

# PART III

## COUNSELING ON TB

### Objectives:

By the end of Part III of the training, the participants will:

- Understand the Cough-to-Cure Pathway and be able to successfully apply the three phases of counseling for TB patients.
- Use the essential messages for TB patients to support them in initiating diagnosis and completing TB treatment.

### Time:

- The Cough-to-Cure Pathway and phases of TB counseling – 2 hours 30 minutes.
- Role-plays, group work, and discussion – 4 hours and 40 minutes.

### Sessions:

#17: The Cough-to-Cure Pathway and phases of counseling on TB.

#18: Role-plays and group work.

### Materials

1. Handouts:
  - #16 The Cough-to-Cure Pathway
  - #17 Client-centered counseling for TB patients
  - #18 *The Patients' Charter for Tuberculosis Care*. Patients' rights and responsibilities
  - #19 Phases of counseling patients on TB
2. Case studies for role-plays.
3. Video camera.

## SESSION 17

### The Cough-to-Cure Pathway and phases of counseling on TB

### Training steps:

1. Review the Cough-to-Cure Pathway and the corresponding key phases of TB counseling during the diagnosis and treatment process, including:

- Phase 1: Pre-diagnosis counseling (when a client first comes in for screening – steps 1 to 3 of the Cough-to Cure Pathway).
  - Phase 2: Initial counseling (for a newly diagnosed TB patient in the intensive phase of treatment – steps 3 and 4 of the Cough-to-Cure Pathway).
  - Phase 3: Ongoing counseling (for a TB patient during the continuation phase of treatment – steps 5 and 6 of the Cough-to-Cure Pathway).
2. Brainstorm with the participants on desired outcomes of effective counseling on TB for providers and patients. Record their answers on the flip chart.

Their responses may include the following:

- The patient provides enough information about himself/herself and his/her symptoms to lead to an accurate diagnosis.
- The patient understands and agrees to the diagnostic process and is reassured that s/he can be treated and cured.
- The medical provider understands and addresses the TB patient's key concerns and identifies both supports for and potential barriers to treatment completion.
- The TB patient understands TB and TB treatment and receives answers to his or her questions.
- The TB patient knows how to prevent transmission of TB to his/her family and friends.
- The TB patient and the medical provider develop mutual trust and respect that will support treatment completion and cure.
- The medical provider and patient work together to develop a mutually acceptable treatment plan, identifying and accessing needed support and making adjustments as needed.
- The TB patient feels empowered to make good decisions about treatment and completes treatment.

### **Phase 1: Pre-diagnosis counseling\***

3. Using the first three steps of the Cough-to-Cure Pathway (HO #16), discuss the pre-diagnosis phase of interaction with a client and the challenges that may face the patient during this time. Describe the importance of the client's first visit to TB services in setting the tone for the patient-provider relationship that will continue to develop throughout diagnosis and treatment. The first meeting with a client usually is when he or she comes to his or her primary care provider or is referred by the primary care provider to the TB clinic. The provider should clearly define the objectives of his or her conversation with the client and plan the meeting so there is enough time to answer the client's questions and listen to his or her feelings and concerns. It is important to make sure that the client knows that the provider understands his or her feelings and that the client's health and well-being are important to the provider.

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\* Case detection stage

4. Brainstorm with the participants about the objectives of pre-diagnosis counseling (interactions that occur before and during diagnosis). List their responses on the flip chart. Add as necessary.

The objectives of pre-diagnosis counseling on TB may include:

- To develop mutual trust and respect between the client and provider.
  - To collect necessary medical and psychosocial information about a client.
  - To provide information about diagnostic tests, refer client for further testing, and to support the client's decision to be tested.
  - To provide basic information on TB and reassure the client that TB is curable.
  - To help cope with the stress of being tested and a possible diagnosis of TB.
  - To emphasize the importance of the next visit and to schedule it.
  - To motivate the client to take additional tests, if needed.
  - To provide the client with basic information and skills to protect household members and contacts from infection prior to starting treatment.
5. Brainstorm the sequence of general topic areas that would be covered with clients in a pre-diagnosis visit with a provider. Write their answers down on a flip chart and come to an agreement about the general structure of the visit. Refer participants to HO #17 and review the main steps of pre-diagnosis counseling.

**Suggested outline for a pre-diagnosis visit:**

1. Greetings and introductions.
2. Clinical evaluation: history taking, review of signs and symptoms.
3. Discussion of potential diagnosis and explanation of needed diagnostic tests.
4. Addressing questions and concerns.
5. Planning for diagnostic tests and follow-up of results.

