

Brief Introduction on TB Case Management Deskguide

The Deskguide was developed by the China Working Group. This deskguide is based on the generic version from the Nuffield, University of Leeds, reflecting TB control experiences from several countries. The content has been fully adapted into China according to its national policy guide and health system. It aims to make the national policy guide more practical and user-friendly for county level TB staff at the daily basis. The deskguide was reviewed and revised by the national and provincial health authorities and approved by them.

The deskguide involves daily TB management activities, that is, from how to identify a suspect, through diagnosis, treatment, education and counselling, until declaring the results. The Deskguide clarify different roles for the clinicians and public health doctors at both county and township level among each procedure of the activities.

KEY POINT**The major topics of TB Case Management Deskguide include:**

- How to strength the communication with the patients(Page 1)
- Educating patients and selecting patient treatment supporters (Page7-9)
- Educating patient treatment supporters (Page 11)
- Follow up interview patients at their home (Page 14)
- Reviewing patients at the TB dispensary (Page 15-17).

Pages 18-20 illustrate the “Retrieving lost patients” and “Managing Treatment Interruption” in detailed which can be followed if necessary.

☞ We will discuss the key points above one by one. Now please have a quick review on the deskguide of the major bullets and formats.

As professional health workers, you must have taken various professional TB prevention training and have been taught how to take a medical history and have personal experience of speaking to patients about their symptoms. But, most training teaches only the facts of history taking, and not the skills of how to actually take a good history. Often we don't realise just how important communication is and how bad our communication skills really are!

This section of our course will consider these important communication skills. Effective communication is important at several different stages of the TB care process. A person is more likely to complete his treatment if he knows what the diagnosis is, understands why the treatment takes so long, and knows the dangers of stopping treatment early. Doctors also know that the way these issues are discussed affects how well a patient understands these points.

WHY IS GOOD COMMUNICATION IMPORTANT?

Good communication is an essential part of good quality care. When ill and seeking help from the health service many patients feel awkward and vulnerable. This can make them lose confidence and not be able to explain their problem well. In addition, many TB patients are poor and not well educated. They feel intimidated by the health worker and reluctant to correct him or her if they have misunderstood.

If the quality of care provided by our health service is of a low standard they may turn instead to unqualified healers or try to buy medicines and treat themselves. This may occur if the patient has trouble speaking to the staff. Similarly patients may stop taking their treatment early if the health workers are rude and unsympathetic, as this behaviour will naturally make a patient reluctant to come back to the health service for review. It is obvious from these examples how poor communication can contribute to poor control of TB.

From the Doctor's point of view, good communication is also important as:

- Correct and complete information is vital for diagnosis
- Two-way communications with the patient is vital so that we know what the patient understands about his treatment and completes the whole treatment.
- Without good communication skills the health worker may miss information that may affect:

- Correct diagnosis
- Finding out whether the patient is a new or re-treatment case
- The choice of treatment supporter
- Compliance with treatment and cure

At the same time, we should know that when asking for help, TB patients always:

- Worried about the cause of TB and whether they can be treated.
- Embarrassed by the social stigma of TB
- Worried about the attitude of the health worker
- Concerned about being learned as a TB patients by others accidentally.

Therefore, a health worker with good communication skills could help patients overcome these difficulties.

☞ **Organize an example role-play with co-facilitator on the following setting:**

A Doctor has been asked to see a patient who has come to the hospital for help. The Doctor is busy and impatient to get to the outpatient department round. He rushes in and starts talking to the patient without even greeting the patient or shutting the door. All the time he is asking questions, the health worker doesn't look at the patient but only at the records. He doesn't notice that the patient is anxiety-ridden and almost tearful. During the consultation many patients are wandering past the door looking in. Half way through the interview the telephone rings and the health worker talks on the phone for 5 minutes. After finishing on the phone the health worker looks at his watch, quickly writes a prescription, and leaves.

Even without knowing what questions the health worker asked the patient we know that he has shown very poor communication skills! This has included:

- *Lack of privacy*
- *Allowing interruptions*
- *Not looking at the patient*
- *Not explaining things to the patient*

☞ Turn to Page 3, Training Module(TM) and ask them to read Page 3 to 4.

THE PRINCIPLES OF EFFECTIVE COMMUNICATION

There are 2 basic stages to effective communication:

First, the health worker must be open and receptive to the feelings and attitudes of the patient. Imagine a patient who is waiting to hear test results about a serious disease. An

open health worker will notice that the patient is anxious about the result and nervous in case other people hear the results.

Second, the health worker must be able to make an appropriate response. In the above situation the appropriate response will be to ensure that the results are given in private and without interruption. The responsive health worker will say some words that acknowledge the patient's feelings. This is called showing empathy

The health worker should be able to remember the feelings expressed by his or her patients and realize that other patients may be in a similar situation and have similar emotions. Indeed when health workers are themselves ill, they often feel similar emotions themselves.

QUESTIONS...QUESTIONS...QUESTIONS...

The types of questions used by a health worker also affect how well he or she communicates. We will consider 3 types of questions:

Open questions: Open questions are ones where there is no fixed answer and the patient can therefore answer the question in his/her own way. Always start taking a history by using open questions and only move onto more closed questions later.

Closed questions: Closed questions are phrased very specifically requiring the answer "yes" or "no". If closed questions are used at the beginning of an interview, patients tend to answer quickly without thinking, and tend to say what they think you want to hear. However, closed questions are useful at the end of discussing a point in the history as they allow you to clarify what the patient has said earlier in response to open questions.

