contact) to practice demonstrating the three principles of contact investigation in this situation.
3. **Debrief.** After the role play, take a few minutes to debrief about challenges, issues, and potential strategies related to this scenario. Discuss how the role play went and how you would demonstrate these principles in future field contacts.

Follow the same process for the second scenario, switching roles for the role play exercise.

CI Interviewing Principles: Practice

Scenario A: Carrier

You are conducting a contact investigation pertaining to Mike O., a carrier of *Mycobacterium tuberculosis*. Mike has been diagnosed as having active pulmonary tuberculosis (TB) that was highly infectious during the past three weeks, based on his history of a persistent productive cough and the observation by laboratory personnel of many acid-fast bacilli in three of Mike's sputum samples. His diagnosis is unequivocal, based on a positive Mantoux test, chest x-ray and CT scan findings, laboratory findings, and signs and symptoms. When you meet with Mike and tell him you want to speak to him about his TB, he adamantly denies that he has TB and says there's no reason to speak with you further.

How would you handle this situation?

Scenario B: Contacts

You've convinced Mike that he has TB and now need to identify contacts exposed to his TB. You know from Mike's attending physician that Mike had been working at an unknown homeless shelter during the three weeks preceding his TB diagnosis. When you ask Mike about where he has worked during the past two months, he states that he has been unemployed during the entire time period.

How would you handle this situation?

ACTIVITY 3: Telephone Contact Investigation

Purpose

To review information about telephone contact and provide practice in using the telephone for contact investigation.

Objectives

This activity enables participants to:

- Prepare for telephone contacts.
- Protect contacts' confidentiality during telephone conversations.

Outline

Activity	Estimated Time
Part 1: Review	15 – 20 minutes
Part 2: Practice Scenarios	
A: Wrong Number	15 – 20 minutes
B: Who are you?	15 – 20 minutes
Total estimated time	45 – 60 minutes

PART 1: Review

Instructions: Follow these steps to review the module content:

1. **Read and reflect.** Read the following information and answer the reflection/discussion questions.
2. **Discuss.** Discuss your answers with colleagues and/or members of your workgroup. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.

Telephone Contact

When contacts' phone or pager numbers are available, telephone contact is a more efficient means of contact investigation than field contact. In a given amount of time, many more contacts can be located, informed of their exposure, and referred for medical care by phone than through field investigation. (On the other hand, the lack of face-to-face interaction might limit the quality or quantity of information obtained.)

- **Prepare.** To prepare for a telephone conversation with the contact:
 - Be clear about what you want to accomplish.
 - Plan what you will say.
 - Determine how you will confirm the identity of the contact (e.g., ask about the person's age and other unique information you have about the contact).
- **Protect Contact Confidentiality.** After you have determined that you are speaking to the correct person, confirm that the contact is speaking under conditions that will not allow others to overhear the conversation. Be cautious about third parties (such as family members) when talking on the telephone; in the interest of confidentiality, you might need to call back later.

It is important not to repeat unsuccessful telephone attempts, such as making calls at the same time each day, or leaving repeated voice messages that are not returned. When telephone contact is impossible or unsuccessful, use field investigation.

- **Guidelines for leaving messages.** Some decisions are programmatic, such as decisions about how often an investigator can and should attempt phone calls and what information should be left in a message. These decisions should be made based on the situation, the risks involved, and with consideration of the importance of confidentiality vs. the public health implications.

Questions to guide these decisions include:

- How infectious is the contact and how imminent is the risk of transmission to others?
- Is the situation life-threatening?
- In leaving a message, would a contact's confidentiality be violated by stating your place of employment?
- How many attempts should be made via telephone and how many voice messages should investigators leave?
- Would your program feel comfortable with 'sequential' messages? (On the first call, leave your name and number; on the second call, leave your name, number, and either where you work or that the matter is health related; on the third call, leave your name, number, where you work, and that it is an urgent health-related matter).

Telephone Contact Investigation: Reflection/Discussion Questions

1. **Prepare.** When contacting by telephone, how can you determine that you are talking to the right person?
2. **Protect Confidentiality.** How can you verify that the contact has sufficient privacy to speak freely to you?

