

# Management of Tuberculosis Training for Health Facility Staff

SECOND EDITION

## J. Field Exercise – Observe TB Management



World Health  
Organization



TUBERCULOSISFOUNDATION



**Management of Tuberculosis  
Training for Health Facility Staff  
Second Edition**

**J**

**FIELD EXERCISE –  
OBSERVE TB MANAGEMENT**



**World Health  
Organization**



**K N C V**



**TUBERCULOSIS FOUNDATION**



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# Field Exercise – Observe TB Management

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# Field Exercise – Observe TB Management

## Introduction

For the field exercise, you will visit a health facility or hospital outpatient department where TB case detection and treatment are ongoing. This field exercise is an opportunity to see how a general health facility carries out some aspects of TB case detection and treatment that you have learnt about in the training course, *Management of Tuberculosis*. The field exercise is important to help you transfer what you have learnt into a real-world setting.

This module includes nine lists that participants may use during the field exercise. The first three are essential; the other six are optional depending on the health facility visited, the objectives of your training and which modules you have completed.

## Objectives of the field exercise

### You will visit a health facility to:

- Observe the identification of TB suspects.
- Review the *Register of TB Suspects* and some *TB Treatment Cards*.
- Ask staff at the health facility about how they perform steps of case detection and treatment of TB.
- If possible, depending on whether TB patients are present and can be observed, observe how health workers at a health facility carry out steps of case detection and treatment of TB.
- Visit a laboratory that does sputum smear examination (if possible).

What you will observe during this exercise will depend on the activities that are under way at the time you visit the health facility, the records available, the emphasis of your training and the specific assignments given to you by your facilitator. Answer the questions on the lists assigned to you by observing activities, reviewing records or by asking the staff questions. Write notes of your observations in the module.

### On return to the classroom, you will:

- Report to the rest of the participants on what was observed or discussed with health workers.
- Compare work at this health facility with procedures described in the course.
- Discuss ways to improve case detection and treatment at your own health facility.



## **Field Exercise Lists**

## 1. Review identification of TB suspects

**Answer the questions below by observing activities in the health facility and asking health workers about the usual practice. If possible, also look at the Register of TB Suspects.**

	<i>Record answers and notes here:</i>
1. Are <b>all</b> adult outpatients asked whether they are coughing?	
2. Are people who have cough identified quickly? If so, how? (e.g. is there a sign asking coughers to alert a health worker?)	
3. What criteria are used to identify TB suspects?	
4. Where do coughers wait to be seen? Outdoors? Near an open window? In the general waiting area?	
5. Are patients and their families educated about cough hygiene, such as by a poster that instructs to cover the mouth and nose when coughing or sneezing?	
6. Is sputum collected from every TB suspect?	
7. How many sputum samples are collected from each suspect for diagnosis?	
8. Where is sputum collected? (for example, outdoors or indoors? in a ventilated room or in a closed room? out of sight of others?)	
9. Are suspects recorded in the <i>Register of TB Suspects</i> ?	
10. Is the health facility well-ventilated? Examine ventilation in areas where infectious or potentially infectious patients wait, walk or are examined.	

	<b><i>Record answers and notes here:</i></b>
11. What is the approximate proportion of suspects examined (or sent for sputum examination) out of the total adult outpatients in the past week or month?	
12. Do all or most suspects return with the second sputum sample on the next day as instructed?	
13. Where are samples stored until they are sent to the laboratory?	
14. Are laboratory results recorded in the <i>Register of TB Suspects</i> ?	
15. How and where are household contacts recorded? Are household contacts checked for TB?	
16. How are cases of sputum smear-negative TB and extrapulmonary TB identified?	

***Note your conclusions:***

17. Did you see any problems with how TB suspects are identified? What are they?	
18. What aspects of TB suspect identification are done well?	

## 2. Review the *Register of TB Suspects*

### ***Examine the Register of TB Suspects:***

	<b><i>Record answers and notes here:</i></b>
1. What information is called for in the <i>Register of TB Suspects</i> (that is, what are the column headings)?	
2. Is the register complete, that is, are all columns filled in?	
3. How long does it usually take to receive results from the laboratory (time elapsed between sending the specimens and receiving the results)?	
4. Is there any problem with results not being returned by the laboratory?	
5. How many suspects have only one smear examined? Is this a frequent situation?	
6. Was a <i>TB Treatment Card</i> opened for every identified TB case?	