Leading questions: These are questions phrased in a way that leads the patient to give a particular answer. They are to be avoided as they can result in misleading information.

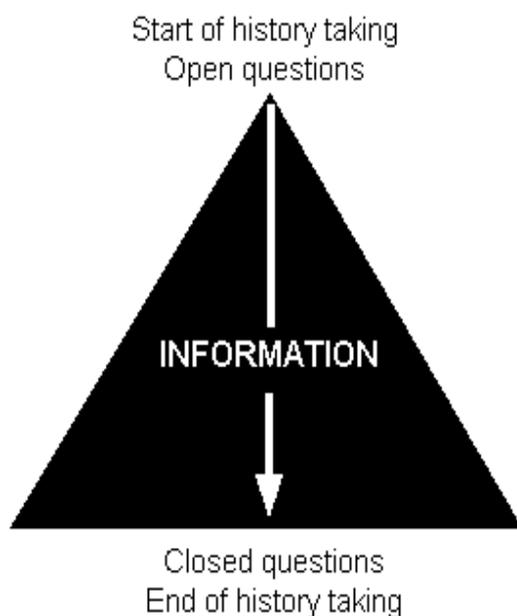
Let us consider the use of different types of questions with relation to TB. The most important symptom of TB is a prolonged cough and any person who has been coughing for more than 3 weeks should be considered as possibly having TB. Careful, non-leading, questions about the duration of cough are particularly important.

For example if a patient mentions they have a "bad cough", you may ask an open question such as "tell me more about your cough". If this doesn't give you the information that you need, for example the duration of cough, then ask a more specific question. However be sure to use another open question such as "how long have you had this cough?"

If this doesn't get a clear answer, you may then need to ask a closed question but with alternatives, such as "has this episode of cough been for a week or a month or longer?"

Another way of offering alternatives would be to ask "did your cough start before or after...?" (Insert a locally appropriate event or date. A different event or date can be used depending on the time of year.)

Avoid asking very closed questions, especially at the beginning of the consultation. If you ask a closed question, such as "have you been coughing for more than 2 weeks?" the patient may answer quickly without proper consideration and not give the correct yes or no answer.





WRITTEN EXERCISE

This is a quick exercise to see if we can recognize different types of question used in consultations and interviews. For each question listed below decide if it is:

- A. An open question
- B. A closed question
- C. A leading question

Questions:

1. Tell me why you have come to the treatment centre today?
2. Is there blood in your sputum?
3. You've had your cough for more than 2 weeks?
4. Why are you worried about TB?
5. You said that your father is ill. Did the doctors say what was wrong with him?

Answers:

The answers are given below. If you find that you disagree with the answers we have given then discuss them with your colleagues and the facilitators.

Remember that leading questions are particularly dangerous and are to be avoided. To remind yourself of this, cross out the questions above that are leading questions.

Question 1 – (A) open question

Question 2 – (B) closed question

Question 3 – (C) leading question

Question 4 – (A) open question

Question 5 – (B) closed question

COMMUNICATION W.E.L.L

A useful way of remembering some of these ideas is to remember the acronym: **WELL**.

W =welcome your patient

- Ensure privacy and confidentiality
- Greet the patient in a friendly manner (for example: hello Mr/Mrs... please come in")
- Offer him/'her a seat
- Ask his/her name
- Show empathy(I understand how you feel)

E = encourage your patient to talk

- Ask general questions "what is your problem", "what are you concerned about"
- allow your patient to answer
- nod, agree or say "tell me more about that" to help your patient explain

L =look at your patient

- make sure that your facial expression is warm and friendly
- maintain eye contact with your patient as he/she speaks
- observe his/her feelings, as well as his/her general medical condition

L =listen to your patient

- listen carefully to what your patient has to say and do not interrupt him/her.
- show the patient that you are interested in what he/she are saying

By communicating well with people we can improve a patient's understanding of his/her problem. With better understanding of his illness the patient is more likely to continue a full course of treatment and be cured.

Learning to communicate well is like learning any skill - it needs practice! During this course we will practise these communication skills when we practise the various roles of the health worker in the TB programme. However, even after the course you will need to continue to practise these skills in your daily work.

KEY POINTS

In order for the district TB programme to be effective every health worker must have:

- **basic understanding of TB illness**
- **good communication skills**

☞ Now please turn to page 1, the deskguide, ask the participants to read. Answer any questions or comments.

☞ Now let's practise a role-play exercise on how to properly identify TB suspects.

☞ ***Organise and explain the role-play principle according to the Facilitator's Guide.***

ROLE-PLAY



- Patient: You are a married mother. You take your kid to the county clinic for injection. At the same time, you mention to the doctor that you are ill, you cough and have a fever. When the doctor mentions again the TB to you, you are very surprised, for you have been treated TB before. Being ill, you need doctor's help, so you agree with the treatment. Though you left a sputum sample, you don't remember when it was examined.

Role play the scenario of symptom checking between a patient and a doctor. The doctor should use skills learnt in the chapter to identify a TB suspect.

After the role-play, ask the patient:

Are the health workers polite to you?

Have the health worker explain clearly the whole matter to you?

Do you know why you need to take sputum examinations? How many samples does it need and when to be sent?

After explanation, do you know how to give a correct sputum?

Exchange the roles and then feed back their feeling of playing the patient to see whether he has understood the doctor's advice.