PART 2: Practice

Instructions: Form pairs or triads; then follow these steps with members of your group:

1. **Read and discuss.** Read the first scenario and discuss your answers to the question. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.
2. **Role play.** Choose roles (investigator and contact) to practice applying your contact investigation skills in this situation.
3. **Debrief.** After the role play, take a few minutes to debrief about challenges, issues, and potential strategies related to this scenario. Discuss how the role play went and how you would handle this type of situation in future field contacts.

Follow the same process for the second scenario, switching roles for the role play exercise.

Telephone Contact Investigation: Practice

Scenario A: Wrong Number

You are assigned to locate Mr. Spiro Keats, a contact to primary syphilis. The index case patient reported having had daily sexual intercourse with Spiro during the three-week time period the patient's infectious genital lesion was present. The index patient has told you that Spiro has lived at his residence for 20 years and is reclusive, having few, if any, visitors. You have confirmed Spiro's phone number and call him: a male answers, you ask to speak with Spiro, and the male says, "You've got the wrong number."

How would you respond to the person?

Scenario B: Who are you?

You are a 45-year-old male disease investigator assigned to locate Tina, a 16-year-old girl who has been exposed to HIV, hepatitis C, and hepatitis B through needle sharing with her 25-year-old boyfriend to inject crystal meth. Tina is the daughter of affluent parents who reside in a suburb. You call the telephone number you've been given to reach Tina; a male answers, you ask to speak to Tina, and the male responds, "I'm her father. Who are you? And why do you want to talk to my daughter?"

How would you respond to the person?

ACTIVITY 4: Field Contact Investigation

Purpose

To review information about field contact investigation and provide practice in applying field contact investigation skills.

Objectives

This activity enables participants to:

- Explain basic guidelines to prepare for a field investigation.
- Identify ways to protect a contact’s confidentiality while locating the individual.
- List ways to ensure the safety of investigators during field visits.

Outline

Activity	Estimated Time
Part 1: Review	20 – 30 minutes
Part 2: Practice Scenarios	
A: Field Visit	10 – 20 minutes
B: Notification	10 – 20 minutes
Total estimated time	50 – 70 minutes

PART 1: Review

Instructions: Follow these steps to review the module content:

1. **Read and reflect.** Read the following information and answer the reflection/discussion questions.
2. **Discuss.** Discuss your answers with colleagues and/or members of your workgroup. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.

Field Contact

Field investigations can be conducted in a wide variety of locations and circumstances. In all cases, however, it is important to prepare for the investigation, to protect the contact's confidentiality, and to ensure the investigators' safety.

- **Prepare.** To prepare for field contact:
 - Try to verify that an address actually exists and that the contact resides there.
 - Be confident about where you are going and how to get there.
 - Organize investigations geographically and by priority/urgency.
- **Protect Contact Confidentiality.** If a contact is not located immediately at the address, the investigator can confirm that a contact resides at the location or can be located elsewhere, by consulting other people such as neighbors, postal employees, apartment managers, or children playing in the vicinity. Caution must be used in these situations, however, to protect the contact's confidentiality. Once a contact is located, the person's identity must be verified and the interaction must be in private.
- **Ensure Personal Safety.** Investigators should use common sense and trust themselves and their observations. To conduct field contacts in a safe manner, investigators should:
 - Know where they are going.
 - Schedule visits during the daytime, preferably the morning.
 - Inform co-workers and/or supervisors of their planned movements and check in periodically during the investigation.
 - Pair up with another investigator (when necessary and possible).
 - Be aware of their surroundings.
 - Be aware of dogs, especially if entering fenced yards.
 - Make others aware of their presence in the area, and not try to blend in.
 - Avoid potential threats or confrontations.
 - Be aware of escape options, if trouble ensues or they experience a real or perceived threat to their personal safety.
 - Keep any confidential information locked in the trunk.

Field Contact Investigation: Reflection/Discussion Questions

1. **Prepare.** How can you verify that an address exists and that a contact resides there?
How can you be confident about where you are going and how to get there?
2. **Protect confidentiality.** How can you protect the contact's confidentiality when consulting other people about a contact's residence?
3. **Be safe.** How can you avoid potential threats or confrontations during investigations in the field?

PART 2: Practice

Instructions: Form pairs or triads; then follow these steps with members of your group:

1. **Read and discuss.** Read the first scenario and discuss your answers to the question. Refer to the sample responses and key points in the Appendix to help focus and guide your discussion.
2. **Role play.** Choose roles (investigator and contact) to practice applying your contact investigation skills in this situation.
3. **Debrief.** After the role play, take a few minutes to debrief about challenges, issues, and potential strategies related to this scenario. Discuss how the role play went and how you would handle this type of situation in future field contacts.

