**2024 Tuberculosis (TB) Training and Education Needs Assessment of the U.S.-affiliated Pacific Islands**

**Overview**

The Centers for Disease Control and Prevention’s Division of Tuberculosis Elimination (DTBE) is conducting a training and education needs assessment of the U.S.-affiliated Pacific Islands. Results from the needs assessment will be used to develop a plan to address TB training and education needs in the region.

A summary of the needs assessment findings will be shared with DTBE, as well as the TB program staff of the U.S.-affiliated Pacific Island jurisdictions. Findings may also be presented at TB conferences.

**Participation and Confidentiality**

Please complete this questionnaire based on your own TB training and education needs. The assessment will take approximately 25 minutes to complete. We encourage you to share this survey with your partners in TB prevention. Participation in the needs assessment is voluntary. Please keep in mind that your answers will remain secure. We will only share data in aggregate form.

The online needs assessment will be open until **[INSERT MONTH, DATE, 2024].**

**Additional Information**

If you have any questions about the TB training and education needs assessment, please contact Carissa Bisnath (ldo7@cdc.gov) or Derrick Felix (dnf2@cdc.gov).

**1. Do you agree to participate in this needs assessment?**

* Yes
* No

**2. Please select the jurisdiction in which you primarily work.**

* American Samoa
* Commonwealth of the Northern Mariana Islands
* Chuuk State, Federated States of Micronesia
* Kosrae State, Federated States of Micronesia
* Pohnpei State, Federated States of Micronesia
* Yap State, Federated States of Micronesia
* Guam
* Ebeye, Republic of the Marshall Islands
* Majuro, Republic of the Marshall Islands
* Republic of Palau
* None of the above

**3. Which of the following most closely describes your professional training? *Select only one.***

* Disease intervention specialist
* Epidemiologist
* Health educator
* Laboratorian
* Medical assistant
* Nurse (registered or practical nurse)
* Nurse practitioner
* Outreach worker
* Physician
* Physician assistant
* Surveillance / Data encoder
* Other, please specify\_\_\_\_\_\_

**4. Which of the following most closely describes your job role/responsibilities? *Select only one.***

* Disease intervention specialist
* Epidemiologist
* Health educator
* Laboratorian
* Medical assistant
* Nurse (registered or practical nurse)
* Nurse practitioner
* Outreach worker
* Physician
* Physician assistant
* Program manager
* Surveillance / Data encoder
* Other, please specify\_\_\_\_\_\_

**5. Which of the following most closely describes your primary work setting? *Select only one.***

* Community health center
* Health department
* Hospital
* Laboratory
* Private clinic
* Other, please specify\_\_\_\_\_\_

**6. What percentage of your time is spent working on TB-related activities?**

* 10% or less
* 11 - 25%
* 26 - 50%
* 51 - 75%
* 76 - 100%

**7. How many years of experience do you have working in TB or with persons at risk for TB?**

* Less than 1 year
* 1 – 5 years
* 6 – 10 years
* More than 11 years

**8. Are you involved with clinically diagnosing persons with latent TB infection and TB disease?**

* Yes
* No

The following questions relate to your own TB training and education needs. The topics are listed in alphabetical order and do not reflect order of importance.

**9. Please indicate how much training you need regarding the following TB diagnostic strategies. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not  needed  | Needed   | Highlyneeded  | N/A |
| Effect of BCG vaccine on TST and IGRA | ○ | ○ | ○ | ○ |
| Interpretation and use of acid-fast bacilli (AFB) smear microscopy results | ○ | ○ | ○ | ○ |
| Interpretation and use of culture results | ○ | ○ | ○ | ○ |
| Interpretation and use of drug susceptibility testing  | ○ | ○ | ○ | ○ |
| Interpretation and use of interferon-gamma release assays (IGRAs)  | ○ | ○ | ○ | ○ |
| Interpretation and use of molecular detection of drug resistance (MDDR)  | ○ | ○ | ○ | ○ |
| Interpretation and use of radiologic tests (i.e. chest X-ray, CT scans, or MRI)  | ○ | ○ | ○ | ○ |
| Interpretation and use of tuberculin skin test (TST) (e.g. including placing and reading, measuring and interpretation of reactions, false-positive reactions, false-negative reactions, boosted reactions, and two-step testing) | ○ | ○ | ○ | ○ |
| Sputum collection  | ○ | ○ | ○ | ○ |
| Interpretation and use of Xpert MTB/RIF assay  | ○ | ○ | ○ | ○ |
| Nucleic acid amplification (NAAT) tests  | ○ | ○ | ○ | ○ |

**10.**  **Please indicate how much training you need regarding the following TB diagnosis topics. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not needed  | Needed  | Highly Needed | N/A |
| Diagnosing extrapulmonary TB disease | ○ | ○ | ○ | ○ |
| Diagnosing latent TB infection (LTBI) | ○ | ○ | ○ | ○ |
| Diagnosing multidrug-resistant (MDR) TB disease  | ○ | ○ | ○ | ○ |
| Diagnosing TB disease | ○ | ○ | ○ | ○ |
| Diagnosing TB in children | ○ | ○ | ○ | ○ |
| Diagnosing TB in contacts | ○ | ○ | ○ | ○ |
| Diagnosing TB in pregnant women | ○ | ○ | ○ | ○ |

