



## SESSION 3: ESSENTIAL ELEMENTS OF DOT – PART 2

### INTRODUCTION

In this 2-hour session, participants will learn about the use of incentives and enablers as one essential element of a DOT program. The importance of patient education will be emphasized, and participants will explore various methods of sharing correct information about tuberculosis with patients. Finally, questions concerning the topic of confidentiality will be addressed, including: What are a patient's rights regarding confidentiality? When can confidentiality be broken? What specific measures can protect a patient's confidentiality in the clinic and in the field?

### Learning objectives

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

1. Define the role of incentives and enablers
2. Name at least six examples of incentives or enablers
3. Describe three methods for educating TB patients
4. List at least five ways in which a patient's confidentiality can be protected in the field or clinic

### Material in this session is adapted from:

- *Improving Patient Adherence to Tuberculosis Treatment*. Atlanta: Centers for Disease Control and Prevention; 1994.
- *Self-Study Modules on Tuberculosis: Module 7, Confidentiality in Tuberculosis Control*. Atlanta: Centers for Disease Control and Prevention; 1999.
- *Self-Study Modules on Tuberculosis: Module 9, Patient Adherence to Tuberculosis Treatment*. Atlanta: Centers for Disease Control and Prevention; 1999.
- *Using Incentives and Enablers in the Tuberculosis Control Program*. Columbia: American Lung Association of South Carolina and South Carolina Department of Health and Environmental Control, Division of Tuberculosis Control; 1989.

## I. INCENTIVES AND ENABLERS

### A. What is an incentive?

Incentives are small rewards given to patients to encourage them to either take their medications or keep their clinic or field DOT appointments. Incentives can be large or small, but should be tailored to the patient's needs. The best time to begin using incentives is after a good relationship has been established with a patient.

#### ► ACTIVITY

#### What Are Examples of Incentives?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## B. What is an enabler?

Enablers are those things that make it possible or easier for patients to receive treatment or to keep clinic or field DOT appointments by overcoming barriers. For example, if a patient cannot come to clinic appointments because he/she has no transportation, a bus pass would be an enabler. Enablers can be very helpful in getting a patient started on treatment and should be provided as soon as treatment starts.

### ► ACTIVITY

#### What Are Examples of Enablers?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## C. Limitations of incentives and enablers

There are no easy answers on how to motivate or enable patients to take their TB medications. The motivating effect of incentives can wear off over time. Some patients may feel as if the health care worker is trying to bribe them into accepting treatment. This is more likely to happen if the health care worker has not gained the patient's trust before offering the incentive. Both incentives and enablers must be combined with an attitude of caring and concern for the patient. They are never a substitute for a high-quality relationship with the patient based on trust, effective communication, and mutual respect.

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**Incentive/Enabler Case Studies**

**Case Study #1**

Miguel Serrano is a recent immigrant from the Philippines who is working two jobs to support his wife and three children. He has been on DOT for 2 months and his TB symptoms have greatly improved. Miguel has kept daily DOT appointments with the health care worker, but recently has missed two appointments and skipped his last clinic visit.

Why might Mr. Serrano be nonadherent?

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What incentives or enablers might help Mr. Serrano to keep his appointments and adhere to his treatment?

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**Case Study #2**

Traci Shaw is a 23-year-old woman who has struggled with substance abuse and homelessness. She has recently been released from the hospital after two weeks of treatment for pulmonary TB. In the hospital, Traci told the public health nurse that she wanted to stay off drugs and find a job so she could eventually get her own apartment. Traci currently sleeps on the couch in the home of some friends where her DOT worker delivers her medicine each day.

What challenges exist for Traci to complete her TB treatment?

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What incentives or enablers might help Traci to adhere to her treatment?

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## II. PATIENT EDUCATION

### A. Purpose of TB patient education

1. Provide information
2. Correct misinformation
3. Improve patient adherence
4. Improve success of treatment
5. Improve success of contact investigation

### B. Teaching/learning principles

1. Learning will occur only if the information presented is meaningful to the client's needs, comprehensive, and presented in an appropriate manner
2. Factors that can influence a patient's readiness to learn include: a) level of anxiety, b) educational background, c) level of maturity, d) past experiences, e) needs and priorities, and f) level of denial
3. Teaching should be interactive
4. Adults retain more when they use all their senses. Studies show that adults will remember:
  - 10% of what they read
  - 20% of what they hear
  - 30% of what they see
  - 50% of what they hear and see
  - 70% of what they say or write
  - 90% of what they do

### C. Assessing the patient's knowledge and attitudes about TB

Use open-ended questions to help you gain information about what your patient understands and feels about TB. These are questions that cannot be answered with a simple "yes" or "no," and begin with words like, *Who? What? When? Where? Why? How? Tell me about... Explain to me...*

#### ► ACTIVITY

#### Examples of Open-ended Questions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## D. Effective education techniques

1. Use simple, nonmedical terms.
2. Use the appropriate language level for the patient.
3. Limit the amount of information in any given discussion.
4. Discuss the most important topics first and last.
5. Repeat important information.
6. Use concrete examples.
7. Provide patients with information in written words or pictures.
8. Check for understanding by using open-ended questions.