Follow the same process for the second scenario, switching roles for the role play exercise.

Field Contact Investigation: Practice

Scenario A: Field Visit

You are a 25-year-old female disease investigator. You have been assigned to interview Larry, a 49-year-old male who has been diagnosed as having HIV infection. You try to reach Larry by telephone to arrange the interview and the number is disconnected. You make a field visit to his residence at 6:30 p.m. You knock on the door, and a woman in her 40's answers the door; you ask to speak with Larry and the woman, with suspicion in her voice and on her face, calls out to Larry. A man arrives at the doorway and the woman remains.

What would you do under these circumstances?

Scenario B: Notification

You are a colleague of the investigator in Scenario 1. You are assigned to notify the woman in that scenario, who is Larry's wife, of her exposure to HIV infection.

What key issues must you consider in formulating a plan to make the notification?

ADDITIONAL RESOURCES

Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm>

Effective TB Interviewing for Contact Investigation

<http://www.cdc.gov/NCHSTP/TB/pubs/Interviewing/default.htm>

Contact Investigation Guidelines and Related Forms

<http://www.vdh.state.va.us/std/CIpage.htm#selfstdy>

CDHS Contact Investigation guidelines (pdf)

<http://www.ctca.org/guidelines/IID1contactinvestigation.pdf>

NYC Contact Investigation & Management Protocol (pdf)

<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-cpm-contact.pdf>

CDC National Prevention Information Network

http://www.cdcnpi.org/scripts/tb/guide/contact_pro.asp

American Family Physician Practice Guidelines

<http://www.aafp.org/afp/20060415/practice.html>

New Jersey Medical School Global Tuberculosis Institute

Tuberculosis Contact Investigation in Congregate Settings: A Resource for Evaluation

<http://www.umdnj.edu/globaltb/products/tbcontactinvestigation.htm>

TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker

<http://www.umdnj.edu/globaltb/products/tbinterviewing.htm>

Other CDC links

<http://www.cdc.gov/nchstp/tb/pubs/Interviewing/facilitator/default.htm>

<http://www.cdc.gov/hiv/PUBS/pcrs/pcrs-doc.htm>

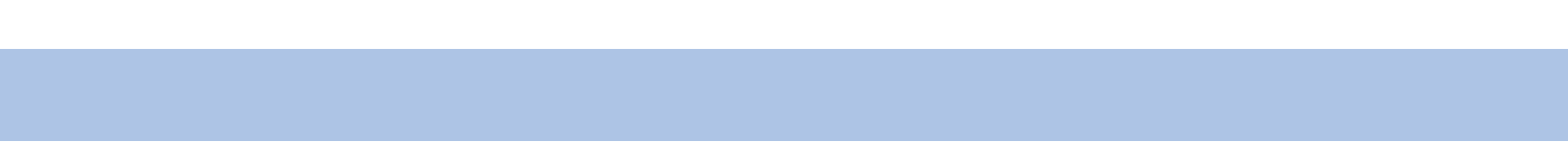
<http://www.cdc.gov/hiv/PUBS/pcrs.htm>

<http://www.cdc.gov/nchstp/tb/pubs/slidesets/contactinv/specialcircumstances.htm>

<http://www.umdnj.edu/globaltb/products/fieldinvestigation.htm>

<http://www.cdc.gov/nchstp/tb/pubs/Interviewing/default.htm>

<http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf>



ACTIVITY 1: Basic Interviewing Techniques

Part 1: Review

Sample Responses to Reflection/Discussion Questions

1. **Be prepared.** Think about various types of diseases that require contact investigation. How might you prepare for each type of interview? What diagrams or documents might be useful during each type of conversation?

Generally, contact investigation is employed as a public health strategy only in cases of communicable diseases or conditions that cause serious illness, serious disability, or death.

Examples of such diseases include:

- Smallpox
- Tuberculosis
- Severe Acute Respiratory Syndrome (SARS)
- HIV infection
- Infectious syphilis

To prepare for each interview:

- Organize all field investigation activities.
- Gather and organize relevant information (e.g., medical, social, epidemiological)
- Confirm locating information.
- Gather as much information as possible to provide the patient, such as diagrams, documents, pictures of disease complications, progression, and transmission.