6. Do a group exercise on pre-diagnosis counseling. The objectives of the group exercise are to 1) help participants understand the topics that need to be covered in a pre-diagnosis visit and 2) give participants practice in applying the effective counseling techniques they have learned earlier to elicit information from and provide information to their TB clients.

Divide the participants into three groups and provide them with the following instructions:

- Refer to the agreed-upon visit outline to help you with the exercise.
- Group #1 should develop a list of questions to ask clients to maximize the information received (i.e., open-ended questions to the extent possible) and examples of statements that would demonstrate active listening and would help the client to cope with uncertainty.
- Group #2 should develop five key messages that are relevant to the client at the first visit and address the visit topics that the group agreed on.

- Group #3 should prepare a list of questions to use to check the client's understanding of some key messages.
7. After 15 minutes, bring the groups together and have the reporters present their group's responses. Ask participants to refer to HO #19 while listening to the reporters and discussing their presentations. Groups' responses may include the following:

Sample questions to ask clients and statements that demonstrate active listening:

- How do you prefer to be addressed?
- What brought you to the clinic today?
- When did you first feel unwell? Tell me more about how you feel now.
- Since becoming ill, what have you done to feel better?
- What have you heard about TB?
- TB has a number of symptoms that could also be caused by other illnesses. These include cough of more than two weeks, coughing up blood, unexplained weight loss, lack of appetite, fever, night sweats, chest pain, difficulty breathing, and fatigue. Tell me about any of these symptoms or other symptoms you have experienced.
- How long have you been coughing? What kind of a cough do you have (e.g., dry, productive, with blood)?
- What questions about TB or your health in general can I help answer before you leave today?

Sample statements to demonstrate active listening:

- If I understand you correctly, you feel scared because you may lose your job if you have TB and you would like to keep all information confidential at least until the diagnosis is confirmed.
- So you are saying that you have been coughing for more than a month and you did not want to see a doctor earlier as you thought that you have been coughing because you smoke, is that correct?

Key messages to provide to patients during pre-diagnosis counseling:

- 1) Your symptoms suggest that you may have TB, but we cannot be sure until we do some laboratory tests of your sputum.
- 2) It is very important to conduct your sputum test so we know whether or not you have TB. These tests are provided to you free of charge. To do the tests, we will collect and test several samples of your sputum and look at them under the microscope. You can expect to get your results in \_\_\_\_ days.
- 3) A nurse will instruct you on how to collect your sputum. You will give us one specimen now, and we will ask you to collect specimens at home and then bring them to the clinic for testing.
- 4) TB is a disease caused by bacteria (germs). TB is spread from one person to another through the air. It usually affects your lungs, but may also cause illness in

other parts of your body. TB is a serious illness that must be treated, but it is important to know that it can be completely cured by taking a combination of medicines.

- 5) Typical symptoms of TB are persistent cough for more than 2 or 3 weeks; fever for more than 7 days; shortness of breath and pain in chest; decrease in appetite, sudden or unexpected weight loss; fatigue; sweating at night; and productive cough with blood in sputum.
- 6) Early diagnosis of tuberculosis is very important because early treatment can prevent you from getting very ill and will help prevent spread of your illness to your family and friends.
- 7) If you do have TB, there is a chance you can spread it to other people. While you are waiting for your test results, there are four things you can do to reduce the chances of spreading TB to your family or friends:
  - The best thing to do is to cover your mouth with a handkerchief or tissue if you cough or sneeze.
  - If you can keep the windows open in your house to allow air to circulate, that will also help.
  - If possible, sleeping in a separate room will help reduce the chances of spreading TB to others.
  - Finally, avoid close contact with young children and other people who may have weak immune systems as they are more vulnerable to illness.
- 8) TB cannot be spread by sharing food, eating utensils, or clothes. It is not transmitted through physical (e.g., shaking hands) or sexual contact.

Questions to ask clients to check their understanding:

- Explain to me what you understand about TB from our conversation.
  - What will we do to test you for TB?
  - Tell me the steps you will take to collect your sputum.
  - How will you get your results?
  - Tell me what you understand about how TB is spread, and what you can do to prevent spreading it.
  - What questions or concerns do you have?
8. Emphasize that it is important to give the client time to think. If he or she cannot answer the provider's questions or gives unclear or incorrect responses, the medical provider should help the client by clarifying the information again and asking additional questions. It is important to create an atmosphere of trust and acceptance so that the client feels comfortable discussing his or her thoughts with the provider. Before the client leaves, the provider should summarize the main points of the discussion and make an agreement with the client regarding what diagnostic tests will be done, who will do what, and when they will meet next. This agreement is a sort of "contract" that defines the provider's and client's responsibilities for follow-up and completing the steps necessary to get test results and plan for treatment if necessary.