Introduction

Once the patient has learnt about TB, he or she must now learn about how the TB care is organized. Again this will usually be done by the doctors from the County Disease Control Center or the diagnostic center.

This activity will be split into separate tasks that the participants will study in turn. They are:

1. Educate the patient about the basic knowledge of TB.
2. Educate about the importance and organization of TB treatment supporter
3. Help the patient to select the most appropriate treatment supporter
4. Contact with the treatment supporter and the patient and interview them.

TASK 1: EDUCATE ABOUT THE IMPORTANCE AND ORGANISATION OF TB TREATMENT

☞ **Please turn to Page 7 and illustrated that it can be used for educating patients about some key information. Ask participants to read this page for 1-2 minutes.**

Patients need to understand how their treatment will be organised. Once again we need to be aware that patients may already have some ideas about TB treatment, based upon the previous experience of themselves or families. Though now TB patients need not be checked in the hospital, they need to realise that TB remains a serious illness, which still need to be treated seriously.

What's more, it is very important to explain the importance of treatment supporter to a patient and how to help the patient to identify an acceptable and affordable means of supervising his or her treatment.

☞ **Now, ask your participants to read the second point in page 8, Deskguide.**

☞ **Now turn to Page 9, TM, ask your participants to read this page.**

Explain that Here are some issues that need to be considered:

- The most important point is to convince the patient that continued the whole treatment is essential in order to ensure that he/she is cured on completion of treatment. Meanwhile it's also very important to make understand the patient appreciates the need to identify a person who can support him/her to complete treatment without interruptions.
- The concept of a patient taking tablets under supervision may be difficult for patients to grasp. Patients generally take time to understand. Patience is therefore required. Telling the patient you must do this is not an effective way. Rather it is necessary to discuss the advantages of such an approach. Explain each point, then wait while the patient responds, and answer their questions. By having a genuine two-way conversation between you and the patient, respecting their suggestion, most patients will be convinced of the benefits of supervised treatment.
- Having a treatment supporter is important, as most TB patients forget to take tablets, especially several weeks before the intensive phase after the treatment, they start feeling well and return to work. Observed treatment is especially critical during the first

two months of treatment when the patient may be seriously ill with seriously side-effects; some of them will stop taking the pills; or they may have the risk of drug resistance and most likely to transmit TB.

- Treatment supporters have generally been shown to be helpful in encouraging patients to take the right tablets for the right length of time and therefore increase the chances of the patient getting cured.
- Remember that imposing a very inconvenient way of treatment support to the patient might lead to him later defaulting from treatment. The most appropriate and convenient treatment supporter should be selected for each. The patient has the choice, and their opinions, suggestions and requirements must be respected. By a two-way conversation between the health worker and patient, together an acceptable form of treatment support can be identified.

☞ **Ask whether there are questions or comments, discuss if any (5 minutes at most)**

☞ **Summarize and stress:**

We should realize that if we make patients fully aware of the importance of non-interruption treatment and the relevant treatment arrangements, this will effectively help patients improve their treatment compliance.

Follow the instruction on Page 7-8 of the deskguide of the key TB information. Try to cover all of them when educating patients.

It's suggested that key information on Page 7-8 of deskguide can be printed out for distributing to the patients and their treatment supporters.

☞ Discuss if there's any questions or comments.

☞ Now let's practise the role-play: How to education patients on key information.

☞ *Organise role-play and explain the principles according to the Facilitators' Guide.*



PRACTICE EXERCISES

Exercise 1

SETTING:

This exercise has been written to help you educate the patient. We will be considering the case of *Xiao Wang* – the 21-year-old mother who has been diagnosed with sputum positive TB.

PRACTICE EXERCISE 1**INSTRUCTIONS FOR THE DOCTORS IN COUNTY DISEASE CONTROL CENTER / TB CONTROL CENTER**

Explain the procedures of treatment support to Xiao Wang. Do remember, Xiao Wang is newly diagnosed a sputum positive TB patient and she is afraid of being learned as a TB patient by others.

Remember to consider the communication skills that we studied earlier on in the course. Good communication, by means of a 2-way conversation in which the opinions and suggestion of the patient are considered, is very important at this stage of the TB management process

TASK 2: HELP THE PATIENT TO SELECT THE MOST APPROPRIATE TREATMENT SUPPORTER

To identify a suitable and acceptable treatment supporter for a patient is the key to directly observed therapy.

According to the suggestion from WHO, the choice of a suitable treatment supporter should be appropriate to the specific needs of the patient and should involve flexibility and innovation identifying an appropriate person. The choice of treatment supporters is made on the basis of one underlying principle. That is:

The treatment supporter must be is accountable to the health services to the health workers like us and accessible to the patient.

This is usually done by the doctors from the County Diseases Control Center or TB Control Center.

☞ Please turn to page 9, Deskguide, ask the participants to read “Task 2”.

☞ Ask and stress:

1. Patient can decide who will be his/her treatment supporter.
2. Who can be the best treatment supporter to choose ? (your family member, or relatives or neighbours living close to your home, or the village’s doctor as well as the community health worker.)
3. What standards to be followed? and according to what standards ?(Someone who lives close to the patient and can see the patient every two days/ Someone who has time to observe the patient taking tablets every two days./ Someone who concerns the treatment and the patient’s situation. / Someone who is reliable and can supervise the patient to take the right dose of tablets each time.)
4. If these factors are not adequately considered at the time of selecting the supporter, supervision is more likely to fail or to face problems at a later stage. The following table includes some examples of types of questions to ask. Using an unacceptable or unsuitable treatment supporter can lead to patient later deciding not to continue taking treatment or to the patient seeking care elsewhere. This will make TB treatment more difficult to be cured.
5. In the case of a family member supporting the treatment, the patient should notify the village doctor that you are under TB treatment and tell him something about your treatment supporter. At the same time, in order to assure treatment is good, the patient should visit the doctor every week.
6. In the case of village health worker supporting the treatment, the patient will have to go to the village doctor’s every the other day (at a mutually agreed time) for supervised intake of tablets.

