

COVID-19 Investigation Training: Interview Skills Transcript

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Hello, everyone. This is Maayan Simckes at the Washington State Department of Health, where I am an epidemiologist, and I'll be running your next training. This COVID-19 investigation training specifically looks at interview skills for working with COVID-19.

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Our training agenda is to start with the purpose of conducting these interviews. Then, talk about specific interview techniques, including the 10 Cardinal Rules. You should have watched a video on that. The interview Tips for Success that we've developed and some dos and don'ts as well. We'll also touch on cultural humility, using interpreter services, and also about the demographic data we collect, including race and ethnicity.

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First of all, the purpose of these interviews: there are six goals really when it comes to conducting case and contact investigations related to COVID-19. The first is to provide public health guidance for isolation and quarantine. Next is to collect critical data, including the symptom information from each individual, hospitalization data, and also death information. We also collect information about high-risk facilities, for example long-term care facilities or nursing homes, and if a case visited any of those facilities during their exposure and contagious periods.

We collect information, also, about close contacts who have been exposed to a case during their contagious period. And we also reach out to those close contacts to provide quarantine guidance. And finally, we conduct probable case interviews as well from that list of close contacts that we have been developing.

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Before the interview, it's important to find a quiet and private place in order to have a confidential and comfortable space in order to do your interview.

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Next, it's important for you to review the COVID-19 resources that you are provided so you're up-to-date. We recommend taking a look at these daily. And additional updates and changes should be cascaded to you through your team lead. Next is it's important to gather all of the materials you'll need and have all of the necessary screens open on your computer in advance, so you're not jostling through them once you have somebody on the phone. And finally, it's great to do some practice runs, to familiarize yourself with the questions. You should be going through these with some of your colleagues, maybe even a family member so that you can really get a feel for not only the questions, but also for the description lines we have within the tools to help you walk through the investigation. Now, you all should have reviewed a nine-minute video from the Oregon Health Authority and it is on the 10 Cardinal Rules of Interviewing. I know you've already reviewed this, but I'm going to walk through them again because some of these are really essential to successful interviewing. The first, again, is that you need to practice until you're comfortable with the questionnaire and also find a quiet place to conduct your interview. Being professional and speaking confidently helps to ensure your credibility as an interviewer and as a representative of the public health system.

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When we speak with people in the public, often times there are questions about the validity, the professionalism, and the credibility of the person they are speaking with. This is especially true with the rise in fraudulent spam calls and texts related to COVID-19. It's very important, that we from the outset, make ourselves credible and provide the comfort that people need in order to be able to speak with us. Next, is not to be judgmental.

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People have a tremendous variety of reasons for the things that they do, and it is not our job to judge them when somebody who is sick, and they happen to go to work on a day when they were contagious. We don't want to judge them for it. We simply want to document the information, so we can respond appropriately within the public health system.

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We also want to avoid leading the responder or leading the witness, so to speak. So asking questions like, "You didn't go to work did you?" won't really get us an honest answer or a clear and direct answer from the person we're interviewing. Instead, it's important to ask questions in ways that aren't leading, so things like, "Did you go to work on this particular day?" is very different than, "You didn't go to work, did you?" because we're not feeding the individual any particular answer when we're asking the question.

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We also need to accurately record what people say. We know it can be tempting sometimes to interpret or try to reframe what somebody is saying during an interview, but accurately recording exactly what they say is really essential to capturing good public health information.

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Back to the idea of finding a quiet place to conduct your interviews, is ensuring confidentiality. You need to be careful about the interviews that you're conducting, where you're conducting them, when you conduct them, and who's around you. It's also important, and we'll come back to this, to think about what you are and are not allowed to talk about with others.

5:08

Redirection of interviews is also pretty essential. These are folks who have been sick and their concerns and sometimes they want just somebody to talk to. They want to talk about their experience. They want to ask about their concerns and we do want to offer them an opportunity to ask questions. But we need people to also stay focused on the interview.

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So it's fine to redirect and remind people the purpose of the interview that we can get answers to the essential questions that were asking. It's also okay and necessary sometimes to probe if answers are vague, especially about time of symptom onset. So if you're doing an interview and somebody says, "well, I started feeling sick, I don't know, maybe a week or two ago?" A week or two isn't a date and you're going to need to input a specific date into the form that you're completing. So use whatever probing questions you need to in order to help solicit a specific date. We'll talk about strategies for that in a moment.

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And then finally, it is important to express gratitude, thank your interviewee and explain how their information will be used. I'll reiterate this again later, but none of this information is shared publicly. This is protected health information and will remain within the public health system.

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There's a link here at the bottom for reviewing this video. It's also listed on your syllabus.

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There are some more interview tips for success that I'd like to walk through and some of these are a little redundant comparing to the Cardinal Rules slide we just reviewed, but that's because these are really essential. And when it comes to good interviewing, it doesn't matter if it's food-borne investigations, if it's environmental exposure, or if it's COVID-19. A lot of the lessons learned are going to be the same.

