

CDC > DGMQ > IRMH >

# Medical Assessment and Policy Program Participant Discussion Process

A Training Needs Assessment for the  
MAP's Panel Physicians Practicing in Latin America

## PARTNER FEEDBACK DISCUSSION GOALS

- To familiarize the panel physicians with the CDC/IRMH staff and relevant programs
- To gather information on the scope of the practices of panel physicians
- To determine the technical capabilities of panel physicians
- To assess the training needs of panel physicians that practice in Latin American countries

Participant: \_\_\_\_\_ Country: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewer Initials: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Discussion leader should assist in guiding length of answers depending on the time available and the presence of CDC staff to do an introduction segment - suggested discussion length is approximately 1 hour.

## I. Introduction

Hello, my name is [Kelli Martin/Amber Tayman].

I am a health education specialist at the Oak Ridge Institute for Science and Education (ORISE) in Tennessee. ORISE has been tasked with conducting a Training Needs Assessment for the CDC > DGMQ > IRMH Medical Assessment and Policy Program (MAP). To date, we have worked with MAP staff to focus, target and further refine the types of assessment activities that should occur in this process.

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As the panel physician for [COUNTRY], you have been identified as a key stakeholder that will be able to provide insight to training needs and capabilities needs of your practice and other panel physicians practicing in Latin America. Today I'd like to talk to you a little bit about your position and day-to-day activities including the scope of your practice, your technical capabilities including access to computers and high speed internet, and types of training you feel you need.

## II. Informed Consent

Before we begin, I'd like to explain that your participation in this discussion today is voluntary and you may end your participation in the discussion at any time. Secondly, our conversation today will be recorded. This will allow me to pay closer attention to your comments and make my notes more accurate. Do you give your permission to be recorded for the duration of this discussion?

[Circle: Yes/No]

Good, thank you.

## III. Introduction to CDC > DGMQ > IRMH > MAP

The Center for Disease Control and Prevention's Division of Global Migration and Quarantine (CDC/DGMQ) has regulatory authority over the required medical screening for applicants for U.S. immigration that are performed by panel physicians, like you. The Immigrant, Refugee, and Migrant Health Branch (IRMH) of CDC/DGMQ developed the Medical Assessment and Policy Program (MAP) to monitor the quality of the overseas examination and ensure the validity and thoroughness of the health assessment.

MAP provides technical guidance to panel physicians at approximately 670 sites and designates teams with medical and laboratory expertise to perform 15-20 on-site visits using standardized evaluation tools. These teams make recommendations to sites on how to make improvements to the screening process. Technical Guidance includes providing instruction on proper screening techniques and other recommendations for how to implement the Technical Instructions given the resources available in each individual country.

The biggest challenge to training and communicating with panel physicians is the large number of physicians and the geographic diversity of their locations. Training needs for panel physician sites are currently handled on an individual basis via telephone, internet, and MAP site visits. However, there is also a standardized training offered two to three times a year. Although not every panel physician is able to attend, they offer panel physicians the opportunity to learn more about CDC requirements and hear information from other panel sites on best practices. MAP staff determined that it would be beneficial to better understand site capabilities in order to distribute additional broad-based trainings to multiple sites through distance learning opportunities.

## IV. Panel Physician Practice Questions

I would like to begin with learning a little bit about your practice in [COUNTRY]. Can you tell me about your day-to-day activities?

**PROBE:**

- Do you have a private practice or are you affiliated with another institution?  
Hospital \_\_\_\_\_  
Clinic \_\_\_\_\_  
Private Office \_\_\_\_\_  
Other \_\_\_\_\_
- How many patients do you see each day?
- Of those, what percent are medical screenings for U.S. Visa applicants?

## V. Medical Screening Questions

- Do you feel you have the resources (reference instructions) and information you need to conduct medical screenings for U.S.-bound immigrants and refugees?

**PROBE:** Are you satisfied with the equipment you have at your facility?

- Are you competent in your ability to perform the medical screenings?
- Tell me about your experience with diagnosing and treating Hansens Disease (leprosy).

**PROBE:** Are you comfortable diagnosing Hansens Disease (leprosy)?

**PROBE:** Are you comfortable treating Hansens Disease (leprosy)?

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Next, I want to talk to you about the CDC vaccination guidelines.

- What, if any, issues have you had with providing vaccinations to your patients?

**PROBE:** Do you have any issues following the guidelines precautions for pregnant women?

**PROBE:** Do you have any issues following the storage and handling procedures?

**PROBE:** Do you have any issues with documenting prior vaccine history for your patients?

- Tell me about your experience conducting the mental health portion of the medical screening.

**PROBE:** Are you comfortable with obtaining a mental health medical history from patients?

**PROBE:** Do you feel comfortable evaluating your patient's mental health status (intelligence, thinking, comprehension, judgment, mood, behavior)?

### **WHY or WHY NOT?**

- Tell me about your experience in testing patients for TB.

**PROBE:** Have you had any issues related to the TB skin test (TST)?

**PROBE:** Have you had any issues with reading chest X-rays for patients with TB?

**PROBE:** Have you had any issues with explaining the medical screening requirements to

your patients?

- We know that you have not implemented the 2007 technical instructions for Tuberculosis screening and treatment but have you seen them?

**IF YES:** What, if any, problems do you see with implementing these instructions?

**\*\* ADDITIONAL INFO IF THEY ASK WHAT ARE THE NEW INSTRUCTIONS: The 2007 instructions include adding a sputum culture for those patients with a positive skin test and abnormal chest x-ray.. It also calls for a drug susceptibility testing for those patients with positive cultures. The 2007 instructions also added directly observed therapy (DOT) for treatment of TB cases.**

- Tell me about the fraud prevention procedures at your practice.