2. **Ask questions.** What are some examples of open-ended questions you can ask to encourage the discussion?

Use who, what, when, where, and how questions. For example, instead of the following closed questions, use the corresponding open questions:

Closed-ended

Are you Joe?
Does Joe live here?
Is Joe home?
Does Joe work?
Is there a way for me to reach Joe?
Do you live alone?
Did your doctor talk to you about your illness?

Open-ended

Who is Joe?
Where does Joe live?
When will Joe be home?
Where does Joe work?
How can I reach Joe?
Who lives with you?
What did your doctor tell you about your illness?

3. **Be assertive. When what you hear contradicts what you already know, how can you confront inconsistencies in a calm and non-judgmental manner?**

Assertively yet tactfully confront the contradiction or evasion, solve the underlying issue, and motivate the patient.

- Be direct and clearly explain the facts or issues that are contradictory. Use scientific facts about the infection and/or transmission, to highlight inconsistencies without putting the patient on the defensive.
- Explain the importance of the issue, and express your concern for their health and the health of others.
- Emphasize that you understand this situation can be challenging or embarrassing, but remind them of confidentiality.

Examples of tactfully confronting a contradiction:

A few moments ago you mentioned _____. Now I hear you saying _____. Could you tell me more?

From what we know of this infection, people are infectious when _____. So, based on your description of symptoms and what we know about how this infection works, the most likely time of transmission would have to be _____.

You mentioned earlier that you've had sex only with your wife during the past 20 years and that you can't understand how you could have acquired syphilis in the last 6 months if your wife's test is negative. Most of the people with whom I speak find it difficult to talk about the people they have had sex with. To protect the health of others, we need to talk about everyone you've had sex with. Who was the last person, besides your wife, that you've had sex with?

4. **Listen actively. What specific behaviors will help you communicate that you are attentive and interested? How can you verify your understanding of what the person is saying?**

Provide verbal and nonverbal feedback and restate the points they have communicated. To verify your understanding of what the person said with verbal feedback, ask clarifying questions, such as: "This is what I hear you saying....., Is that accurate?" Nonverbal communication (such as eye contact and head nods) can communicate that you are interested and understand what they are communicating.

PART 2: Practice

Sample Responses to Scenario Questions

Scenario A: Family Members

You are investigating a case of indirectly transmitted disease and are interviewing John, the index case patient, in his hospital isolation room. John's physician told you that John lives with several family members in a small dwelling. You need to secure information from John about the names and ages of the family members and an alternative to the dwelling as a way to locate them.

How will you secure this information?

It is important to 'set the stage' for John. Data privacy and confidentiality practices need to be clearly outlined and described to John prior to asking him any specific questions. John should be informed about the purpose and intended use of the data. He also needs to be informed whether his provision of information is voluntary or legally mandated, as well as what potential consequences might result from providing or not providing the information. John should clearly understand who is authorized to receive the information he provides.

Once all of this information is clear to John, ensure that he understands the infection and risks of transmission to underscore the importance and rationale for obtaining the information. It can be helpful to frame the discussion by saying, "Since we have talked about how serious this infection is, and how easily it can be transmitted, let's talk about who might have either exposed you or been exposed by you. Let's start with where you stay..."

Scenario B: Settings

Later in the interview with John, you need to secure specific information from him about other settings (such as work or hangouts) where John may have acquired or transmitted the causative agent of his indirectly transmitted disease.

How will you secure this information?

At this point in the interview, you would have already 'set the stage' for John to share information, by clearly and fully explaining data privacy and confidentiality practices. To gain information specific to other settings, it may be helpful to start with general questions such as "Tell me about where you work (or go to school) and what you like to do." Once you gain that general information, you can get more specific, with questions such as, "You said that you went to the bar last week. What bar did you go to? How often do you go there?..."

How might you motivate John to provide you with detailed and accurate information?

Explain to John the severity and risks associated with the infection, emphasizing that there could be people who inadvertently exposed/infected him, as well as people whom he may have inadvertently exposed/infected. Explain to John that those people are at risk if they do not receive testing/treatment. By clearly explaining what is done with that information and how contacts are handled, you might help motivate John to provide detailed and accurate information. Also remind John that his name will not be given to contacts without his explicit permission.

Hesitation in providing detailed and accurate information usually stems from a lack of understanding. Verify that John understands the infection and risks, the urgency and importance of the information, and how seriously confidentiality is handled (as explained above). If John still hesitates, you can try a direct approach, such as, "You seem hesitant to discuss this information with me. What are your concerns?"