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So try to absorb as much of this as you can, and know that the repetition is there on purpose. First, it's important to start by explaining what you're doing and why you're doing it. In order to actually show that confidence you have to be able to explain what it is that you're doing and why you're doing it, which requires you, then, to understand it. So you will have a range of resources provided to you that we ask you to read and familiarize yourself with. That way, when you're talking to an interviewee, you'll be able to tell them what you're doing, why you're doing it, and why we, as an entire public health system, need their assistance to help flatten the curve and stop the spread of the virus.

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Confidence is key. When you have confidence on a call, it gives the individual you're speaking with confidence in you. Whatever you need to develop that, maybe that means more practice interviews with other people, or maybe that means talking in the mirror and practicing just with yourself, or maybe it's just simply reading over the interview form and then reading over the materials. Please do it and work on building up your confidence.

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Show empathy. This person was just pretty sick and they were scared and it's okay for you to have a conversation where you tell them that you're really sorry that they're experiencing this and you are so grateful for their assistance. If there are issues with people being so sick that they're unable to speak, we have procedures in place to address that, so feel free, please, to talk with your team lead about those processes.

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Next is to be conversational. You don't have to be a robot sticking directly to the script. You're totally allowed to veer away from it if it makes sense. If you're talking with somebody who is being a little goofy and a little silly, mirror their tone. Meet them where they are. Match their pacing and their diction. We want people to feel comfortable speaking with us and not like they're speaking with a robot, so feel free, again, to develop a rapport with the people that you're interviewing.

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That's a great part of what we do in public health. It's also okay to probe for specific answers, as I mentioned on the previous slide, if someone's being vague. Some specific tools, often times we like to refer to a calendar and ask somebody to pull up their calendar on their phone or email. We asked them sometimes to look at credit card transaction histories. If they know for example, they started feeling sick on the day that they ordered Thai food, then we might say, "why don't you

look and see the day that you ordered Thai food and that will help you remember what particular date you began to feel sick.”

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Sometimes, we'll ask them to check their email or to check with a partner or a household member, if they have questions trying to identify specific dates. We really use all of these tools to help people anchor themselves in time. And right now, we're in a period when people are staying at home, and it's pretty complicated, and we're losing track of days. I know I certainly am. It's really helpful, sometimes, to refer to these resources, these other tools, to help people really anchor themselves.

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Next, let them ask questions. People have questions they don't always know where to go with them. And, we are a great starting point. Let them ask and encourage them to.

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And again, we want to express gratitude throughout their interview, not just at the very end, So, some dos and don'ts. Of course, again, we want to accurately record what people are telling us. And next, is this idea of persistence. Persistence gets the job done. It is okay to ask people why they're refusing, and in fact, it can be very informative.

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Somebody may tell us that they don't think an interviewer sounds credible. That's wonderful feedback for us to talk about with team leads, between the team lead and the interviewer, so they can work on building that credibility in the way that they are approaching a call. We also do call multiple times, including in the evening, and on the weekends, and we have processes specifically in place to document when and how many times you are calling each individual. Persistence really does help us to complete our work. It's also important to try to get a response to every question. The survey that we're using for cases, and the survey we use for contacts, those has been revised, and developed, and honed, and polished for several weeks, and done so by people with years and years of experience doing this.

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Every question on those surveys matters, you may not think it does when you're starting to look at it, but in reality every question has a purpose. And again, you want to speak with confidence and provide public health recommendations with the understanding that you don't have to be an expert.

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So, don't give medical advice. I'm going to highlight this as our number one “don't”, for the moment. We know that some of you will have medical training as doctors, and nurses, and PAs, and as other providers, but it is essential that you do not provide any medical advice, including about medications, to anyone you're speaking with on the phone, regardless of your medical training. We always refer people to their healthcare providers. Our role in public health is not to provide medical advice, and it is important that you as an extension of public health, do the same.

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Again, you don't have to feel like you need to be a COVID-19 expert, none of us are COVID-19 experts. This really only came on the scene in late December. So refer to the Department of Health and the CDC website, if people have questions that you don't know how to answer. And,

you also will be working through a system that will email and text materials directly to the people you're interviewing, so you can refer them to those materials, as well. And, you should have those on hand so you can reference them during a call.

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And it is okay to say you don't know.

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I want to shift focus now to the concept of data security. Data security is your responsibility. The data that we collect in public health investigations contains personal health information, or it can contain details of an ongoing investigation. Information that we collect in these investigations can also have legal or societal repercussions.

13:00

If we think about COVID-19 in particular, this is certainly still the case. All of these interviews contain personal health information, and details of ongoing investigation work, and there are many facilities and businesses that also can be related to these investigations. So sharing that information outside of the appropriate direct lines is inappropriate. Public Health agencies and you are responsible for protecting the identities and health information of individuals, and again of agencies, facilities, or others who are associated with these investigations.