**11. Do you treat or clinically manage patients who have latent TB infection or TB disease?**

* Yes
* No

**12. Please indicate how much training you need regarding the following TB treatment topics. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Not needed  | Needed  | Highly needed | N/A  |
| Adverse reactions to TB treatment drugs  | ○  | ○  | ○  | ○  |
| Case management  | ○  | ○  | ○  | ○  |
| Directly observed therapy (DOT)  | ○  | ○  | ○  | ○  |
| Drug-drug interactions  | ○  | ○  | ○  | ○  |
| Treating extrapulmonary TB disease  | ○  | ○  | ○  | ○  |
| Treating latent TB infection (LTBI)  | ○  | ○  | ○  | ○  |
| Treating multidrug-resistant (MDR) TB contacts   | ○  | ○  | ○  | ○  |
| Treating multidrug-resistant (MDR) TB disease  | ○  | ○  | ○  | ○  |
| Treating TB disease  | ○  | ○  | ○  | ○  |
| Treating TB in children  | ○  | ○  | ○  | ○  |
| Treating TB in contacts  | ○  | ○  | ○  | ○  |
| Treating TB in pregnant women  | ○  | ○  | ○  | ○  |
| Video directly observed therapy (vDOT)  | ○  | ○  | ○  | ○  |

**13. Please indicate the training topics that are needed to enhance your skills about clinical management of TB patients with co-morbidities. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Not  needed  | Needed  | Highly needed  | N/A  |
| TB and diabetes   | ○  | ○  | ○  | ○  |
| TB and cancer | ○  | ○  | ○  | ○  |
| TB and HIV infection | ○  | ○  | ○  | ○  |
| TB and immunosuppressive therapies  | ○  | ○  | ○  | ○  |
| TB and kidney disease  | ○  | ○  | ○  | ○  |
| TB and liver disease  | ○  | ○  | ○  | ○  |
|  TB and mental illness  | ○  | ○  | ○  | ○  |
|  TB and renal failure  | ○  | ○  | ○  | ○  |
|  TB and solid organ transplant  | ○  | ○  | ○  | ○  |
|  TB and substance use  | ○  | ○  | ○  | ○  |
|  TB and viral hepatitis  | ○  | ○  | ○  | ○  |
|  Other (please specify)  | ○  | ○  | ○  | ○  |

**14. Do you perform programmatic activities as part of your TB-related job duties?**

* Yes
* No

**15. Please indicate how much training you need regarding the following TB program activities in a public health setting. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not needed  |  Needed  | Highly needed  | N/A  |
| Communication skills  | ○  | ○  | ○  | ○  |
| Community education and engagement  | ○  | ○  | ○  | ○  |
| Developing Annual Performance Reports, Interim Performance Reports, and Work Plans for the CDC Cooperative Agreement  | ○  | ○  | ○  | ○  |
| Developing budgets for the CDC Cooperative Agreement  | ○  | ○  | ○  | ○  |
| Effectively using incentives and enablers  | ○  | ○  | ○  | ○  |
| Effectively using interpreters | ○  | ○  | ○  | ○  |
| Legal issues related to TB (e.g., court orders)  | ○  | ○  | ○  | ○  |
| Outbreak detection and response  | ○  | ○  | ○  | ○  |
| Partnership building  | ○  | ○  | ○  | ○  |
| Partnership planning  | ○  | ○  | ○  | ○  |
| Patient health education  | ○  | ○  | ○  | ○  |
| Program evaluation for TB activities (including National TB Indicators Project – NTIP) | ○  | ○  | ○  | ○  |
| Screening high-risk populations (i.e., targeted testing)  | ○  | ○  | ○  | ○  |
| TB and air travel restrictions  | ○  | ○  | ○  | ○  |
| TB genotyping, whole genome sequencing, and interpretation of phylogenetic trees | ○  | ○  | ○  | ○  |
| Working with diverse patient populations  | ○  | ○  | ○  | ○  |
| Working with private providers  | ○  | ○  | ○  | ○  |

**16. Do you perform case management or contact investigation activities as part of your TB related job duties?**

* Yes
* No

**17. Please indicate how much training you need regarding the following TB case management and contact investigation topics. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not needed  |  Needed  | Highly needed  | N/A  |
| Case review (i.e., a monthly “real-time” systematic review of the management and treatment of persons with suspected or confirmed TB disease and their contacts. Many of the patients are currently receiving treatment.)  | ○  | ○  | ○  | ○  |
| Cohort review (i.e., a quarterly “retrospective” systematic review of the management, treatment, and outcomes of persons with suspected or confirmed TB disease and their contacts. Many of the patients have completed treatment.)  | ○  | ○  | ○  | ○  |
| Conducting contact investigations (i.e. prioritizing contacts) | ○  | ○  | ○  | ○  |
| Contact investigations skills in congregate settings (for example, school, workplace, jail, hospital, and shelters)  | ○  | ○  | ○  | ○  |
| Interviewing for contact investigations skills  | ○  | ○  | ○  | ○  |
| Interjurisdictional referrals (i.e., for TB patients or contacts who move to the U.S. mainland or within the USAPI)  | ○  | ○  | ○  | ○  |
| International transfer notifications (i.e., for TB patients or contacts who move to other countries)  | ○  | ○  | ○  | ○ |

