

Training DIS to Provide Partner Services During COVID-19

July 27th, 2021

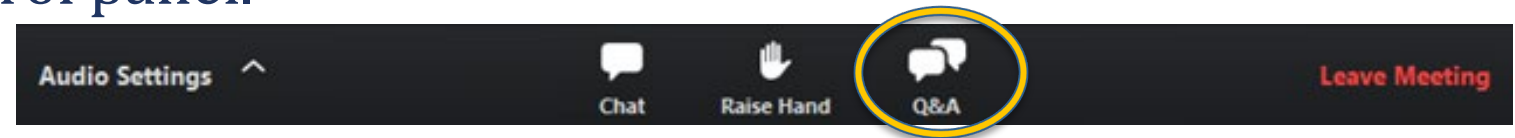


NCS D
National Coalition
of STD Directors

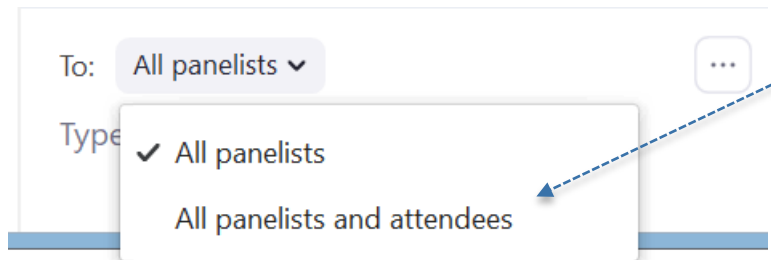
Reminders

👉 All attendees are in **listen-only mode**.

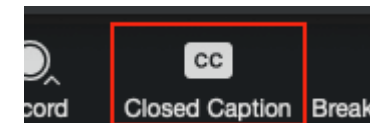
👉 To ask a question during the session, use the **“Q&A” icon** that appears on the bottom your Zoom control panel.



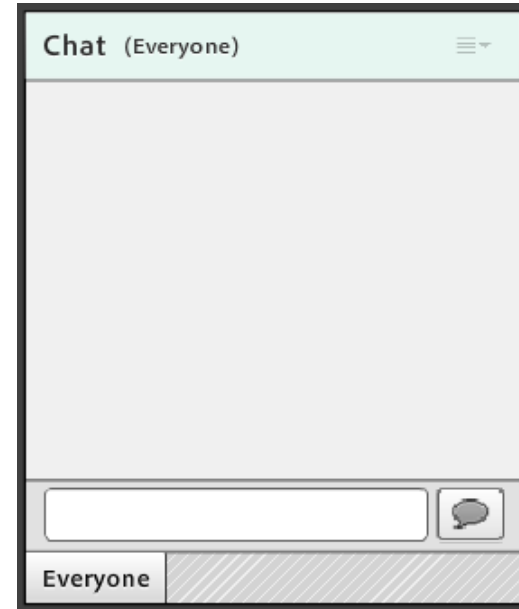
👉 When using the chat, please select **“all panelists and attendees”** before typing a message



👉 To turn on closed captioning, click on the **“CC” button**



👉 Please complete evaluation poll questions at the end of the presentation.



This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCS D website.

Webinar Objectives

This webinar will discuss how three jurisdictions are training their new DIS to:

- Consider how state laws pertain to DIS work.
- Conduct timely investigations and efficient documentation on field records.
- Motivate patients to participate in STD/HIV partner services.
- Utilize creative tactics to obtain locating information during partner/contact elicitation.
- Address barriers that elicited partners have to get tested and treated for STIs and HIV.

Presenters



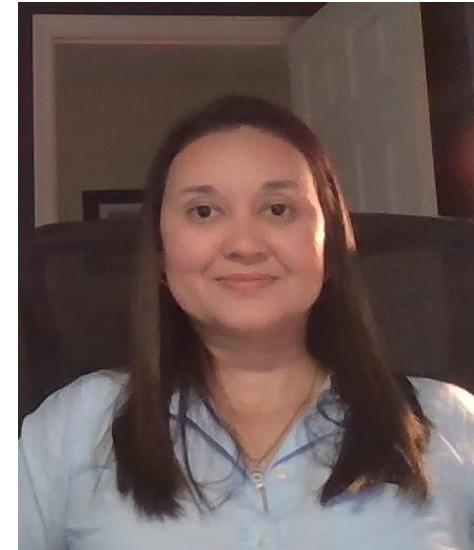
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DIS Training

Nikki Baer

STD Prevention Specialist, UDOH

July 27, 2021

MISSION & VISION



The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.