**\*\*\*Only use these probes after they explain their fraud procedures\*\*\***

**PROBE:** Do you assign ID numbers to applicants that are attached to all pieces of their file?

**PROBE:** Do you record signatures of applicants and compare them during every visit?

**PROBE:** do you take pictures of applicants that are compared to the person who arrives at each visit?

- Do the labs that you work with carry out similar fraud prevention procedures?
- Do you feel satisfied with the level of fraud prevention procedures at your office?

## VI. Training and Technical Assistance

There are many challenges faced by MAP with regard to training and technical assistance, the greatest of these being the geographic diversity of the panel physicians, as well as a current lack of knowledge of training needs.

- Do you currently receive training to assist with your job?

**If YES:** From whom do you receive training?

How often?

Who attends these trainings?

What types of training have you received?

What types of training have you found to be the most useful?

- Is the training you currently receive adequate for you to be effective in carrying out the CDC's medical screening requirements?
- Would you be able to utilize any of the following training delivery methods?

	Yes	No
Classroom, instructor-led	_____	_____
Web-based/Online	_____	_____
Computer-based	_____	_____
Previously Recorded Video	_____	_____
Video conferencing	_____	_____
Web conferencing	_____	_____
Conference Calls	_____	_____
Self-study	_____	_____

- Would you be willing to participate in the following types of training?

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- \_\_\_ Short internet-based training modules (self-paced single trainings completed in 1 hour or less)
- \_\_\_ Longer internet-based courses that may take several weeks to complete (self-paced)
- \_\_\_ Blended trainings/courses (In-classroom instruction with Internet-based training occurring before, during or after)
- \_\_\_ Webinars/Web conferences (live feed of instructors via the Internet)
- \_\_\_ Teleconferences/conference calls
- \_\_\_ Video conferences (via satellite, etc.)
- \_\_\_ Online networking opportunities (for example: chat sessions, discussion boards, blogs, etc.)
- \_\_\_ DVD/CD-ROM-based training
- \_\_\_ Correspondence courses (for example: printed materials, workbooks, course packets, etc.)

**PROBE:** Any others? Please Explain.

- Which of these would be your first choice?
  
- With the training methods we previously talked about, describe advantages, disadvantages, or problems these types of trainings might present for you in your work setting.

**For EXAMPLE:** Computer downloads can be very slow if file contains graphics or animation.

**Advantages:**

**Disadvantages:**

**Problems:**

- What additional training would you like on the topics we just discussed?

**PROBE:** What specific topic areas would you want the CDC to provide more training

on?

## V. Inventory of Technical Capabilities

Now I would like to talk more specifically about the technical capabilities of your facility, including access to email and high speed internet. This will help us assess and make recommendations to CDC for the best ways to distribute distance-learning activities to you in the future.

**Probe:**

- Which of the following do you have access to for work-related purposes?

A computer at home	_____
A private computer that you use at work	_____
A public computer that you share at work	_____
Printer	_____
Computer program and equipment to listen to audio	_____
Computer program and equipment to watch video	_____
Computer program to record your voice	_____
DVD player	_____
CD player	_____
Adobe Acrobat Reader (for reading PDF programs)	_____

- Do you have video conferencing available to you at your medical facility?

**IF NO:** What about the Consulate?

**IF YES:** If at the Consulate, do you consider the distance required to travel to access these facilities reasonable?

**IF YES:** Would you consider traveling to the Consulate for training purposes?

- Do you have internet access?

Yes                      Sometimes                      No

**IF YES or SOMETIMES:** Would you say your internet access is:

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*Not Reliable at All*

*Somewhat Reliable*

*Very Reliable*

**PROBE:** Please explain.

**If Yes or Sometimes:** How does your computer access the internet?

*Dial-up*

*High speed telephone line (DSL)*

*High speed cable*

*I don't know*

**If YES or SOMETIMES:** How would you describe your Internet connection's ability to download videos, live feeds, photographs and other images?

*It cannot download anything*

*It takes a long time*

*I can download whatever I want*

- How confident are you about your basic computer skills, such as installing software and handling simple configuration issues?

*Very Confident*

*Confident*

*Unsure*

*Somewhat confident*

*Not at all confident*

**PROBE, if necessary:** Please explain.

- Do you have access to technical support for computer problems or other computer related issues?

- **If an email address is not listed for this person in the database, get email address.**

## VII. Expectations of MAP

- Now that you are more familiar with MAP, what are your expectations from the program in the future?
- How often do you communicate with MAP?  
**IF NEVER, WHY NOT?**
- What methods will you use to communicate with MAP in the future?
- What methods do you use when communicating with other organizations?  
**PROBE:** Email, Postal Mail, Phone?
- How could MAP help you be more effective in your job?
- Would you be interested in joining a professional association for Panel Physicians? If so, what kind of services would you want the association to provide?  
**PROBE:** Training?  
Networking?  
Informational Updates?

## VIII. Conclusion

This concludes our discussion. Is there anything we have not discussed today that you would like to mention?

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Also, can you recommend any other panel physicians that would be willing to talk with us?

Thank you so much for talking with me today. I really appreciate you taking the time to share your insights and experiences for MAP training needs assessment. As we are going through our notes, we may have brief follow-up questions or need further clarification. If so, would it be OK to contact you?

[Circle: Yes/No]

Do you prefer that follow-up take place by telephone or email?

[Circle: Phone/Email]

I just wanted to let you know that MAP staff will likely be taking the opportunity to reach out to you in the near future. On behalf of ORISE and the Medical Assessment and Policy Program, we thank you for your time and expertise.

**END**