**18. Do you perform infection control activities as part of your TB related job duties?**

* Yes
* No

**19. Please indicate how much training you need regarding the following TB infection control topics. *NOTE: If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Not  needed  |  Needed  | Highly needed  | N/A  |
| TB infection control measures (i.e., administrative measures, environmental controls, and use of respiratory protective equipment) | ○  | ○  | ○  | ○  |
| TB risk assessments  | ○  | ○  | ○  | ○  |
| TB testing programs (e.g., health care worker screening programs)  | ○  | ○  | ○  | ○  |
| TB transmission  | ○  | ○  | ○  | ○  |
| Two-step testing  | ○  | ○  | ○  | ○  |
| Use of nucleic acid amplification (NAAT) tests to guide decisions for airborne infection isolation in health care facilities. | ○  | ○  | ○  | ○  |
| Working with infection control practitioners  | ○  | ○  | ○  | ○  |

**20. Considering your TB-related work responsibilities, which TB topics are most needed to enhance your knowledge and skills?  *Select top 3 topics.***

* TB diagnostic strategies
* TB case management
* TB co-morbidities
* TB contact investigation
* TB program activities
* TB infection control
* TB treatment
* Other, please specify\_\_\_\_\_\_

**21. How many online TB trainings or courses have you taken in the past 12 months?**

* 0 (none)
* 1 - 3
* 4 - 6
* More than 7

**22. How many in-person TB trainings or courses have you attended in the past 12 months?**

* 0 (none)
* 1 - 3
* 4 - 6
* More than 7

**23. How many live online TB webinars or web conferences have you attended in the past 12 months?**

* 0 (none)
* 1 - 3
* 4 - 6
* More than 7

**24. How many recorded online TB webinars or web conferences have you attended in the past 12 months?**

* 0 (none)
* 1 - 3
* 4 - 6
* More than 7

**25. What barriers to participating in online modes of TB education and training events have you experienced?**

***Select all that apply.***

* Accessibility needs unmet
* Budget/limited funding available
* Cannot take time away from work responsibilities to participate
* Difference in time zone
* Lack of internet access or internet connection problems
* Not able to download software needed to access webinars or web conferences
* Not enough staff coverage
* Online TB training and education events
* Too many distractions in the workplace
* Webinars or web conferences are too long
* None/No barriers
* Other, please specify\_\_\_\_\_\_

**26. What barriers to participating in in-person modes of TB education and training events have you experienced?** ***Select all that apply.***

* Accessibility needs unmet
* Budget/limited funding available
* Cannot take time away from work responsibilities to participate
* Event too far away
* In-person TB training and education events are not available
* Not enough staff coverage
* Travel restrictions not related to funding
* None/No barriers
* Other, please specify\_\_\_\_\_\_

**27. Identify any incentives that encourage you to attend TB trainings (in-person and online).**

***Select all that apply.***

* Certification
* Continuing education credits (i.e., CME, CNE, CHES, MOC)
* Opportunity to network and interact with colleagues
* Professional development
* None
* Other, please specify \_\_\_\_\_

**28. Which of the following are your most preferred formats for TB trainings? *Select top 3.***

* In person conference
* In person classroom training/workshop
* Interactive online course
* Live webinar
* Mentorship from a TB expert
* Microlearning videos (i.e., short, focused video clips rather than full didactic training)
* One-on-one trainings
* Peer education training
* Recorded webinar
* Self-study materials (online or print based)
* Train-the-trainer (ToT) training
* Virtual conference
* Other, please specify\_\_\_\_\_\_

**29. Which of the following are your most preferred formats for TB educational materials for professional development? *Select top 3.***

* Brochures/pamphlets
* Conversation guides
* DVDs
* e-Newsletters
* Fact sheets
* Interactive online training
* Mobile apps (applications for mobile devices including tablets, Android, iPhone)
* Online videos
* Pocket cards
* Podcasts
* Printed materials
* Self-study materials (i.e., manuals or books)
* Slide decks
* USB flash drive/thumb drive
* Other, please specify\_\_\_\_\_

**30. Which of the following are your most preferred formats for TB educational materials for delivering patient education? *Select top 3.***

* Brochures/pamphlets
* DVDs
* Fact sheets
* Flip books
* Online educational resources
* Online videos
* Pocket cards
* Posters
* Printed educational resources
* Other, please specify \_\_\_\_\_

**31. Please provide any additional comments you have regarding your TB training and education needs.**