Task 3: CONTACT WITH THE TREATMENT SUPPORTER AND MEET HIM

After having chosen the treatment supporter, tell him/ her to visit County Disease Prevention and Control Centre within a week. If he is a village doctor, township public health doctor of the town clinic and the patient himself can notify him about that. If the supporter is a family member or one of the neighbors, the patient can take the job directly. If the supporter fails to come within the regulated time, notify him by any means possible, including home visit if necessary:

- Notify treatment supporter through township public health worker

- Call the patient directly
- Visit the patient in person by the township public health worker if necessary

☞ Now let's practise role-play: how to choose a proper treatment supporter and arrange meeting with treatment supporter.

☞ **Organise role-play and explain according to the Facilitator's Guide.**

Role-play



PRACTICE EXERCISES 2

INTRODUCTION TO PRACTICE EXERCISES

Helping a patient to select the most appropriate person to be their treatment supporter is a very important task. We will now spend some time practising the skills involved in this by means of practice exercises.

Setting 1

You are Xiao Li, male, 34 years old, a worker of county tiler factory. You are just diagnosed as sputum positive patient. You have to work from eight a.m. till six p.m. with two hours' break at noon. At home, you have a young wife and a night-year-old daughter. You are afraid of failing to go to the village doctor's. What's more, the village doctor runs his own drugstore and he is so busy that he has not time to come to yours'. You are worried about infecting the disease to your family members.

The other two members of your group will play the role of doctor and the role play observer.

Setting 2

You are Xiao Hong, 23, diagnosed as a smear positive patient. Used to work in the other City with her husband but came back alone to her hometown for the illness. She lives with her parents-in-law who are both healthy.

Her father-in-law accompanied her to the hospital.

Three members of your group will play the role of doctor in charge, the accompanied person(father-in-law) and the observer.

Setting 3

Xiao Hong, 23, diagnosed as a smear positive patient. Used to work in the other City with her husband but came back alone to her hometown for the illness. She lives with her parents-in-law who are both healthy.

Her sister who lives in the county(not lives with her in the town) accompanied her to the hospital.

Three members of your group will play the role of doctor in charge, the accompanied person(sister) and the observer.

During the practice exercise try to act as a patient like *patient and people* really would act. Also imagine what *the patient* is feeling. Help the patient to choose an appropriate treatment supporter. After the practice exercise, talk with your partner about what you have done well so that you can get it improved next time.

GROUP DISCUSSION ABOUT PRACTICE EXERCISES 1 AND 2

After finishing practice exercises 1 and 2, and discussing within each group, the participants of the course will all join together and have a group discussion. This discussion will be led by the facilitator.

Please take notes about the key points arising in the discussion.

KEY POINTS

All patients who have been diagnosed with TB need to receive relevant education about TB care and management.

Let all patients understand the importance of TB treatment being supervised by a treatment supporter.

The exacted person to be a treatment supporter should be:

- **Living nearby**
- **Available**
- **Reliable**
- **Concerned**
- **Committed**

The exact person to be the treatment supporter should be chosen during joint discussion between the TB health worker and the patient.

If the accompanied person is not qualified as a treatment supporter, select another suitable one.

Inform the selected treatment supporter to the County TB dispensary to receive training, Or can be done by the health worker at patient's home within one week.

INTRODUCTION

Once a person has been selected as a Treatment Supporter, TB doctors will explain his or her responsibility of being a treatment supporter and ensure that they have the responsibility, skills and knowledge necessary for the job.

☞ Please turn to page 16, the TM. Ask participants to read.

The Treatment Supporter must be able to do all 8 tasks required during the TB management:

1. Agreeing to be the Treatment Supporter
2. Patients collect the tablets, on a monthly basis, and store them safely
3. Directly observing the intake of tablets, that is the right number of drugs and dosage
4. Recording the patient's intake of drugs in the Treatment Supporter card
5. Reminding the patient to attend the County Disease Control Centre and TB Control Centre for review as required every month.
6. Identifying possible side-effects and refer to the County Disease Control Centre and TB Control Centre if necessary.
7. Helping the patient to overcome difficulties arising during the treatment
8. Supervising the patient to continue his / her treatment when the patient misses the intake of drugs.

☞ Summarize and stress:

1. The role of the patient's treatment supporter is critical to the TB care.

2. A treatment supporter can only fulfill this role successfully if he or she is properly trained and supported.
3. Training of the treatment supporter is consequently one of the most important tasks for the TB case management.
4. We will learn how to train the treatment supports by tasks in the following sessions.

☞ Please turn to Page 11 of the deskguide, ask participants to read this page.

☞ Explains:

TASK 1: AGREEING TO BE THE TREATMENT SUPPORTER

Once the consensus is made with the patient, the supervisory doctor will keep in touch with the treatment supporter and arrange a meet, educate him / her within a week. The treatment supporter should be helpful and committed. He should have a clear understanding of his responsibility.