ACTIVITY 2: CI Interviewing Principles

Part 1: Review

Sample Responses to Reflection/Discussion Questions

1. ***Voluntary.* What results are likely if you attempt to intimidate or coerce an interviewee to provide information?**

Intimidation or coercion will not help you get you the information that you are seeking; it is likely instead to result in the interviewee refusing to cooperate. It might also cause mistrust of the public health system among community members.

To encourage participation, what consequences can you explain to the interviewee, both for providing information and for not providing information?

Consequences of providing data may include more accurate and complete information about the person's individual health circumstances, and recommendations for medical care. You can also appeal to the patient's sense of 'greater good' or community good, by explaining that they are helping others to become or stay healthy and to avoid the risks and dangers of continued transmission.

Consequences of not providing data may include the person not receiving such information or recommendations. When explaining consequences, however, the investigator should never mention or threaten the withholding of medical care or services. You can also appeal to the patient's sense of community by explaining that withholding information can result in other people's suffering, disease, and potential disability.

2. ***Confidential.* How can you gain the interviewee's confidence that all information is confidential?**

Assure interviewees that information they provide about themselves or others:

- Will be held in confidence
- Will not be shared with contacts or third parties
- Will be shared only with health department personnel working to prevent the disease under investigation, the interviewee's personal physician to assist with their diagnosis and treatment, and others the interviewee authorizes to receive the information.

Remind interviewees that most states have laws in effect that govern personally identified communicable disease data held by governmental agencies. Prior to any interview, be familiar with your State laws regarding personally identifiable communicable disease data held by governmental agencies.

Confidentiality is reinforced by program policy in every locality. Keep all information with any patient identification under lock and key. Never disclose any information about anyone else (such as contacts) to the patient.

Be prepared to explain to the interviewee what you/your agency will do with information and why. Patients should be informed of the identities of persons who are authorized to receive the information.

How can you remain vigilant in protecting data from inadvertent disclosure?

During the course of an investigation, carefully consider what you say to others (such as neighbors or housemates), as well as how you say it. Also consider where and how your documentation is stored, how documents are processed in your work setting, and who has access to them.

3. *Client-centered.* Why are “why” questions irrelevant in a contact investigation interview?

In general, questions that begin with “why” are irrelevant in a contact investigation interview and can, in fact, interfere with two-way communication. “Why” questions usually imply that the interviewee is being asked to justify thought and actions, and this implication can cause the interviewee to take a defensive posture or believe they are being judged.

What types of questions help you identify and solve problems that arise during a contact investigation interview?

The use of open-ended questions that begin with who, what, when, where, and how.

PART 2: Practice

Sample Responses to Scenario Questions

Scenario A: Carrier

You are conducting a contact investigation pertaining to Mike O., a carrier of *Mycobacterium tuberculosis*. Mike has been diagnosed as having active pulmonary tuberculosis (TB) that was highly infectious during the past three weeks, based on his history of a persistent productive cough and the observation by laboratory personnel of many acid-fast bacilli in three of Mike's sputum samples. His diagnosis is unequivocal, based on a positive Mantoux test, risk factors, chest x-ray and CT scan findings, laboratory findings, and signs and symptoms. When you meet with Mike and tell him you want to speak to him about his TB, he adamantly denies that he has TB and says there's no reason to speak with you further.

How would you handle this situation?

Your place of employment should have a plan in place for how to handle situations when all attempts to engage a patient are unsuccessful. This plan should consider such issues as the urgency of the situation and level of risk for the patient and for others.

Anticipate possible reasons for Mike's denial (stigma surrounding TB; Mike's possible prior experiences with healthcare agencies or the government; Mike's possible fear of legal consequences if the government discovers his visa status, alternative lifestyle, etc.)

Remain calm. Explain the natural course of TB and the meaning of the test results in plain language that Mike can understand. Reinforce/confirm what Mike's physician has told him about TB.

Scenario B: Contacts

You have convinced Mike that he has TB and now you need to identify contacts exposed to his TB. You know from Mike's attending physician that Mike had been working at a homeless shelter during the three weeks preceding his TB diagnosis. When you ask Mike about where he has worked during the past two months, he states that he has been unemployed during the entire time period.

How would you handle this situation?