9. Ask participants if they have any questions or comments about pre-diagnosis counseling. Ask one person to quickly summarize the key learnings from this exercise.

## **Phase 2: Initial counseling (TB diagnosis and treatment initiation)**

10. Review Step 4 in the Cough-to-Cure Pathway with the participants and describe the next phase of counseling for TB diagnosis and treatment initiation – when the client comes for the test results and TB treatment is initiated for those who test positive. Ask participants to brainstorm objectives for initial counseling. Write their answers on the flip chart. Examples include the following:

- To inform the client about test results and explain what they mean in clear terms.
- To help clients cope with emotional stress and uncertainty.
- To check and reinforce the client's existing knowledge of TB.
- To provide accurate, simple information on TB and TB treatment and correct client misperceptions about TB.
- To motivate the client to start and complete treatment.
- To identify and enlist resources (e.g., people, services) that can support the client through treatment.
- To identify and address potential barriers to treatment adherence and cure.
- To help the client make decisions about his or her TB treatment.
- To strengthen the mutual trust and respect between client and provider as a critical element for treatment adherence and cure.
- To make an agreement or "contract" with the client to ensure follow-up.
- To provide appropriate referrals (including for VCT).

### **Suggested outline for a TB diagnosis and treatment initiation visit**

1. Greeting and introductions.
2. Explanation of the TB diagnosis. Helping the patient to cope with stress.
3. Understanding patient's perceptions about TB and concerns about being diagnosed with TB.
4. Explanation of the following:
  - TB and its symptoms, emphasizing that TB is a curable disease.
  - TB treatment regimen: duration, intensive phase of treatment, supportive phase of treatment.
  - Drugs and doses used to treat TB.
  - Possible side effects of medication and what to do.
  - The importance of taking medications regularly for the full course of treatment, and

options available for DOT/treatment support.

- How to prevent spreading TB to others and the importance of screening family members for TB.
5. Assessment of available supports and potential barriers to treatment adherence and completion.
  6. Patient concerns about the treatment and follow-up care.
  7. Next steps, referrals and schedule for next visit.

11. Emphasize that it is very important to pay careful attention to the patient's emotions and help him or her deal with the shock of learning that he or she has TB. Having TB carries a stigma for many people and may lead to feelings of shame, fear of social rejection, or fear of the loss of a job. The main task of the provider at this stage is to give the client a chance to talk, listen actively to his or her concerns, and address questions and concerns through a two-way dialogue.
12. Discuss with participants what questions are important to ask the TB patient at this point (HO #19). Understanding the patient's perspective is an important step toward ensuring adherence. The patient's perceptions about TB may differ from providers' understanding of the disease process and treatment. Because misinformation and misconceptions about TB increase the likelihood of nonadherence, it is important to identify and address these differences early in treatment. Not all of these questions should be asked at once, but the provider should try to ask several key questions based on the patient's reactions to the diagnosis that can identify the most important issues for the patient.

Sample questions to discuss during a treatment initiation visit:

- What problems will your illness cause you?
- What concerns or fears do you have about being diagnosed with TB?
- What concerns or questions do you have about TB treatment?
- Taking TB treatment for the full six months is important, but it can be difficult. What family member or friend can help encourage you to keep taking your medicine for the whole course of treatment?
- What will be difficult for you about taking this treatment?
- What else will help you complete your treatment and be cured?
- How do you feel about the TB treatment plan I have described? Is it practical for you?
- Tell me about your household. Who lives with you? Are any of them sick with a cough or other symptoms?
- How will your family or friends feel about your TB?
- Tell me about your work. Will having TB cause you any difficulties with your work?
- Tell me what you think causes TB.
- Why do you think you got sick?
- What does TB do to your body?

- How severe do you feel your illness is?
- What are the most important results you hope to receive from this treatment?
- What times of the day can you come to the clinic?

**13.** Emphasize that when providing information to the patient, it is important to remember that there are a lot of things to discuss during this meeting, and the provider should prioritize key messages and adapt to the client's ability to absorb information. Don't overload the patient with information. The provider will continue to reinforce key messages throughout the intensive phase of treatment and will add more information to what is initially discussed as the patient gains knowledge and becomes more familiar with the treatment plan.

