Interview Audit Form

Worker Name_____ **DIS/Worker #** _____ **Reviewing Supervisor #** _____

Date of Interview Audit_____ **Field OIX**_____ **Clinic OIX**_____

Communication Acceptable Unacceptable

Areas observed	Acceptable	Unacceptable
1. Performs pre-interview analysis.		
2. Establishes appropriate, professional rapport.		
3. Pursues detailed description and locating information on all sex partners and clusters. Effectively elicits social and sexual network information.		
4. Uses open-ended questions effectively.		
5. Provides factual disease and prevention messages to patient.		
6. Interview progresses in format that follows DIS guidelines.		
7. Communicates at a level and in a language in which the patient is open and comfortable.		
8. Emphasizes confidentiality in an appropriate manner.		
9. Provides referrals (as needed) to the patient for partner self-referral.		
Problem Solving		
10. Addresses patient concerns in an appropriate manner.		
11. Clearly and convincingly uses STD motivators to overcome obstacles.		
Analytical Capabilities		
12.Computes and uses interview periods before interview, but remains open to additional information that may influence that.		
13. Recognizes exposure gaps and uses them to challenge patient.		
14. Recognizes and confronts discrepancies in patient responses.		
Disease Intervention Behaviors		
15. Asks purposeful questions using information obtained prior to and during the interview.		
16. Asks questions successfully leading to venues or locales for case-related screening activities.		
Risk Reduction		
17. Accurately assesses patient risk factors. Discusses relevant risk-reduction messages based on the risk-factor assessment.		
Interview Follow-Through		
18. Establishes specific contracts and timelines with clients regarding their sexual partners and commitments made to the DIS.		
19. Sets specific date and time for re-interview to occur within 7 days of the original interview.		
20. Provides appropriate referrals per needs identified though conversation with patient.		

Total # of acceptable/unacceptable outcomes

DIS Signature _____ **Date** _____
Signature means only that DIS has reviewed comments. This signature does not constitute agreement with the evaluation

Supervisor's Signature_____**Date**_____

Guidance for Interview Audit Form

Note: numbers on guidance sheet match with element numbers on audit form.

- Acceptable column is a record of work in the observation that meets the standard set forth in the DIS guidelines.
- Unacceptable column is a record of work in the observation that does not meet the standard set forth in the DIS guidelines.
- Totaling the number of 'Acceptable' marks gives an overall score to accompany the individual areas of success/needs improvement.

Scoring: 0-9 Unacceptable 10-14 Needs improvement 15-19 Meets program requirements

1. Before beginning the interview, the DIS reads all available information regarding patient and their diagnosis, and checks locating and other information for accuracy in available resources.

2. DIS introduces self, provides job title, and discusses general purpose of the counseling session.

3. At the appropriate time in the interview, the DIS successfully elicits the patient's sexual and needle-sharing partners and information for locating them. DIS also successfully elicits information about other high-risk individuals for the purpose of disease intervention. The DIS gathers all necessary information to identify, locate, and bring to care all persons the patient has named as contacts or high-risk individuals. This information will include, but not be limited to: full name, date of birth/age, detailed physical description, address information, cell phone number, email addresses and internet chat names, workplace, exposure dates (as appropriate), hangouts, best time to locate, persons with whom these people live.

4. DIS gathers information using questions that begin with open-ended phrases such as "When was the last time…" "Who were you thinking of …." "Where would you go for…" etc.

5. Disease and prevention information that the DIS provides to the patient is accurate according to the training materials provided to the DIS by the program. The prevention messages that the DIS provides to the patient are tailored to the risks articulated by the patient.

6. The DIS follows the interview format according to program guidelines and collects the information necessary to successfully complete all interview forms. The DIS also displays flexibility in being able to discuss items out of normal order as the patient's questions or information moves the process in that direction. The DIS does not allow the patient to control the interview, successfully bringing the interview back to 'home' when the patient moves it away. Details of the format are in Chapter 6 of the POP.

7. The DIS uses reflective listening and asks questions of the patient to ensure the patient is receiving and retaining the information provided. The DIS displays flexibility as needed to convey the information in such a way that the patient understands and is comfortable with the delivery. DIS ensures language is not a barrier, and if it is, locates interpreters or other assets to overcome language as a barrier.

8. The DIS provides a brief, clear explanation of confidentiality that assures the patient, and not in such a way that creates an obstacle for the DIS later in the interview.

9. DIS successfully pursues and elicits other at-risk persons in the patient's socio-sexual network.

10. The DIS performs reflective listening to ascertain patient concerns. The DIS resolves those concerns through the appropriate medium, such as reassuring, role-playing, or clarification as needed.

11. The DIS is persuasive in convincing the patient of the importance of partner referral and other disease-intervention activities. This may include use of the STD flash cards, invoking civic responsibility, re-infection, or other similar strategies to convey urgency. (mode of transmission, confidentiality, asymptomatic nature of disease, risk of re-infection, complication and consequences, social responsibility and higher chance of getting/giving HIV) Motivators are outlined in the POP, Ch. 6.

12. The DIS accurately generates an interview period (based on program guidelines) prior to entering the interview. The DIS displays flexibility in the interview when presented with additional symptom or contact period information that may influence the interview period.

13. The DIS uses tools such as calendars and date books during the interview to identify gaps between sexual partners. The DIS then confronts the patient regarding the gaps and gathers information to substantiate or invalidate those gap periods.

14. The DIS successfully recognizes contradictions or conflicting information provided by the patient. The DIS successfully resolves those contradictions and conflicts through confronting the patient with knowledge and facts and convinces the patient to clear up those conflicts. Example: the LOVER (listen, observe, verify, evaluate, respond)method outlined in the POP, Ch. 6.

15. The DIS displays a sense of purpose and a plan in asking questions. These questions should be based on pre-interview analysis. The questions should also be dynamic and incorporate newly discovered information obtained during the course of the interview.

16. The DIS seeks out and identifies locales the patient describes as being partner-selection sites or places where high-risk sexual activity and/or drug use is occurring. The DIS provides the information to the appropriate person or entity for screening follow-up after the interview.

17. The DIS uses the information elicited to assist the patient in creating a risk-reduction strategy to either avoid HIV infection. In the case of a patient being HIV-positive, the DIS uses the information to assist the patient in crafting a strategy to avoid infecting others and to protect themselves against other diseases. If the patient is engaging in behaviors they are not ready or able to change, the DIS should assist them in creating a strategy to minimize the harm associated with those behaviors.

18. The DIS negotiates dates by which the patient’s contacts and other at-risk persons will be located and brought to care. If the patient is insisting on informing contacts themselves, the DIS must (a) gather identifying and locating information on the contacts in case the patient is unsuccessful in convincing them to seek care and (b) negotiate a date by which these persons will come in for care, after which the DIS will follow up on the information to assist the patient in referring the contacts and others. DIS negotiates dates and times by which the patient will provide information promised to the DIS during the interview.

19. The DIS, before the end of the original interview, sets a date and time (within 72 hours) for a re-interview at the patient’s place of residence. The only exception to this would be if this would definitely compromise confidentiality, in which case the DIS should negotiate a ‘neutral’ field location for the re-interview.

20. The DIS is to call and confirm referrals as appropriate for other patient needs. This can include such referrals as drug treatment, emergency housing, food banks, etc.