Tactfully and assertively state your understanding of Mike's employment. Work to understand and resolve his hesitation and motivate him (remind him of the potential implications and the confidentiality policy.) Ask about volunteer work. It might be helpful to create a safe "out" for Mike by saying something such as: "I mentioned earlier that because physicians must report this infection, I have some background information from your medical chart. By law, doctors must report certain information, and I see from your information that you work at a homeless shelter. Are you employed there or do you volunteer?"

ACTIVITY 3: Telephone Contact Investigation

PART 1: Review

Sample Responses to Reflection/Discussion Questions

1. **Prepare.** When contacting by telephone, how can you determine that you are talking to the right person?

Utilize whatever information that you have available to determine that you are talking to the right person – such as a date of birth, name of hospital or doctor/clinic.

2. **Protect Confidentiality.** How can you verify that the contact has sufficient privacy to speak freely to you?

Let the person know that this call has to do with personal medical information, and ask the person if he or she can speak freely. If you hear others in the background or the person states that it is not private, you may need to contact them at a later time.

PART 2: Practice

Sample Responses to Scenario Questions

Scenario A: Wrong Number

You are assigned to locate Mr. Spiro Keats, a contact to primary syphilis. The index case patient reported having had daily sexual intercourse with Spiro during the three-week time period the patient's infectious genital lesion was present. The index patient has told you that Spiro has lived at his residence for 20 years and is reclusive, having few, if any, visitors. You have confirmed Spiro's phone number and call him: a male answers, you ask to speak with Spiro, and the male says, "You've got the wrong number."

How would you respond to the person?

Repeat the telephone number you dialed and ask if that is the number you reached. In a tactful yet assertive fashion, confront Mr. Keats, inform him of the importance of the call. You may tell him that it's medically related but nothing more until you have verified his identity. Address his concerns for privacy and confidentiality.

Scenario B: Who are you?

You are a 45-year-old male disease investigator assigned to locate Tina, a 16-year-old girl who has been exposed to HIV, hepatitis C, and hepatitis B through needle sharing with her 25-year-old boyfriend to inject crystal meth. Tina is the daughter of affluent parents who reside in a suburb. You call the telephone number you've been given to reach Tina; a male answers, you ask to speak to Tina, and the male responds, "I'm her father. Who are you? And why do you want to talk to my daughter?"

How would you respond to the person?

You must be cordial but assertive and not defensive or explanatory. Avoid answering the question, and say as little as possible, other than stating your name. Restate what you want: "I need to speak with her about an important personal matter." If the father pushes for more information, you may reply: "Because it is a personal matter, I'm unable to discuss it with you, but I can assure you that it is very important for her." If the father pushes even further, you may reply: "She is free to speak with you about this call if she chooses, but I am only able to speak with her about it."

Another option: "My name is _____ and I work with the _____. I'm trying to reach a friend of Tina's and Tina is the only person I know of who can help me." (When you speak with Tina in a private setting, explain what you told her father before you tell her about the exposure.)

ACTIVITY 4: Field Contact Investigation

PART 1: Review

Sample Responses to Reflection/Discussion Questions

1. **Prepare.** How can you verify that an address exists and that a contact resides there?

You can look in a telephone directory, an online directory (such as whitepages.com), a cross directory, offices of public assistance, utility companies or post office. You can also utilize other available resources based on the situation (such as court checks, drivers license bureau or motor vehicles bureau).

How can you be confident about where you are going and how to get there?

You can be confident about where you are going and how to get there by looking up driving directions with an internet mapping service online prior to leaving and make sure that you have a map in the car.

2. **Protect confidentiality.** How can you protect the contact's confidentiality when consulting other people about a contact's residence?

Do not tell others the reason for your visit or where you work. If at all possible, do not drive a vehicle that is marked with your company/program name or logo. Keep papers that may contain patient information covered and out of site.

3. **Be safe.** How can you avoid potential threats or confrontations during investigations in the field?

- To improve safety in the field, it is important to know where you are going as an investigator.
- Do not change attire with the intent of blending in to the environment of the location.
- Be discreet, but noticed by others so they are aware of your presence in the area.
- Do not create a potential confrontation or threat by wearing or carrying articles that look valuable to others.
- Have a sense of escape option if trouble ensues or there is a real or perceived threat to personal safety.
- Keep co-workers and/or supervisors informed of your planned movements and check in periodically during the course of the investigation.