The medical provider should acknowledge any differences the patient has in his or her understanding of TB and seek to provide explanations in clear, simple language. The provider should focus on reinforcing accurate information and correcting misconceptions and information gaps while maintaining respect for the patient. Treatment activities should be introduced gradually, when possible. Patients seem to adapt to changes in their daily activities more easily when changes are implemented gradually.

Key messages to communicate during treatment initiation and the intensive phase of treatment:

- Anybody can get TB.
- TB is caused by a germ (*Mycobacterium tuberculosis*) that is transmitted through the air when a person who is sick with TB coughs or sneezes. A healthy person can get infected from breathing in those germs and might develop active TB.
- TB usually affects the lungs, but may affect other parts of the body as well. It is a serious disease, but it can be cured with a combination of medications. Without correct and complete treatment, a patient can become very ill and can die from TB.
- TB treatment is free of charge.
- Taking the medicines as prescribed will help you feel better quickly and will also help you prevent spreading disease to others. It is important to take all the medicines as directed to keep the TB germs from developing resistance to the drugs, which then requires a much more complicated and longer treatment.
- Taking TB treatment for six to eight months can be difficult. It is very important to do so to avoid getting sick again. To help patients take treatment properly and get cured, we provide you with treatment support. You have several options for how and where you will receive your medicines, and you can choose the best option for you (assuming this is true).
- Anti-TB drugs can have side effects in some people. Most side effects are minor and disappear over time. We will review the serious side effects to watch for that you should report to your provider immediately so they can be treated properly.
- Tell us if you plan to move, so we can arrange that you continue treatment without interruptions.
- The same type of sputum tests that were used to diagnose your TB will be repeated to monitor improvement in your condition. They will be repeated at set intervals as needed and at the end of treatment.
- Based on the patient's specific situation, the medical provider should explain how long the treatment will be, frequency of visits, and where to go for treatment.
- We will be careful about keeping your records in a secure location and not revealing them to others (assuming this is true).



- You can prevent the spread of TB to others by:
  - Taking medicines that are prescribed by your doctor according to the recommended schedule.
  - Covering your mouth when you cough or sneeze.
  - Opening windows to allow fresh air into your home.
  - Sleeping in a separate room if possible for the first stage of treatment.
  - Avoiding close contact with young children, the elderly, or other people with weakened immune systems in the first stage of your treatment.
- All your family members and close contacts need to be examined and treated if needed.\*

Emphasize that messages should be provided to the patients based on their current knowledge about TB.

14. Discuss the challenges to absorbing information during times of stress and the need to approach the objectives in a stepwise fashion, repeated or expanded over several visits, in order to ensure good understanding. The provider should use visual materials (e.g., posters) to explain key points, should show the actual pills the client will be taking, and use whatever other props are available to reinforce spoken information. The information given by the provider also should be supplemented with simple, easy-to-understand written materials that the patient can take away from the visit.
15. Brief participants that it is important during the initial counseling of a TB patient to explain the crucial need of knowing his or her HIV status and encourage the patient to get tested for HIV:
  - Having TB does not mean that you are infected with HIV, but it is important to test yourself so we can provide you with the best and most appropriate treatment.
  - An HIV-positive person is at much higher risk of developing active TB.
  - You can get an HIV test at \_\_\_\_\_ (explain options available for HIV testing).

Note to the participants that the next section of this curriculum is dedicated to counseling TB patients on HIV.

16. Introduce participants to *The Patients' Charter for Tuberculosis Care*. Refer participants to HO #18 and discuss TB patients' rights and responsibilities. Discuss how this can be incorporated into effective TB counseling activities during the treatment initiation phase of counseling.

### Phase 3: Ongoing counseling

17. Tell participants that during treatment, it is important for the medical provider to offer ongoing counseling during regularly scheduled monthly visits by reinforcing the messages already provided and encouraging the patient to continue treatment to cure. The main objectives for counseling during the outpatient phase of treatment include:

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\* Country protocols should be followed for management of close contacts.

- To check whether the patient is taking medications correctly and help the patient address any barriers to adherence.
- To emphasize the importance of treatment continuation and completion even when the patient feels much better.
- To provide emotional support to the patient and refer him or her for other support as needed.
- To check for possible side effects.
- To strengthen the patient's motivation to continue and complete the treatment.

