

Module 3: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 2 activities below using these instructions and the Module 3 Zoom facilitation slides.

Suggested time: 30-40 minutes

Activity 1: Counseling role play (*advance on slide 2*)

Objective: Discuss a patient-centered approach to counseling patients about their TB medication regimen

1. Remind learners of the case: (*advance to slide 3*)

Jabari is a 32-year-old shop attendant. He shares a house with his wife, two children, and his 64-year-old grandmother. Jabari presented to the outpatient clinic with a one-month history of cough, which has not responded to two courses of over-the-counter antibiotics. Two days ago, he took an HIV test during a community HIV campaign, and he was found to be HIV positive. In addition to his cough, he has lost significant body weight.

2. Explain the activity: (*advance to slide 4*)

You will now have the opportunity to return to the topic of counseling Jabari about his TB therapy. One volunteer in each group will play the role of counseling Jabari about his TB drugs and what comes next. Another volunteer will play the role of Jabari. Each remaining person in the group will take on one of the following tasks to observe during the role play:

- Communication: was information conveyed in a way the patient could understand and was the patient given the opportunity to ask questions and demonstrate understanding?
- Purpose: was the purpose/goal of TB treatment explained?
- Adherence: was the purpose/goal of TB treatment explained?
- Toxicities: were common medication toxicities. Explained and – when applicable – ways to avoid them?
- Contingency planning: was Jabari given guidance on when to return to clinic for evaluation of possible toxicities?
- Follow-up: was a plan made for when Jabari should return?

3. Move students into breakout rooms for 10-minute role play.

4. Close breakout rooms and return students back to large group.

5. Guide the group's reflection

Advance to slide 6: At the conclusion of the role play, thank those who played the role of counselor and recognize that counseling patients regarding complex treatments is hard and takes practice. Have the group debrief on how the counseling session went with the counselor offering a self-assessment first, followed by the patient sharing his/her experience and then others providing targeted feedback.

Advance to slide 7: After 5 minutes, explain that there is no right or wrong answer. Some ways to counsel the patient include:

- **Communication:** use clear, patient-centered language, check for understanding and give patients the opportunity to ask questions
- **Purpose:** explain that the goal of treatment is to cure the patient of tuberculosis so that they feel healthy and cannot transmit it to others
- **Adherence:** explain that taking medications as prescribed greatly increases the likelihood of successful treatment
- **Toxicities:** advise that treatment should not interfere with normal life and work and that severe side effects are uncommon; review the key potential toxicities described previously and ways to avoid them
- **Contingency planning:** advise that evaluation is needed if a patient develops rash, vomiting, abdominal pain (particularly right upper quadrant), or jaundice
- **Follow-up:** when to first follow up will depend on the patient and country guidelines; all patients, however, will need repeat evaluation after 8 weeks

Activity 2: Multidisciplinary discussion (*advance on slide 8*)

Objective: Discuss interprofessional strategies to address the psychosocial concerns of TB at the individual, community, and institutional levels.

1. Explain the activity: (*advance on slide 9*)

You will now have the opportunity to discuss the topic of TB stigma in small groups. Discuss with your group members how (1) patients themselves, (2) the community and (3) institutions can be sources of TB stigma. How have you seen TB stigma manifest? Within the scope of your practice, how might you address these types of stigma with a patient like Jabari?

3. Move students into breakout rooms for 10-minute discussion

4. Close breakout rooms and return students to large group

5. Ask some of the groups to share their thoughts.

(*advance on slide 11*) Invite groups to share a summary of what was discussed for the remaining 5 minutes of the activity. Explain that in many communities, TB stigma is a major issue that can interfere with treatment adherence and negatively affect patients' mental health, personal lives, and economic well-being. There is no correct answer on how to address stigma with a patient.

(*advance on slide 12*) Below are a few examples that you can share.

Sources of stigma	Example	Potential solutions
Patient	An individual internalizes attitudes of shame, disgust, or guilt about their diagnosis	<ul style="list-style-type: none"> • Educate the patient and community on TB as a disease: how it is transmitted, how it is cured, etc. • Connect patients to support groups or to stories from TB champions/survivors
Community	Community shuns a person with TB for being "cursed"	<ul style="list-style-type: none"> • Educate the community on how TB is spread. TB is sometimes viewed as a curse because it affects multiple people in a family: this happens because of spread through the air in small spaces, not a curse
Institutions	Community market bans a person with TB from selling their goods	<ul style="list-style-type: none"> • Educate patient and community on the effectiveness of TB treatment • Meet with community leaders as a healthcare provider to educate and change policy