### ***Note your conclusions:***

7. Did you see any problems with how the TB suspect register is kept? What are they?	
8. What aspects of keeping the TB suspect register are done well?	

### 3. Review *TB Treatment Cards*

***Examine some TB Treatment Cards of current and past TB patients:***

	<b><i>Record answers and notes here:</i></b>
1. Where are <i>TB Treatment Cards</i> for current patients kept?	
2. Is the general patient information section filled completely? If not, what is missing?	
3. Is the initial-phase treatment section filled in completely? If not, what is missing?	
4. Are the results of follow-up sputum examinations recorded on the card?	
5. Are patients having follow-up sputum examinations according to the correct schedule for the treatment regimen? If not, note what follow-up examinations are missed or late.	
6. If you find a <i>TB Treatment Card</i> for one or more patients who were smear-positive at 5 months or later, were they classified as a treatment failure? Was sputum sent for culture and DST?	
7. Is the continuation-phase treatment section filled in completely? If not, what is missing?	
8. Is the outcome of treatment marked on the card?	

	<b><i>Record answers and notes here:</i></b>
9. From what you can determine from studying the card, do you think the outcome marked is correct?	
10. From what you can determine from studying the cards, are transfers followed-up to determine the patient's treatment outcome?	
11. If possible, also ask a health worker whether a staff member follows-up transfers to determine the patient's treatment outcome. If yes, how?	

***Note your conclusions:***

12. Did you see any problems with the way <i>TB Treatment Cards</i> are maintained? What are they?	
13. What aspects of <i>TB Treatment Cards</i> are done well?	



#### 4. Review the laboratory (if the health facility has a laboratory for sputum examination)

***Examine the laboratory registration book and talk with the laboratory staff:***

	<b><i>Record answers and notes here:</i></b>
1. Is the laboratory registration book complete (that is, are all columns completed for each TB suspect or patient)?	
2. How many people had sputum examined for diagnosis in the past month?	
3. What proportion of those individuals had positive smear microscopy results?	
4. How many smears were examined in the laboratory per day per microscopist in the past month?	
5. What is the time elapsed from receiving the sputum specimens in the laboratory until sending back the result?	
If sputum is collected from patients at the laboratory, <b><i>also complete list 5 (on the next page) in the laboratory.</i></b>	

***Note your conclusions:***

6. Did you see any problems with the laboratory's work? What are they?	
7. What aspects of the laboratory's work are done well?	

## 5. Review sputum collection

***If a TB suspect is identified when you are present, observe sputum collection. You may also talk with the health worker who collects sputum from TB suspects to answer the following questions.***

	<b><i>Record answers and notes here:</i></b>
1. In what order does the health worker do the following tasks?	<input type="checkbox"/> Label the sputum containers <input type="checkbox"/> Explain to the suspect how to collect sputum <input type="checkbox"/> Ask the TB suspect to collect sputum <input type="checkbox"/> Record in the <i>Register of TB Suspects</i>
2. How does the health worker explain to the suspect how to cough up sputum?	
3. Where is sputum collected? (for example, outdoors or indoors? in a ventilated room or in a closed room? out of sight of others?)	
4. How does the health worker avoid being exposed to TB germs when a TB suspect collects sputum? (for example, does not accompany the suspect? Stands to the side of or behind the suspect? Wears a mask or respirator?)	
5. Does the health worker check that the lid of the sputum container is tight? Does he or she wipe off the outside of the container, if needed?	
6. Does the health worker wash his or her hands after handling the sputum container?	

	<b><i>Record answers and notes here:</i></b>
7. How does the health worker explain to the suspect how to collect the early morning sample?	
8. Does the health worker give the suspect a sputum container to take home?	
9. Where are samples stored until they are sent to the laboratory? Are they kept cool? Refrigerated?	

**Note your conclusions:**

10. Did you see any problems with the way sputum is collected? What are they?	
11. What aspects of sputum collection are done well?	