**18.** Refer participants to HO #19 and discuss with them the main issues that need to be covered with the patient. During each visit, the medical provider should first check in with the patient to find out how he or she feels. He/she should ask whether there are any side effects from taking TB treatment medications and whether the patient has any questions. Also, medical providers should ask questions to ensure that the patient remembers important messages and knows what to do next.

**Suggested outline for an ongoing TB treatment visit (topics covered as needed)**

1. Greetings.
2. Review of how the patient is feeling, any problems, and concerns.
3. Review of clinical progress based on any test results.
4. Review of medications and how to take them. Discussion of any side effects.
5. Assessment of adherence and reinforcement of messages about continuing treatment to cure.
6. Follow-up on any referrals made.

The medical provider should limit the amount of information to present in any one visit. Topics should be organized in the order of importance. Communication with the patient should always be two-way. The medical provider should elicit feedback and questions from the patient to ensure that the message sent was received and understood.

Adherent patients tend to understand the causes of TB and its treatment; however, patients with active disease who are initially adherent may begin to feel well after a few weeks of treatment and may then forget their medication or believe that it is no longer needed. Therefore, even patients who have followed the regimen early in the treatment should be monitored and given assistance to ensure continued adherence after symptoms begin to subside. That is why directly observed treatment is crucial.

**19.** Emphasize that messages should be provided to patients based on their current knowledge about TB and their individual situation with the treatment. Some examples of key messages include:

- To be cured, you must continue taking medicines for the entire course of treatment even if you feel better and don't have symptoms anymore. If you do not take all the drugs, you could become ill again or develop drug-resistant TB.
- Don't forget to inform your medical provider if you plan to travel or move to another area. We will make arrangements for you to continue treatment.
- It is important to repeat the sputum tests to check if TB germs are still present and whether your condition is improved.
- If TB is not detected, your condition is improving and you are no longer infectious and won't spread TB to others; however, you must continue the treatment until the end or you could become ill again.
- If TB is detected, you may still be infectious, and we will continue to monitor you more frequently to see if your treatment must be changed.

20. Conduct a role-play:

- Invite two volunteers from the audience. Provide them with a case study of ineffective TB counseling and ask them to play roles of the medical provider and the newly diagnosed TB patient for the group. Their goal is to demonstrate how poor counseling can contribute to misinformation, blocked communication, and a lost opportunity for patient support. Encourage them to include the major barriers for communication and counseling mistakes that they observe in their practice.

Patient: You are a 35-year old female patient who has just been informed that she has active TB. Currently, you are a daily wage-earner and work at the market selling goods. You are reluctant to go to the hospital as you think that your husband will not be able to take care of your children. You also don't agree to direct observation of treatment as you do not want to miss work.

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Doctor: You have just received the diagnosis for this patient, who has active TB disease. She seems very scared and cries. You don't know how to deal with her emotions. You inform her that TB is curable, but she needs to go to the hospital for up to two months. The patient refuses to go to the hospital and wants to get treatment at home and continue working. She irritates you by not listening to what you are saying. You constantly interrupt her. Also, a nurse comes to the room saying that you have a phone call in the neighboring room.

- Following the role-play, facilitate the discussion using the following questions and examples from the role-play:
  - How did you find this TB counseling session?
  - What was particularly well done by this medical provider, and what was not well done?
  - How might this medical provider improve her or his interaction with the patient?
- Invite two more volunteers from the audience and ask them to role-play the same scenario. Encourage them to demonstrate improved interaction with the patient using

effective counseling techniques. The goal is to show how effective counseling can help a patient gain trust in the medical provider, become more knowledgeable about TB, and feel supported during her treatment.

Discuss the following questions with the group.

- How did you find this TB counseling session?
- What was particularly well done by this medical provider, and what was not well done?
- Which specific communication skills were used?
- How might this medical provider improve her or his interaction with the patient?

## **SESSION 18**

### **Role-plays and group work**

#### **Training steps:**

1. Divide the participants into groups of three to enact the role-plays. One person will act as the provider, one as the patient, and one as an observer. Every 10 minutes, participants should stop playing, and the observer should provide feedback to the provider on the quality of his counseling. Then ask participants to change the roles and repeat the role-play. Each person will eventually have a turn in each role.
2. Distribute a case-study to each group. (See case-studies provided on the next page.) Instruct each group to read their case-study and work in small groups to practice asking questions, using active listening skills, providing information to the patient, and helping the patient make a decision.
3. Instruct participants who are observers to use HO #17 and #19, and to make notes about the provider's behavior in relation to the following questions:
  - Did he/she follow the main steps of effective counseling?
  - What types of questions did he/she ask? Did those questions enable him to get comprehensive information from the patient? If not, how would you change them?
  - What active listening skills did the medical provider demonstrate?
  - What are the objectives of this counseling? Did the medical provider meet them? Why?
4. During the play by participants, circulate to each group to offer encouragement in using the appropriate interpersonal communication and counseling (IPCC) skills.