We should introduce to the treatment supporter the importance of TB treatment and the role of being a supporter. After the training, the treatment supporter should have a certain understanding of the basic TB knowledge, at the same time, he will know that to be a treatment supporter, he and his family members will not be at the risk of getting TB. The supervisory doctor can consult the TB training information on page 7 and page 11, which is about self-protection in the Deskguide.

TASK 2: THE PATIENT OR THE TREATMENT SUPPORTER COLLECTS THE TABLETS MONTHLY AND STORE THEM SAFELY

The patient will collect the drugs from the County Disease Control Center/ TB Control Center every month. If necessary, the patient should collect the drugs with the treatment supporter together.

The treatment supporter should keep the drugs in a safe place and out of reach of children. In addition, the storage place should be dry and cool.

TASK 3: DIRECTLY OBSERVING THE INTAKE OF THE TABLETS

The treatment supporter must understand exactly the dosage and intake time of the patient. This is especially important if the treatment supporter has more than one patient under his/her care. The treatment supporter should supervise the patient to take in the amount of drugs which is prescribed by the doctor of the County Disease Control Centre and TB Control Centre. The Treatment Supporter should never change this if not being permitted by the doctor.

The best way to teach a Treatment Supporter about the exact number and type of tablets needed by a specific patient is to show the actual tablets and then to tell him/ her the right dose a patient should take and the intake methods.

☞ To ensure that direct observation is done properly, please review the contents on page 12 and page 13. If possible, please print out the two pages for distributing to treatment supporters for review.

☞ Summarize and explain:

- 1、 **It is important for the treatment supporter to avoid touching the tablets with his/her hands. This is to stop tiny traces of the drugs, in the form of dust from the tablets, being eaten by the treatment supporter. If a treatment supporter accidentally ate a little bit of TB drugs every day for a long time it could mean that TB treatment wouldn't work for him/her, if he ever needed TB treatment himself. To avoid this problem, the patient supporter can pop the tablets into patient's hands.**
- 2、 The requirement of TB treatment is for every dose of TB treatment taken to be observed by a trained and responsible person. However we know that in the real world certain situations arise which may make this difficult. Very occasionally it may be necessary for the patient to take treatment without observation. This should be only done if the situation is discussed with the Treatment Supporter first and no other solution can be found. It should only be permitted less than 14 days. After return, the patient must check the treatment records with the treatment supporter and note down the intake of the patient.
- 3、 An example would be the situation where a relative of the patient has married and he must travel to attend the wedding ceremony. This is a significant event that cannot be ignored or avoided. In such a case the patient should be advised by the Treatment Supporter and discuss their treatment before the departure. Once the situation has been discussed the number of days away from the home can be calculated and the tablets for that specific number of days given to the patient to take unsupervised. It should be clear to both the patient and the Treatment Supporter the exact time and day that the patient will return to the Treatment Supporter to continue

with observed treatment. When the patient does return a meeting should take place to confirm that the tablets were taken correctly and the Treatment Supporter card completed correctly (see below).

☞ Please turn to Page 16–17, TM. Ask participants to read “Task 4” to “Task 8” .

TASK 4: RECORDING DAILY INTAKE OF DRUGS ON THE TREATMENT CARD

A Treatment record card will be used to record the patient’s fundamental information and the intake of treatment. We need to introduce the layout of the card and its meanings to the treatment supporter. This card is filled by the doctor in the center once a patient is diagnosed with TB and then put a mark X in the relevant square according to the dosage given. It will be given to the patient. After the intake of tablets, the treatment supporter should draw a circle (O) on the relevant X. The circle can not be drew in advance or draw at one time before the patient collects the tablets.

The patient is required to go to the village doctor once a week (or the village doctor is required to visit the patient once a week) so as to assure the treatment has no problems.

TASK 5: REMINDING THE PATIENT TO ATTEND THE COUNTY DISEASE CONTROL CENTER AND TB CONTROL CENTER FOR REVIEW EVERY MONTH

Every month the patient should attend the treatment centre for a review and tablets collection. At this visit the response to treatment and any problems or difficulties addressed will be mainly discussed. The Treatment Supporter should remember the date of this review appointment and remind the patient to attend. They should also remind the patient to take the Treatment Supporter card with him so that the doctor there can see how the tablets has been taken daily. At the same time, the supervisory doctor should give a sputum container to the patient a month earlier the sputum examination so that it’s brought with the patient.

At certain months during the treatment, (for example at the end of intensive phase and end of continuous phase) the patient will also need to do the sputum examination. The Treatment Supporter should remember the date of sputum examination and remind the patient to keep sputum sample of that day. As a support the patient, when sputum examination is redone, the treatment supporter should try his best to accompany him/her. If this is not made possible, the treatment support should concern the result of the patient’s review. If necessary, the patient needs to be observed the intake continually.

TASK 6: IDENTIFYING POSSIBLE SIDE-EFFECTS AND REFERRING

As well as directly observing treatment and encouraging the patient to attend the clinic for follow-up, the Treatment Supporter will also enquire about the health of the patient. This allows one to detect any new symptoms or problems. Obviously a person with TB will be feeling unwell. However, most of these symptoms of TB will have been present at the time of diagnosis and of starting treatment. The role of the Treatment Supporter is to identify any possible new symptoms (such as side-effects to TB drugs) and tell the doctor about that. It is not the role of the Treatment Supporter to decide if a new symptom is serious or not – that is the role of the health worker in the County Disease Control Center or TB Control Center.

