

## Introduction to Interviewing Skills May 2007



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### Session Objectives

- Identify techniques to improve communication during a TB interview
- Describe components of a TB interview
- Demonstrate how to properly plan for an interview
- Recognize the value of performing a TB re-interview as part of an investigation
- Recognize the use of a cluster interview to expand the use of TB contact investigation

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### TB Interview Goals

- Provide appropriate TB education
- Determine period of infectiousness
- Address any problems
- Determine where client spends time (home, work, hangouts, etc...)
- Identify contacts
- Establish contact investigation priorities
- Ensure evaluation and treatment

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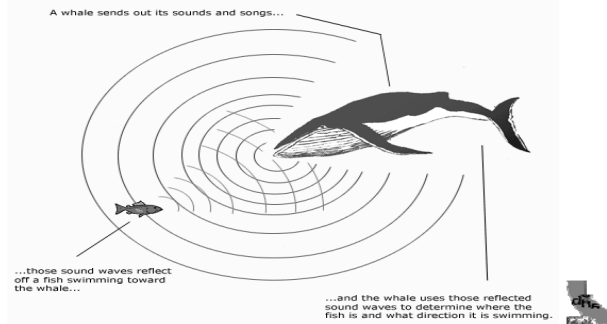
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## Effective Communication

What keeps dialogue open vs. closed?



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## Open vs. Closed Dialogue

### Open

- Eye contact
- Kind tone of voice and facial expressions
- Open-ended questions
- Paraphrasing
- Reflecting
- Clarifying
- Being authentic, inviting, and non-judgmental
- Comfortable setting

### Closed

- No eye contact
- Negative body language
- Having an 'agenda'
- Abrasiveness
- No rapport built
- Close-ended questions
- Patronizing
- Mental vacation
- Interruptions
- Cutting person off
- Sarcasm

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## Questioning Techniques

### Closed-ended questions

- Elicit a yes or no answer
- Can you? Will you? Do you? Could you? Are there?
- Have you ever...?

### Open-ended questions

- Elicit an answer with more information than yes or no
- Who? What? When? Where? How? Why?  
Describe

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## Closed-Ended

- Have you ever had a Tuberculin Skin Test (TST) before?
- Does anyone else live with you?
- Could you tell me where you work?
- Have you ever had an HIV test?
- Do you use drugs?



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## TB Interview

- Foundation to a thorough contact investigation (CI) and identifying contacts
- Dialogue between TB case and healthcare worker
- Opportunity for the patient to get information
- Opportunity for health department to get information



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## Index Case

First case in a family or other defined group to come to the attention of the investigator <sup>(1)</sup>

*In TB— a suspected or confirmed case of pulmonary or laryngeal TB <sup>(2)</sup>*



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## Infectious Period

Time during which an infectious agent may be transferred <sup>(1)</sup>

*In TB – Time period during which the index case was most likely able to transmit TB to others <sup>(2)</sup>*



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## Cheers

- Boston pub
- Longest running situational comedy—aired from 1982–1993
- A bar where everybody knows your name
- Fictitious scenario to exemplify TB case interview process



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## Interview Planning

When do you plan?

- Prior to meeting and interviewing case
- Every case requiring an interview and contact investigation

Why plan?

- Determine TB interview objectives (e.g., identify closest contacts, clarify isolation)
- Be prepared for what might be encountered (e.g., inconsistencies with medical records)



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## How Do You Plan?



- Review case information
- Collect disease related information (e.g., symptoms history, site of disease, and chest x-ray results)
- Plan interview setting
- Know your infectious period (*remember a case's current high priority contacts may be different now than other times within their infectious period*)



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## Planning to Interview Cliff



Initial case report:

- Received from Boston General 5/1/07
- Patient = Cliff Calvin
- Occupation = postal worker
- Single and 47 years old
- Diagnosis = active infectious TB, 3+ smear
- Started TB treatment 5/1/07



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## Planning Considerations

- Place to interview Cliff
- Speak with hospital RN (identify any of Cliff's concerns)
- Review medical chart (Is Cliff being consistent?)
- Key interview objectives specific to Cliff
- Questions we might ask: Type of symptoms; symptoms length (establish infectious period); daily work duties



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## TB Interview Components

- INTRODUCTION
- BODY
- CONCLUSION
- FOLLOW-UP



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## Introduction

- Foundation of interview
- Introduce yourself and purpose
- Establish rapport/gain client's confidence
- Discuss confidentiality



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## Cliff Intro

- Hi Cliff, my name is Michael and I...
- What have the MDs/RNs told you about your TB disease?
- Confidentiality
- The nurse tells me you've had several friends come visit you from your favorite pub, I've been there it's...



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## Body

- Identify and resolve problems
- Educate about TB and modes of transmission
- Reinforce treatment plan
- Assess and encourage adherence
- Obtain contact information
- Methods to refer contacts
- Answer questions



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## Cliff Interview “Body” Example Questions



- Sounds like you were pretty sick/coughing a lot, when did you start having symptoms?
- Describe your postal duties
- How often do you visit Cheers and who do you usually talk with?
- What would be the best way to inform your mom about her exposure to TB?
- What other questions do you have about TB?