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#### Patient Education Role Play

What would you say to a patient who makes one of the following statements?

1. "I feel much better now, so I don't need to keep taking all those pills."
2. "Back in the Philippines, everyone I know tests positive for TB. It's no big deal."
3. "I think I got TB from someone at work drinking from my thermos."
4. "The TB pills you're talking about won't help me. My family's doctor gave me some special herbs to take."
5. "I can't come to the clinic. I don't want to be reported to immigration."
6. "If my family finds out I have TB, they won't let me back into the house."
7. "I don't have time to meet you everyday for these medicines; I work two jobs."
8. "I have TB?? Back home in India I know many people who have died from TB!!"
9. "Just leave the whole bottle of pills with me. I'll take them on my own. I'm not a child!"
10. "I heard that these pills hurt your liver."

### III. CONFIDENTIALITY

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#### Confidentiality (Video)

Why is confidentiality so important for successful TB control?

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

#### A. What are a patient's rights?

1. The right to give or withhold authorization of disclosures (except as otherwise provided by law). The patient 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 patient'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 patient's decisions.
4. The right to be given information. The patient has a right to information about his or her medical diagnosis, treatment, and progress. This allows the patient to make informed decisions about his or her health care.
5. The right to refuse treatment. (Such refusal, of course, may have consequences such as detainment in isolation.)

#### B. How can confidentiality be protected?

## MEASURES TO PROTECT PATIENT CONFIDENTIALITY

### 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
- Keep printouts of electronic information in a restricted or locked area; printouts that are no longer needed should be destroyed

### 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.

[Source: *Self-Study Modules on Tuberculosis, Module 7: Confidentiality in Tuberculosis Control*. Atlanta: Centers for Disease Control and Prevention; 1999, p. 53]



► **ACTIVITY**

**How Was Confidentiality Broken? (video)**

**The Nosy Neighbor – “wrong” version**

How was confidentiality broken in this situation?

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**The Nosy Neighbor – “right” version**

What steps did the health care worker take to protect confidentiality?

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**Data Leaks – “wrong” version**

How was confidentiality broken in this situation?

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**Data Leaks – “right” version**

What steps did the health care worker take to protect confidentiality?

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**A Contact Wants to Know – “wrong” version**

How was confidentiality broken in this situation?

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**A Contact Wants to Know – “right” version**

What steps did the health care worker take to protect confidentiality?

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## REVIEW QUESTIONS

1) What is the role of incentives and enablers?

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2) What are three examples of incentives?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3) What are three examples of enablers?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4) What are three techniques to use when educating TB patients?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5) List five ways in which a patient's confidentiality can be protected in the field or clinic.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

## ADDITIONAL RESOURCES

- *Core Curriculum on Tuberculosis, 4th ed.* Atlanta: Centers for Disease Control and Prevention; 2000.
- *Improving Patient Adherence to Tuberculosis Treatment.* Atlanta: Centers for Disease Control and Prevention; 1994.
- *Improving Tuberculosis Treatment and Control: An Agenda for Behavioral, Social and Health Services Research.* Proceedings of Tuberculosis and Behavior: National Workshop on Research for the 21st Century: 1994, Aug 28 – 30; Bethesda, MD. Atlanta: Centers for Disease Control and Prevention; 1995.
- *Self-Study Modules on Tuberculosis: 1–5.* Atlanta: Centers for Disease Control and Prevention; 1995.
- *Self-Study Modules on Tuberculosis: 6–9.* Atlanta: Centers for Disease Control and Prevention; 1999.
- *Social Support Services for Tuberculosis Clients.* New York: Charles P. Felton National Tuberculosis Center; 1999.
- Sumartojo E. Adherence to the tuberculosis treatment plan. In: Cohen FL, Durham JD, eds. *Tuberculosis: A Sourcebook for Nursing Practice.* New York, NY: Springer Publishing Co.; 1995; chap 7.
- *Using Incentives and Enablers in the Tuberculosis Control Program.* Columbia: American Lung Association of South Carolina and South Carolina Department of Health and Environmental Control, Division of Tuberculosis Control; 1989
- <http://www.harlemtbcenter.org>  
Charles P. Felton National Tuberculosis Center at Harlem Hospital
- <http://www.cdc.gov/nchstp/tb>  
Division of TB Elimination, Centers for Disease Control and Prevention
- <http://www.nationaltbcenter.edu>  
Francis J. Curry National Tuberculosis Center
- <http://www.umdnj.edu/ntbcweb>  
New Jersey Medical School National TB Center