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All interviews and public health data are considered confidential. You will be receiving some additional training, if you have not yet already, regarding confidentiality and data security for these investigations and for public health in general.

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I want to talk now about cultural humility.

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Cultural humility is an active behavior. It allows us to approach differences with kindness, curiosity, and calm. Cultural humility pushes us to challenge our own cultural biases by not making assumptions about others.

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It also reminds us that we simply can't know everything about every other culture. But we have the ability to ask questions that are central to effective communication and are essential public health communication. Cultural humility requires practice. Learning about other cultures is a lifelong goal in process. And we ask that you, as representatives of the public health system, try to embody this cultural humility in your work. Why does it actually matter?

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Why is cultural humility important in our COVID-19 investigations? Well, first, Washington State has a very diverse population, and the quality of our investigation is influenced by our understanding and behavior. Cultural humility, respect, and inclusivity are a central part of a professional public health investigation.

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One of the ways that we demonstrate cultural humility is by working with interpreter services, and really understanding their role in regard to our investigations. So there are plenty of times, in fact, a large number of times in our investigations where we invite an interpreter in to help assist us in communication. The goal of the investigator in these particular scenarios is to communicate

with the client, and not with the interpreter. So when you ask a question, you direct it to the client and the interpreter will interpret it.

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You're not speaking with the interpreter as if the client were not there.

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The role of the interpreter is to act as a conduit so that all parties can actually understand each other, and they help to clarify when there are questions coming from the individual whom you are interviewing.

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...or, from you when you need more clarification on a particular answer. They serve as a cultural broker, also able to bridge between our world and the individual who were speaking with. And then they helped, they also help to adhere to a particular interpreter code of ethics. We won't go into the details of that today, but it is important to know that interpreters, too, have their own ethical guidelines that they follow. The overall take away in terms of interpretive services is that we use interpreters and request their assistance because they help us to communicate with the people we serve, it's not the other way around.

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Let's talk briefly about demographic data and equity. So we collect data about race and ethnicity for a number of reasons. First, is that demographic data helps us to plan for the health and well-being of our entire population.

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An equity lens also allows us to acknowledge and address any health disparities that may be identified. And understanding how different populations are experiencing and responding to the COVID-19 pandemic, allows for more advanced planning, and better, and responsible allocation of limited resources to maximize the protection we offer to our entire population. We know the talking about race and ethnicity can be a little less comfortable for some folks, but it's incredibly important that we collect this information.

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So use the script provided, that's in the survey documents you'll be using, to assist in asking about race and ethnicity. Confidence and clarity are key, and we believe that the script provided to you will be a tremendous tool.

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I want to take a moment also and talk about stigma. As new information emerges from around the world around COVID-19, it's important to remember that this illness is not at all connected with race, ethnicity, or nationality. Stigma doesn't help fight the illness. Speaking and sharing accurate information during this time of heightened concerns, is one of the best things that we can do to keep rumors and misinformation from spreading.

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As individuals, we can rely on and share only trusted sources of information. We can speak out if we hear, or see, or read something that's problematic or harassing online. We can show compassion and support for the people who are most affected by this illness, and that's exactly where you all come in. We can also avoid stigmatizing people who are currently quarantining, or

isolated, or isolating. Or we should also think of it the other way, if there are people who have not been properly quarantining or isolating we don't want to stigmatize them.

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So we need to think about ways to be non-judgmental as we're doing this work.

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We also don't want to make assumptions about someone's health based on their ethnicity, race, or national origin. As professionals and as representatives of the public health system, it's important to stay updated and informed on COVID-19, so we can avoid communicating inaccurate information from our position. We also want to talk openly about the harm of stigma.

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We want to view people directly impacted by stigma as people first, and not just as a group or a label. We should be conscious of our language during the interview, and how we are speaking, and what we are speaking about, the tone that we use, and any judgement that may be conveyed. You want to acknowledge access and language barriers, which is why it is so important to familiarize yourself with our interpreter services program. We should also check our own stigmas and biases so that we can be aware of what we bring into the conversation, and what we should be working to remove.

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We also want to support our community by providing information about credible sources of information for the community. We want to be transparent about COVID-19 when we are speaking with folks, and you want to stick to the facts.

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At this point, before we end, I'd like to say that, you know, the interviews and investigations are complicated, and there are very taxing experiences. Many of us have no background in interviewing or in doing any sort of public health or healthcare, and it's not the best fit for everyone. If this doesn't feel like the right fit for you, if you're feeling uncomfortable, or like you don't have the resources you'll need to be a successful interviewer, please talk with your team lead.

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It doesn't work for everyone, and we understand and respect that the self-awareness to really recognize if something is a good fit for you is important. So please, do some self-reflection as you're starting to prepare, as you're practicing your interviews, and talk about any discomfort or any concerns you may have with your lead. And with that, we'll close the training. Thank you all very much.