TASK 7: SUPPORT AND HELPE THE PATIENT TO OVERCOME DIFFICULTIES ARISING IN THE TREATMENT

The success of treatment support is based on mutual trust and confidence between the patient and the Treatment Supporter. The patient may face a wide range of social, cultural, economic and medical problems that could potentially make him/her stop the treatment. The Treatment Supporter must be vigilant and sensitive to the patient's concerns or problems, tries hard to help them overcome these difficulties.

TASK 8: SUPERVISING THE PATIENT TO CONTINUE HIS / HER TREATMENT WHEN THE PATIENT MISSES THE INTAKE OF DRUGS

Despite we do with great efforts, some patients still can not continue their treatments. In such cases, the treatment supporters should urge the patient to report to the doctors.

☞ **Stress:**

1、 We can detect a patient who has failed to continue the treatment:

- **Enquire the patient or the treatment support if the patient has taken tablets lately.**
- **Check the patient's treatment support card**
- **Count the number of remaining drugs (tablets)**

See if the patient collects drugs or attends for the review monthly at the County Disease Control Center or TB Control Center

2、 The Treatment Supporter has a key role in the early identification of patients who wants to quit the treatment. He/ she is the first person to know that the patient has failed to take the tablets. He/she will take specific action if this situation arises (as mentioned in Page 18, the deskguide) .

☞ To guarantee a effective treatment support quality, we should also inspect and supervise treatment supporters and provide relevant supports. Please turn to Page 13, TM, ask participants to read “How to supervise and support the treatment supporter.”

HOW TO SUPERVISE AND SUPPORT THE TREATMENT SUPPORTER:

In some cases, the supervisory doctor may go to visit and supervise the treatment supporter and provide next month's drugs. During the supervisory duration, the supervisory doctors should ensure the following are done:

- The county doctors should always bring both the township doctors and village doctors when visiting and supervising patients at their home, to provide them training at site.
- Check the *TB Treatment Card*: Check if the patient is taking the drugs on schedule and the supporter is filling the card correctly. Copy all the information from the *TB Treatment Card* onto the original *TB Treatment Record* kept at the County Disease Centre. Also check whether the treatment supporter noted any comments, if so, copy them in the *TB Treatment Record* and discuss with the treatment supporter during the supervisory meetings.
- Identify problems and discuss them with the treatment supporter: Ask the treatment supporter if there were problems in the last month. Problems could include drug side-effects, missed days, or other problems such as reluctance to take drugs.
- Review important points about TB and treatment supporter's tasks: Check the treatment supporter whether he could still remember the basic important information about TB and about observed therapy, and if there were any questions that the treatment supporter could not answer to the patient. Review and provide key information, as needed.
- Resupply the treatment supporter: Record on the original *TB Treatment Card* and on the case record the drugs provided to the treatment supporter every time.
- Thank the treatment supporter: When you meet the treatment supporter, assure that their efforts have an important impact on the treatment of TB patients. Tell the treatment

supporter that you realise s/he is giving considerable time and effort and you appreciate it. Encourage them and provide necessary support.

- Take action if the patient or the treatment supporter fails to collect the next month's drugs, try to contact the township public health doctor as soon as possible. Promptly make a home visit to the treatment supporter or the patient if necessary to ensure the patient receives the treatment as soon as possible.

☞ *Any questions and comments? Then summarize:*

As the county doctors, we should remember there are three tasks to be done when visiting patients:

- 1. To review the patient**
- 2. To support and supervise the treatment supporter**
- 3. To provide an supervision model/method to follow for township doctors & village doctors(training at site).*

☞ *Now let's practise role-play exercise: How to train and support treatment supporters.*

☞ *Organize role-play and explain according to the Facilitator's Guide.*

Role-play

INTRODUCTION



Preparing a Treatment Supporter is a very important task in our district TB program and we will now practise the skills involved in this by means of practice exercises. Then we will look at a situation in which a patient is helped to address his/her problems.

PRACTICE EXERCISE 1

SETTING THE SCENE

This exercise aims to help you educate how to support the treatment supporter so that he can supervise the patient to accept the correct skills of treatment. At the same time, help the treatment supporter practise how to fill in the Treatment Card. (see page 11, page 20 and page 21, Deskguide). Each member of the group will play the role of doctor, observer and treatment supporter respectively.

On July 14th 2005, you took tablets as usual for your daily treatment. However on July 16th, you went to your mother's, in another town. Your husband is your treatment supporter. You discussed the problem with your husband and he decided that you could take treatment unsupervised for 3 days. Lao Zhou gave you enough tablets for July 16th, 17th and 18th and you agreed to return to continue treatment on July 20th.

However, you were unable to return until July 23th. Your late return was due to your friend's wedding. Your husband was unsatisfied. When you were first diagnosed with TB, your husband was very supportive. Now he feels you are better and stronger and should get on with the housework. But you are worrying that this will worsen your disease, therefore, you and your husband go to the clinic to see the doctor.

During the practice exercise try to act as patient like *Xiao Yang* really would act. Also imagine what she is feeling. One of your group members will act as your treatment supporter and your husband Lao Zhou, another two would act as doctor and observer respectively.

Notice whether the doctor has observed the followings:

- How many days of treatment has Xiao Yang missed?
- What worries and problems does she have?
- Did the Treatment Supporter mention all of her worries?
- Has an appropriate solution been found?

After the practice exercise, talk with your partner about what you have both learnt. Start by letting the Treatment Supporter say what he or she thought was done well and what he or she might improve next time. Then give them feedback from the point of view of the patient, about what it felt like and whether you understood the explanation.