## 6. Observe TB treatment (if a TB patient is present)

***Observe treatment of one or more TB patients who come into the health facility:***

	<b><i>Record answers and notes here:</i></b>
<p>1. Did the TB patient have to wait to be seen and be given directly-observed treatment?</p> <p>If yes, how long did the patient have to wait?</p> <p>If yes, where did the patient wait (with non-TB patients? In a well-ventilated place or not?)</p>	
2. Does the patient have a <i>TB Treatment Card</i> ?	
3. Examine the <i>TB Treatment Card</i> . Is it filled in correctly so far?	
4. Does the patient have his or her own drug box?	
5. Was the patient asked how he or she is feeling today?	
6. Was the patient given the correct drugs?	
7. Was drinking-water available at the health facility for the patient to take the drugs?	
8. Did the health worker watch the patient swallow the anti-TB drugs?	
9. Was the dose recorded on the patient's <i>TB Treatment Card</i> ? Was it recorded correctly?	
10. Was the room or area where the patient received treatment well-ventilated?	

***Interview a health worker to find out the following:***

	<b><i>Record answers and notes here:</i></b>
11. Who chooses the appropriate treatment regimen for the patient?	
12. Are disease and patient classifications used to select a drug regimen?	
13. How do you help the TB patient to choose the person and place to directly observe treatment?	
14. Do some patients have a treatment supporter outside the health facility? If so, what types of people are community treatment supporters?	
15. Do you look for side-effects? Do you ask about side-effects? Are they common?	

***Note your conclusions:***

16. Did you find any problems with how treatment is given? What are they?	
17. What aspects of TB treatment are done well?	

## 7. Review how TB patients are informed about TB and its treatment (if a TB patient is present)

***If possible, observe the health worker giving information to a new TB patient about TB and its treatment. Otherwise, ask a health worker about the usual practice:***

	<b><i>Tick topics mentioned:</i></b>
1. When a health worker first informs a new patient about TB and its treatment, what topics are covered?	<input type="checkbox"/> What is tuberculosis? <input type="checkbox"/> TB can be cured <input type="checkbox"/> How TB spreads <input type="checkbox"/> How to prevent TB from spreading <input type="checkbox"/> Who else should be examined or tested for TB? <input type="checkbox"/> Why TB in children is especially important <input type="checkbox"/> How TB is a problem for people with HIV infection <input type="checkbox"/> Other risk factors that increase a person's risk of developing TB <input type="checkbox"/> Necessity of directly-observed treatment <input type="checkbox"/> Details of patient's treatment regimen <input type="checkbox"/> What to expect; what to do next <input type="checkbox"/> The TB patient's rights and responsibilities <input type="checkbox"/> <input type="checkbox"/>

***If possible, observe the health worker giving information to a TB patient who is currently under treatment. Otherwise, ask the health worker:***

	<b><i>Tick topics mentioned:</i></b>
2. What topics are covered during subsequent meetings with TB patients coming for treatment?	<input type="checkbox"/> Side-effects of drugs (if reported/observed) <input type="checkbox"/> Type, colour, amount and frequency of recommended drugs <input type="checkbox"/> Importance of continuing treatment <input type="checkbox"/> What happens if the patient takes only some of the drugs or stops treatment <input type="checkbox"/> Frequency and importance of required sputum examinations, meaning of results <input type="checkbox"/> Other advice: congratulate for not smoking or encourage to stop smoking; discuss other risk factors that might be reduced; remind to bring in household contacts who cough <input type="checkbox"/> If a child is treated for TB, give nutritional advice to the caregiver <input type="checkbox"/> If patient must leave the area, need to inform the health worker so that continuing treatment can be arranged. <input type="checkbox"/> <input type="checkbox"/>

***If you are able to observe a health worker informing TB patients, family and contacts about HIV and TB:***

	<b><i>Record answers and notes here:</i></b>
3. What topics related to HIV and TB are covered during meetings with TB patients, family and contacts?	<p>___ What is HIV (if the person does not know)?</p> <p>___ Whether the patient knows his or her HIV status</p> <p>___ It is recommended that all TB patients be tested for HIV</p> <p>___ If the HIV test is negative, remind about preventive behaviours</p> <p>___ If the HIV test is positive, inform about TB and HIV and care available</p> <p>___ If patient is pregnant and HIV-positive, explain drug therapy to prevent transmission of HIV to the child</p> <p>___</p> <p>___</p>

***If you are able to observe a health worker giving information to a new or current TB patient:***

	<b><i>Record answers and notes here:</i></b>
4. What good communication skills did you observe the health worker using?	<p>___ Ask questions and listen</p> <p>___ Demonstrate a caring, respectful attitude</p> <p>___ Praise and encourage the patient</p> <p>___ Speak clearly and simply</p> <p>___ Encourage the patient to ask questions</p> <p>___ Ask checking questions</p> <p>___</p>
5. Did you observe the health worker communicating poorly (rude, hasty, too busy to care or not listening to the patient)? Note the poor communication behaviours.	