STRATEGIC PRIORITIES



Healthiest People – The people of Utah will be among the healthiest in the country.

Optimize Medicaid – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

A Great Organization – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.

Background



- Utah is a decentralized state with 13 health jurisdictions that each hire and train their own staff.
- The Utah Department of Health's (UDOH) HIV and STD Program began creating a virtual training presentation for DIS prior to the COVID-19 pandemic in late 2019.
- Prior to the creation of this training, DIS relied on CDC's Passport to Partner Services as well as training manuals that were created by the HIV and STD Program's STD coordinator.



Training Presentations



- The HIV and STD Program created three DIS training presentations: DIS basics, syphilis, and digital DIS. These presentations were created in PowerPoint and are presented to DIS virtually.
- The syphilis and DIS basics training is administrated by UDOH's STD Prevention Specialist and takes approximately 2 hours.

DIS Training 2020

HIV & STD PROGRAM



SYPHILIS 101

A Training for DIS

Training Presentations



- When new DIS are employed at local health departments (LHDs), the LHD is responsible for emailing the HIV and STD program to schedule a training time.
- The DIS basics presentation covers confidentiality, Utah laws relevant to DIS work (including minor consent laws and EPT), and an overview of interviewing and contact elicitation. The presentation also includes a live demonstration of Utah's surveillance system, EpiTrax.
- The syphilis presentation covers testing, symptoms, staging syphilis cases, treating syphilis, interview periods, and managing syphilis reactors /out of state cases. It also includes practice case studies.



Utah State Laws (EPT)

Expedited Partner Therapy is legal in Utah and can be used to treat chlamydia and gonorrhea.

It is not recommended for partners of gonorrhea cases who may have oral exposure or MSM.

EPT medication be given to the client to pass on to their partner, or a prescription can be given to the client to pass on to their partner with either the partner's name and DOB or "the partner of _____".

UDOH offers support to providers who have questions and concerns surrounding EPT. DIS can refer such providers to us.



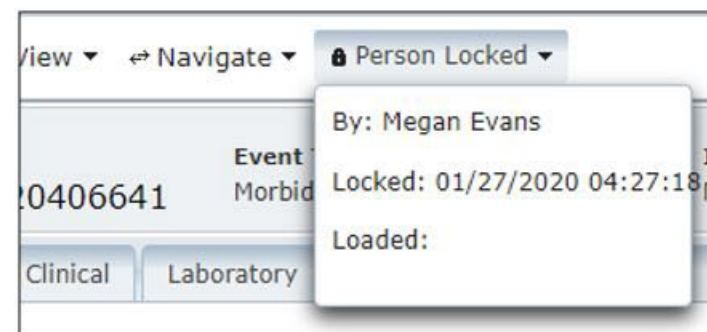


EpiTrax Tips

Cases will lock if another user is in any of the person's records. After 15 minutes of inactivity, the lock will release. If a case is still locked after 15 minutes, email the user or nedss@Utah.gov to release the lock.

Save your work frequently, and make sure to save & exit out of a record when done with it.

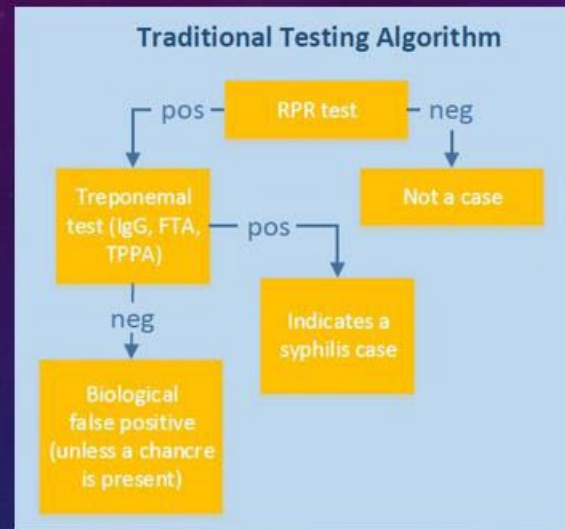
For any EpiTrax issues, first go to your manager, and then email nedss@Utah.gov if the issue isn't able to be resolved.