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## Conclusion

- Summarize main points
- Answer any last minute questions
- Establish date of next interview and medical appointment

## Follow-up

- Develop plans for next interaction
- Document interview findings



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## Summary Interview Findings



- Infectious period = 12/1/06–5/1/07
- Lives with mother
- RNs have provided information on TB but patient still has some TB misconceptions
- Postal employee for 21 years (outdoors but trains new employees)

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## Summary Interview Findings (2)



- Visits “Cheers” nightly from ~ 6–11 pm
- Friends: Norm, Carla, Sammy, Diane, Frasier, Lillith, Coach, and Woody
- Retained enormous amount of insignificant trivia  
*“It’s a little known fact that the tan became popular in what is known as the Bronze Age.”*  
*and “When you sneeze, all your bodily functions stop—even your heart.” – Cliff Clavin*

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## Interview Location

- When possible: interview in patient residence
- Residence may reveal additional contacts
- Residence may provide additional concerns
- Usually more productive



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## Field Investigation and Locating Patients



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## Initial Investigation Findings

- Home
  - 1 new suspect (mother)
- Work
  - Trained six new staff during infectious period
  - 6 staff screened, 2 with +TST (one conversion)
- Leisure
  - 3 at bar with TB infection
  - 2 at bar (unable to locate Lillith and Sammy)



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## Re-interview

- Interview after initial interaction with case
- Planned interaction
- Possibly done by another healthcare worker
- Should be performed one or more times <sup>(1,2)</sup>
- Original/initial interview may have incomplete information (e.g., case is ill, rapport/trust not yet established, could not recall all contacts, isolate concerns)

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## Re-interview Purpose

- Gather and clarify additional information
- Identify additional and/or missed contacts
- Prove or disprove case development



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## Cliff's Investigation and Planning to Re-interview

- What does your case analysis tell you?
- What else do we need to know?
- What questions would you ask during a re-interview?



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## Cliff Re-interview

- Who else has visited the home?
- What are his other work activities?
- Who has he trained?
- Where might he find Lilith and Sammy, outside of Cheers?



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## Re-interview Findings



- Visitors: cousin with infant daughter; spends 1 weekend/month in Cliff's apartment
- Other work activities: none
- Work trainees: names seven trainees (investigation was aware of six)
- Finding Sammy: doesn't want to tell (afraid of losing bar privileges)
- Finding Lilith: Psychiatrist on the east side

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## Social Networking and Clustering Wants You



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## Social Network (SN)

- A group of people interconnected by common behavior, activities, or other ties such as:
  - Drug use
  - Common sex partners
  - Common gathering places
    - e.g., church, work, beauty salons, bars
  - Other connections that promote disease transmission

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## SN (2)

- SN reduces the emphasis on individuals and focuses on the 'group' and places in which infection might exist
- SN ≠ SN analysis



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## Clustering

- Planned interview with a contact to case
  - *Who are his/her closest friends?*
  - *Where does he/she spend most of their time?*
  - *What other places does he/she work?*
- Identifies other possible places of transmission
- Widens/narrows the investigation



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## Clustering (2)

- Reaffirms index patient's information about contacts
- OR**
- Contrasts/disproves index patient's side of the story



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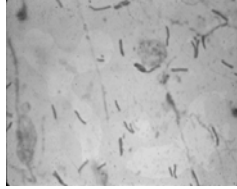
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## Use of Clustering and SN in TB Control

- Identify possible places of transmission
- Increase understanding of the index patient's "circle" through interviewing contacts
- Pursue contacts without much locating information



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## When to Use SN and Clustering Strategies

- Case might be withholding information
- Pediatric and deceased cases
- Pieces are not fitting together
- Possibly more important for some cases
  - Very "social" case
  - Very infectious case
  - Long infectious period
  - Homeless case
- Epidemiology indicates transmission is occurring



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## SN at Cheers

- Cliff named eight contacts/friends always at the bar
- Clarify if there are other regulars



"Oh him, that's Bob. He's a permanent fixture in here."



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## Clustering Cliff's Contacts

- Woody loves to talk
- Mother is a suspect and might provide additional information



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## Don't Forget: Confidentiality



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## In Summary



- Effective interviewing is an essential ingredient to TB control
- Properly planning and executing interviews are key to our overall TB investigation
- Re-interviews identify additional information and are instrumental for a thorough investigation
- SN and clustering often expand your TB investigation



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2. California Department of Health Services and California TB Controllers Association. Joint Guidelines for TB Treatment and Control in California. 2001
3. Center for Disease Control and Prevention. MMWR. Guidelines for the Investigation of Contacts of Persons with Infectious TB. 2005



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## Acknowledgements

Anne Cass, MPH  
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