***Note your conclusions:***

6. Did you see any problems with the way information about TB is given? What are they?	
7. What aspects of giving information are done well?	

**8. Ask about supervising and resupplying community TB treatment supporters with anti-TB drugs  
(if community TB treatment supporters are used)**

***Ask a health worker about community TB treatment supporters. (If a treatment supporter comes for supervision while you are present, also observe the interaction with the health worker.)***

	<b><i>Record answers and notes here:</i></b>
1. Does the community TB treatment supporter bring the <i>TB Treatment Card</i> to the health facility?	
2. Do you copy the entries onto the <i>TB Treatment Card</i> kept at the health facility?	
3. Do you examine the card to identify any problems? What problems have been identified before?	
4. Do you discuss the problems with the community TB treatment supporter? Are the problems solved? Do you ask the TB patient about any problems? When?	
5. Do you provide another month's supply of anti-TB drugs to the TB treatment supporter?	
6. Do you record on the <i>TB Treatment Card</i> the drugs provided to the TB treatment supporter?	
7. Do you thank and give support to the TB community treatment supporter?	



***Note your conclusions:***

<p>8. Did you find any problems with supervising and resupplying community TB treatment supporters with anti-TB drugs? What are they?</p>	
<p>9. What aspects of supervising and resupplying community TB treatment supporters with anti-TB drugs are done well?</p>	

## 9. Review management of anti-TB drugs and other supplies for TB

**Observe where drugs for treating TB are stored and how they are managed. Also ask health workers questions to find out the following:**

	<i>Record answers and notes here:</i>
1. Is a box containing a complete TB regimen provided for each TB patient?	
2. Does the health facility receive complete TB regimens each in a box, or must the health facility assemble the drug boxes? If the health facility must assemble the drug boxes, are there problems associated with that? What are they (some drugs not available, errors in assembly)?	
3. Are blister packs used? Are fixed-dose combinations, or FDCs, used?	
4. Are sufficient anti-TB drugs kept in stock so that all new TB patients can begin treatment without delay?	
5. Are stocks of anti-TB drugs expired or nearing the expiry date?	
6. Are sufficient sputum containers always in stock (that is, sputum examinations are never limited by a shortage of containers)?	
7. Are sufficient <i>TB Treatment Cards</i> always in stock (that is, health workers have not run out in the previous 6 months)?	

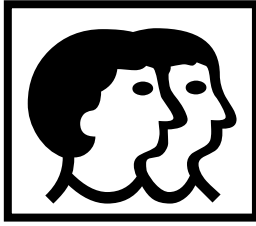
8. Are sufficient <i>Request for Sputum Examination</i> forms always in stock?	
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***Look at where and how anti-TB drugs are stored:***

	<b><i>Record answers and notes here:</i></b>
9. Are stocks of anti-TB drugs kept in a secure room or cabinet?	
10. Where are drug boxes for current TB patients kept? Are they always accessible?	
11. Do staff eat, drink, smoke or keep food in the drug storeroom?	
12. Are drugs and supplies stored off the floor?	

***Note your conclusions:***

13. Did you find any problems with management of anti-TB drugs and other supplies? What are they?	
14. What aspects of management of anti-TB drugs and other supplies are done well?	



## Exercise

### Discussion of the field visit

**Write answers to the questions below to prepare for the discussion. Then, during the discussion, add to your answers.**

1. Refer to the checklists used during the field visit. Compare what you observed with what you have learnt:
  - a) What problems did you observe at the health facility? What might be done to improve the problems?
  - b) What aspects are done well?
2. Compare case detection and treatment at your own health facility with the recommended procedures you have learnt.
  - a) What aspects are done well at your health facility?
  - b) What problems are occurring?

- c) List some ways that case detection and treatment could be improved at your own health facility.

Tell your facilitator when you are ready for the discussion.