GROUP DISCUSSION ABOUT PRACTICE EXERCISES 1 AND 2

After finishing exercises 1 and 2, and discussing each one in your sub-groups, the participants of the course will join together and have a group discussion about the exercises. This discussion will be led by the president.

Make a note of any important points that arise during the group discussion.

☞ Summarize and stress:

KEY POINTS

Most people who agree to be a Treatment Supporter will have some concerns. It is important that we find out about these concerns and discuss with them at the beginning of the treatment.

It is important that the Treatment Supporter takes responsibilities for each individual patient.

The Treatment Record Card is important as it serves as a record of intake of the patient and as a detailed description of how to properly directly observe treatment.

The Treatment Supporter has as a key role to play in the early detection of defaulters, patients who stop treatment and who are having problems with their treatment.

CHAPTER 5

Follow-up Interviewing Patients

Please read Page 14, the Deskguide.

Interview strength:

for one smear positive case conduct 1-2 times supervisory interviews during intensive phase and 1-2 times during continuous phase.

Talk with patients and inquire the following questions:

- What disease/illness do you have?
- How many tablets do you take every time?
- When will you go to see doctor for the next review?
- How long does your TB treatment take?
- If you feel there's any side effect to your anti-TB drug, what's to be done?
- Why do you need sputum smear examination?
- How does TB spread/transmit?
- Is there anyone in the family appears TB symptoms and need to see a doctor?
- Did you take tablets under observation of your treatment supporter everytime?
- How many times the township hospital doctor visit you? How about village doctor?

Attention remarks:

Conduct in a kind manner, talk with patients in a friendly and casual atmosphere. Further stress the importance of observation treatment.

Recording after interviews:

- Record what you see and think/comments on the back page of Patient Treatment-Record Card. The interview contents and results should be recorded, analyzed and commented in the supervision report.



Group Discussion:

What are the major difference with what you usually do for follow-up interviewing patients? Anything learn to improve your supervision skill? Ideas or comments?

INTRODUCTION

Once a patient is diagnosed with TB by the CDC or TB Control Center, he will continue collecting his / her drugs from the TB-coordinator. The health workers in the Center will access the patient when he/she comes to collect drugs.

Do remember to remind the patient, who come for the review, to take the Treatment Record Card with him.

☞ Please turn to page 15, deskguide. Ask participants to read this page.

☞ **Summarize and stress:**

1、 Remember to demonstrate that you care and respect the patient. Speak clearly and encourage the patient.

2、 Ask and inspect the patient according to Page 15, deskguide.

3、 Side effects handling can follow the Page 15 table, deskguide.

☞ Now please turn to page 25, deskguide, ask participants to read “Task 1” to “Task 5”

TASK 1: GREETING AND ENQUIRING ABOUT THE PATIENT

Earlier on in the course we studied the importance of communication skills. These same principles apply here. Greeting the patient in the correct manner and with the correct attitude is important to maintaining the trust that is developing between the patient and the health services. If the patient has any concrete problems, offer him/ her a chance to utter before the examination.

TASK 2: REVIEWING AND MANAGING THE PATIENT’S INTAKE

Ask the patient if there are any problems relating to the help provided by the Treatment Supporter. If any problems are mentioned explore these in more detail before proceeding to look at the record of daily intake of tablets on the Treatment Record Card.

It is important that the regularity of drug intake is considered on each monthly visit to the County Disease Control Center. The following three methods are used to ascertain the regularity of drug intake:

- Review of the Treatment Record Card
- Interview of the patient
- Count of the empty blisters(the remaining drugs)

As already discussed the Treatment Supporter is responsible for recording the daily intake of drugs, taken by patients under his/her supervision, on the Treatment Record Card. The patient must bring this card whenever he/she attends the County Disease Control Center (Epidemic Prevention Station) for review. Doctors in the center should emphasize this point to the patient in the first diagnosis or the review monthly.

Reviewing the treatment record card to ascertain the regularity of drug intake.

- Making clear the recorded data by identifying missing, unclear and incorrect entries
- Reviewing the recorded data on drug intake to identify the days when drug intake was supervised, unsupervised or missed.
- Discussing the days when drug intake was missed or unsupervised with the patient and Treatment Supporter and identifying and agreeing on appropriate measures to minimize the chances of missed drug intake in the future.

Interviewing the patient or communicating with the patient is the main method used to ascertain the regularity of drug intake when he has failed to bring the treatment record card, or the quality of data on the card is poor; At the same time, it helps to ascertain that the patient has taken the drugs in the right dosage and the interview is also used to explore the reasons why doses have been unsupervised or missed and to find solutions to prevent this in future. Start the interview by praising and encouraging the patient. For example say "I'm glad to see you - it is good that you are coming for review." Even if the patient is late, one can start by praising them for coming before explaining why they may be late. Similar questions may be useful when reviewing the TB treatment arrangements:

- How far away is your home?
- How long did it take you to come here today?
- Are there difficulties that may stop you from coming for review on time?
- Who is your treatment supporter? Are there difficulties that may stop you from going to your treatment supporter?
- Are there difficulties that may stop you from taking your tablets?

Key Points

A patient who has missed the intake for more than two weeks may need to change their TB regime and must be assessed including the sputum examination.(see page 16 and 17, Deskguide for specific information)

**A patient who has missed the intake for less than two weeks can continue the treatment but needs to solve the doses missed.
(see page 16 and 17, Deskguide for specific information)**

- Are the symptoms of TB improving?