### **CASE A: Patient initial visit**

Patient A: You are a male patient who goes to the TB clinic for testing. You believe that you have been exposed to TB. Currently you don't have a stable place to live, and have been sharing some unstable and temporary living conditions with various friends. Some of your friends inject heroin, but you only join them from time to time. Several of those friends have had TB in the past year, and you feel you are at risk. Recently you notice you have been coughing a lot, and some days you feel very tired. Your principal concern is whether you need to pay for treatment if you have developed active disease.

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Medical provider A: This patient comes to the TB clinic for testing. He believes that he has been exposed to TB, and he thinks he is at high risk for TB because some of his friends have had it. He looks very fatigued, and has a few small marks on his arms (inside elbow). You suspect he injects drugs.

### **CASE B: Newly diagnosed patient**

Patient B: You are a patient who has just been diagnosed with TB. The doctor tells you that you have active TB disease, and you feel anxious because you don't know much about the disease. You believe that you will now live with TB for the rest of your life. You feel shock and sadness.

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Medical provider B: You have just received the diagnosis for this patient, who has active TB disease. She is surprised and seems very upset. You need to find out more about what she knows and feels, and then reassure her and inform her about the illness.

### **CASE C: TB patient during treatment**

Patient C: You are a female patient who began treatment for pulmonary TB disease several months ago. At first your symptoms improved, but a month or so later you had more symptoms, such as coughing with blood, and feeling feverish and sweaty at night.

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Medical provider C: This patient began treatment for pulmonary TB disease several months ago. You have been giving her directly observed therapy. During the first few weeks of therapy, you noticed that her symptoms were improving a little; however, during the next visit, you see that she is coughing up blood, and she tells you that she feels like she has a fever. She probably has drug-resistant TB and the prescribed regimen is not adequate to treat the TB.

5. After the role play, ask participants to provide their impressions on what was done well and what could be improved. Provide comments when necessary.
6. Invite participants to conduct a group exercise. The goal of this exercise is to apply the main steps of effective counseling, practice those steps, and demonstrate to the group successful pre-diagnosis, initial, and ongoing counseling with a TB patient.
  - Divide participants into three groups. Each group should develop a scenario, determine objectives, develop a counseling plan, and prepare a role-play for one of the following situations:
    - a) Patient's first visit to the doctor.
    - b) Patient's visit to discuss TB-positive test results.
    - c) Patient's visit during ongoing TB treatment.
  - If training premises allow, make sure that each group works in a separate room. Give them 60 minutes to complete the tasks.
  - Ask each group to present their counseling objectives and role-plays to the large group. If possible, tape their presentations using a video camera. (Explain the purpose and ask participants' permission before taping.)
  - After each presentation, play the video and ask the presenting group to provide their comments on interpersonal and counseling skills that they demonstrated. Encourage group discussion of issues that were raised during the presentations.
7. Review the key points of this section.

### Key points to emphasize

- Communications with TB patients should follow the guidelines for effective counseling, tailored to the specific situation of TB diagnosis and treatment.
- Different phases of TB counseling have different objectives related to the challenges the patient may face at each stage in the process, as outlined in the Cough-to-Cure Pathway.
- The provider should clearly define the objectives of each conversation with the patient and plan his or her meeting so there is enough time to provide key messages, answer the patient's questions, and listen to his or her feelings and concerns.
- There are a lot of issues to discuss during the diagnosis and treatment process, and the provider should prioritize. Don't overload the patient with information all at once—use a stepwise process starting with the most critical information and moving to the details in later visits. TB messages should be provided to the patients based on their current knowledge about TB. Elicit feedback and questions from the patient to ensure that information has been received and understood as it was meant.
- *The Patients' Charter for Tuberculosis Care* can be a useful and powerful tool for establishing a therapeutic and mutually respectful relationship with a TB patient, for clearly defining roles and responsibilities, and for referring to appropriate support services.
- When counseling a newly diagnosed TB patient, inform him or her about the risk of HIV and benefits of knowing his or her HIV status, and motivate him or her to get tested.