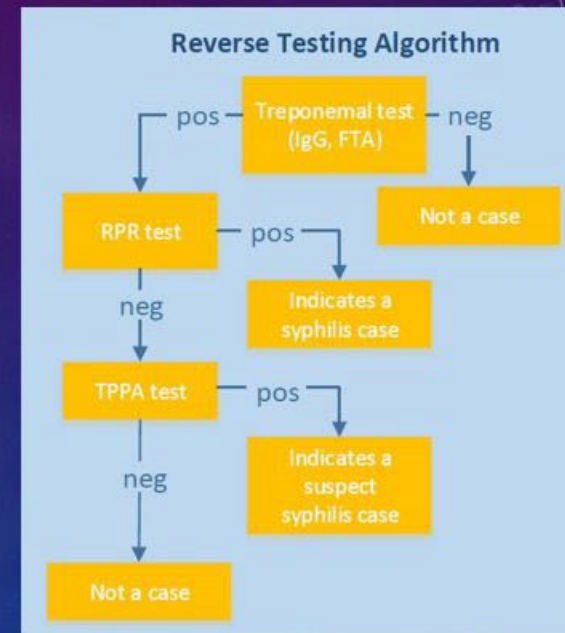
Syphilis Presentation



SYPHILIS TESTING (CONT.)



Biological false positives can be caused by a variety of things including pregnancy and autoimmune disorders.



See [Syphilis Flowcharts](#) document

Syphilis Presentation



INTERVIEW PERIODS

- Interview periods for syphilis vary depending on the client's surveillance stage.
 - Primary: 90 days prior to onset of symptoms through the date of treatment.
 - Secondary: 6.5 months prior to onset of secondary symptoms through the date of treatment.
 - Early Non-primary Non-secondary: one year prior to start of treatment (or from most recent negative test in the past year until treatment).
 - Late/unknown Duration: one year prior to start of treatment and any long term partners.
- Any sexual partners who had contact with a client diagnosed with early syphilis within 90 days of their diagnosis should receive presumptive treatment, regardless of their test results.



Syphilis Presentation



CASE STUDY #2



- Derek presents to the clinic with a sore on his penis that he noticed 5 days ago. His provider diagnoses it as a chancre and orders syphilis labs. They come back as follows:
 - RPR: 1:4, IgG: negative
- Should Derek's case be marked as confirmed, probable, suspect, or not a case?
Probable
- What surveillance stage should his case be assigned? Primary
- How should he be treated? 1 dose of Benzathine Penicillin
- What is the appropriate interview period? 90 days back from chancre onset

DIS and EpiTrax Manuals



- Prior to training development, UDOH's STD Program Coordinator created DIS and EpiTrax manuals that aim to offer DIS a comprehensive resource on our surveillance system and DIS work.
- These manuals are sent to DIS to use as an ongoing reference.
- Program staff regularly update the manuals to add additional information and ensure they are current.

DIS Manual



Disease Intervention Specialist Manual LHD Version

Utah Department of Health
Bureau of Epidemiology

Disease Intervention Specialist

What is a DIS?

A DIS is a public health worker who is responsible for locating and counseling people with sexually transmitted diseases (STDs) and their contacts so they may receive confidential and prompt testing and/or treatment. The DIS role was initially established to work in the field of STD prevention. DIS are trained professionals informed about the causes and spread of STDs, skilled in taking sexual histories, identifying and locating people who may have been exposed to an STD, and knowing where to refer people for evaluation and treatment. A DIS also provides counseling about factors that put a person at risk for STDs, including living with HIV.

EpiTrax Manual

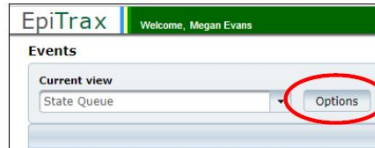


1. From the Dashboard, Select 'Events'



2. From 'Events', Select 'Options'. This will show you the current view specifications that have been previously set. If you've never set up a view, this will be blank.

3.



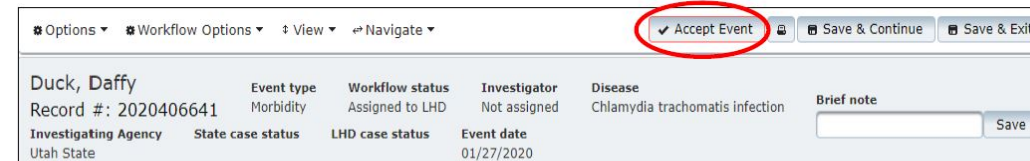
4. Select '+ Add View' to open a new view with no view criteria selected.