For example are the systemic symptoms of sweats, fever and weight loss improving. Remember that some symptoms may not improve if these were due to destruction of tissue by the TB before treatment started. For example – shortness of breath due to TB secretions and sputum should improve but shortness of breath due to damage of lungs will not.

- Are there any new symptoms that could be due to side-effect of the drugs?

Screening for side-effects of anti-tuberculosis drugs is an essential part of follow-up at the County Disease Control Center and the Epidemic Prevention Station. Treatment Supporters are trained to refer any patient with new symptoms to the County Disease Control Center and the Epidemic Prevention Station early.

There are two main types of side-effects to anti-tuberculosis drugs, major and minor side effects. Record any side-effects the patients had and the occurring date on the case record. Minor Side-Effects: Minor side-effects cause relatively little discomfort. They often respond to symptomatic or simple treatment but occasionally persist for the duration of the drug treatment. In this case, anti-tuberculosis treatment should be continued and symptomatic treatment added. TB drugs can cause the following minor side-effects:

MINOR SIDE-EFFECTS	LIKELY CAUSATIVE DRUGS
Anorexia, nausea, abdominal pain	Rifampicin
Joint pain	Pyrazinamide
Reddish change in urine colour	Rifampicin
Burning sensation in feet	Isoniazid
Itching of skin*	Isoniazid, Rifampicin, Pyrazinamide, Thiacetazone

*Itching of skin is extremely serious if patient is taking Thiacetazone.

Major Side-Effects: Are those that give rise to serious health hazards. In this case, discontinuation of anti-tuberculosis drugs is mandatory and the patient should be referred to the upper hospital immediately. TB drugs can cause the following major-side effects:

MAJOR SIDE-EFFECTS	LIKELY CAUSATIVE DRUGS
Severe Skin rash, Itching of skin*	Thiacetazone, Streptomycin
Deafness (confirm this is not due to ear wax)	Streptomycin
Dizziness	Streptomycin
Jaundice (yellow skin or eyes)	Isoniazid, Rifampicin, Pyrazinamide
Visual Impairment	Ethambutol

Shock	Rifampicin
Purpura	Rifampicin
Vomiting repeatedly**	Rifampicin, Isoniazid, Pyrazinamide

*Itching of skin is extremely serious if patient is taking Thiacetazone.

**Vomiting repeatedly is a problem because the drugs are not being absorbed. Vomiting with confusion is very serious because it is sign of liver failure. Refer to a physician.

- Are there any symptoms that are due to co-existing medical problems?

A TB patient may also have other, co-existing medical problems and this should also be reviewed and managed appropriately when the patient is seen. This may be a chronic condition such as asthma or diabetes, or an acute problem such as diarrhoea.

TASK 4: RE-EDUCATING THE PATIENT AS NECESSARY

When first diagnosed with an illness it is usually difficult to remember everything that was taught. This is because there is a lot of new information but also because the patient may be ill when first seen and so unable to concentrate for very long. Depending on the type of problems identified we will have to emphasize different educational messages for different patients.

- TB knowledge itself
- The importance of TB treatment and the details of TB care and management
- What a patient should do if he has a problem

Things to be reminded:

- Date, time and place agreed
- Don't forget to take the Treatment Record Card from the treatment supporter.
- How to keep a good sputum sample
- How to transport the sputum sample safely.

Task 5: FILL IN THE CASE RECORD AND THE TREATMENT RECORD CARD PROPERLY

After the examination, the health worker in the Center should fill in the Case Record, the Treatment Record Card and the TB Register Card correctly according to the patient's situation.

☞ Any questions or comments? If has, discuss.

☞ Managing patients who are supposed to do sputum test at the end of intensive phase can follow the instruction on Page 16, deskguide; For sputum test at the end of continuous phase, can follow instruction on Page 17, deskguide.

☞ Please turn to Page 27-28, TM, ask participants to read “Inform the patient about the sputum results”.

INFORM THE PATIENT ABOUT THE SPUTUM RESULTS.

At the end of intensive phase: (see page 13, Deskguide)

Consider the emotions that may be facing a patient as they await news of the sputum examination at the end of the intensive phase. While waiting, he may be very nervous. Will the result be clear? Has the treatment worked properly? Was it worth all the time and effort? If the treatment hasn't worked what will happen – am I incurable?

Before breaking the news of the sputum result to our patient we need to remember the 3 stages of effective communication that we studied in chapter 3. We should be receptive to the emotions of the patient and respond appropriately then later reflect on whether the consultation went well, and how we could improve it next time.

It is important also to explore the patient's fears – especially if their sputum result is positive and they need a prolonged intensive phase. Such a patient may well feel despair and abandon the treatment that hasn't worked. We will need to convince them that continuing the intensive phase is the best treatment and reassure them that in most cases this will cure their TB.

At the end of the continuation phase:

Though a few people who continue the whole treatment will fail at the end of the whole continuation phase, sometimes, failures do occur. As health workers we need to be careful how we break such bad news to the patient. Treatment failure has major implications for the patient. He will need to be re-registered and commence the re-treatment regime from the beginning. This doesn't just mean repeating the treatment as before but taking a longer and more complicated regime.

A patient in this situation will have to deal with many emotions - sadness, anger, frustration, despair and disbelief that the new regime can actually work. As health workers we must be sensitive to these emotions in order to guide the patient through and to ensure that they do indeed continue further TB care.

☞ Questions or comments? Discuss if any.