PART 2: Practice

Sample Responses to Scenario Questions

Scenario A: Field Visit

You are a 25-year-old female disease investigator. You have been assigned to interview Larry, a 49-year-old male who has been diagnosed as having HIV infection. You try to reach Larry by telephone to arrange the interview and the number is disconnected. You make a field visit to his residence at 6:30 p.m. You knock on the door, and a woman in her 40's answers the door; you ask to speak with Larry and the woman, with suspicion in her voice and on her face, calls out to Larry. A man arrives at the doorway and the woman remains.

What would you do under these circumstances?

Let Larry know that you need to speak with him in private and ask where would be the best place to speak in private.

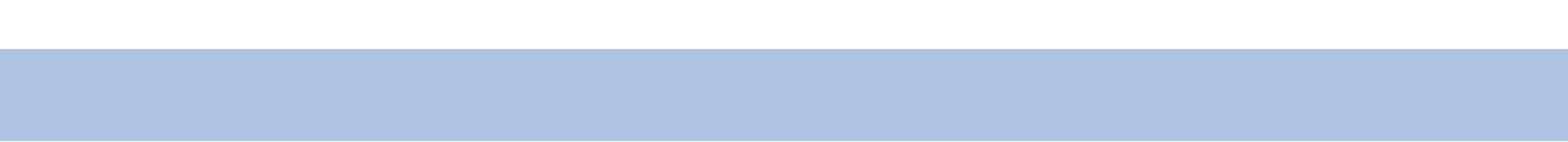
Scenario B: Notification

You are a colleague of the investigator in Scenario 1. You are assigned to notify the woman in that scenario, who is Larry's wife, of her exposure to HIV infection.

What key issues must you consider in formulating a plan to make the notification?

- Confidentiality (do not reveal or discuss ANY information about one spouse to the other)
- Timing of visit/notification (Are you aware of times when one spouse is home and the other is not?)
- How was Larry infected and when was he most likely infected?
- Has Larry notified his wife? / Is Larry's wife aware of his infection and her exposure?
- Has Larry's wife been tested for HIV? If so, when was Larry's wife's last HIV test?
- Are Larry and his wife sexually active together or potentially sharing blood/blood products in any way (e.g., through needles)?
- Who else could be potentially exposed/be at risk?
- Are any children (especially young children) also possibly at risk if Larry's wife is infected?
- Will there be any risk to the investigator if this notification of infection/exposure brings to light marital issues?
- What resources may be helpful for Larry and his wife in considering the situation?





ABOUT UMNCPHP

The University of Minnesota Center for Public Health Preparedness (UMNCPHP) is part of a coordinated national network of training centers designed to train state and local public health workers and others to prepare for and respond to terrorism incidents, infectious disease outbreaks and emergent public health threats. The UMNCPHP is funded in part by the Centers for Disease Control and Prevention as a member of the national network of centers for public health preparedness.

The UMNCPHP strives to leverage resources through the University of Minnesota School of Public Health Centers for Public Health Education and Outreach. The center works in collaboration with state and local departments of health to create a strong public health system through assessment, training, education and evaluation with a primary service area of Minnesota, North Dakota and Wisconsin. The primary purpose of these educational activities is to build competency for preparation, response and recovery from public health threats and emergencies.

PROVIDING NATIONAL LEADERSHIP IN:

- ♦ Occupational safety and worker preparedness
- ♦ Cross border preparedness
- ♦ Food safety and biosecurity
- ♦ Preparedness education evaluation methods
- ♦ Environmental health capacity building
- ♦ Rural and agroterrorism preparedness

CENTERS FOR PUBLIC HEALTH EDUCATION AND OUTREACH (CPHEO)

The Centers for Public Health Education and Outreach (CPHEO) within the University of Minnesota School of Public Health build excellence in professional public health leadership and practice. CPHEO brings together academic and public health professionals in pursuit of lifelong learning to improve the public health workforce and to promote understanding of population health.

CPHEO is committed to making public health education available to a broad range of practicing professionals.

CPHEO SUPPORTS, COORDINATES, and MANAGES:

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- ♦ The Public Health Practice Major including:
- ♦ Executive Program in Public Health Practice
- ♦ Public Health Certificate Core Concepts
- ♦ Public Health Certificate in food Safety and Biosecurity
- ♦ Public Health Certificate in Preparedness, Response and Recovery
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