5. The user will then fill in a new view name in the pink box reflecting what this view will be used for (e.g. Syphilis under investigation, GC assigned to LHD, etc.).

Accepting and Assigning Cases

When created it is routed to the appropriate agency. An individual at each jurisdiction manages cases assigned to their LHD. The user can create a view for cases assigned to their LHD to manage them in a different way that works for them. Once a case is accepted by a LHD, it will need to be routed to an investigator.

To accept cases or contacts assigned to LHD



- Enter the morbidity or contact record by clicking on the CMR number
- Click the "Accept Event" button. This is now assigned to the jurisdiction the user who accepted this is assigned to.
- To route to a DIS, click the "Assign to Investigator" button
- You will see a "Workflow Action" box pop up

Pre/Post Test



- The Program created a pre/post test to evaluate the success of the training.
- The pre/post tests contain 15 multiple choice questions on content from the training.
- The post test includes an additional six multiple choice and free response questions evaluating the presentation.

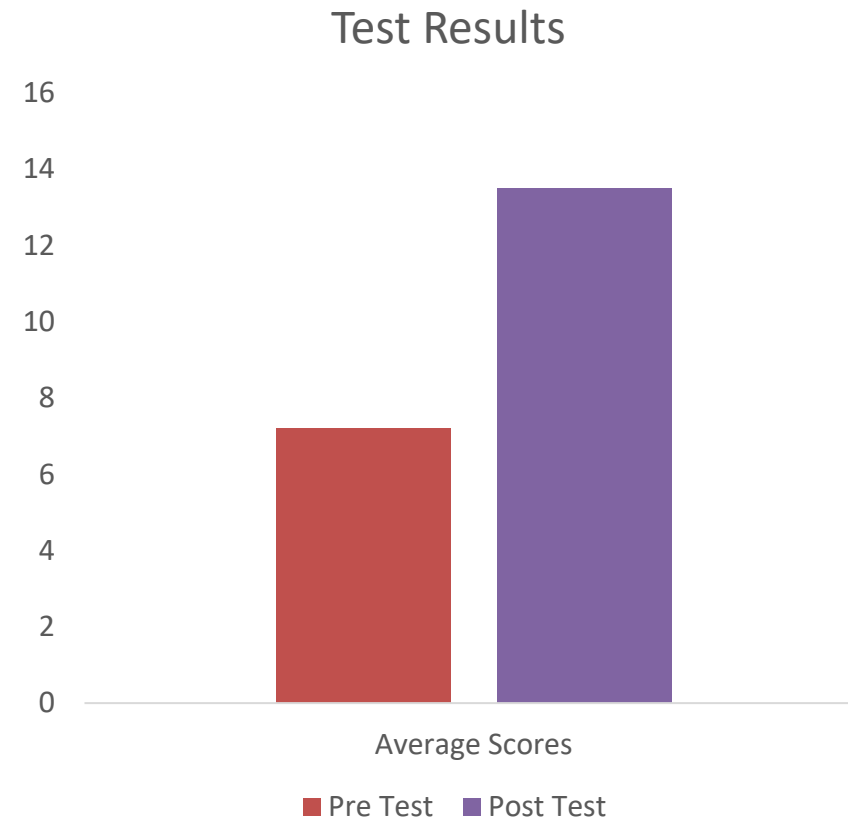
What is expedited partner therapy (EPT)?

- EPT allows patients who test positive for an STD to get medication at a rapid speed
- EPT allows sexual partners to be given first priority to be seen by a provider and examined for STDs
- EPT allows sexual partners to access therapy to cope with the stress of potentially being infected with an ...
- EPT allows a provider to give a positive patient medication or a prescription to pass along to their sexual p...

Pre/Post Test Results



- Out of 15 new DIS trained since the development of the pre/post test, 14 completed both the pre and post tests.
- The average pre-test score was 7.2 out of 15.
- The average post test score was 13.5 out of 15 for an increase of 87.5%.



Other Training



- In addition to the HIV and STD Program's training, each LHD determines what additional trainings their staff should undergo.
- LHD training includes shadowing other DIS during investigations and nurses during clinic visits.
- The HIV and STD Program strongly encourages DIS to complete CDC's Passport to Partner Services online training to gain more in-depth knowledge on interviewing techniques and other DIS skills.

THANK YOU!



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Paving the Road for Success: Training Disease Intervention Specialists (DIS)

Sedgwick County Health Department
STI Control Program

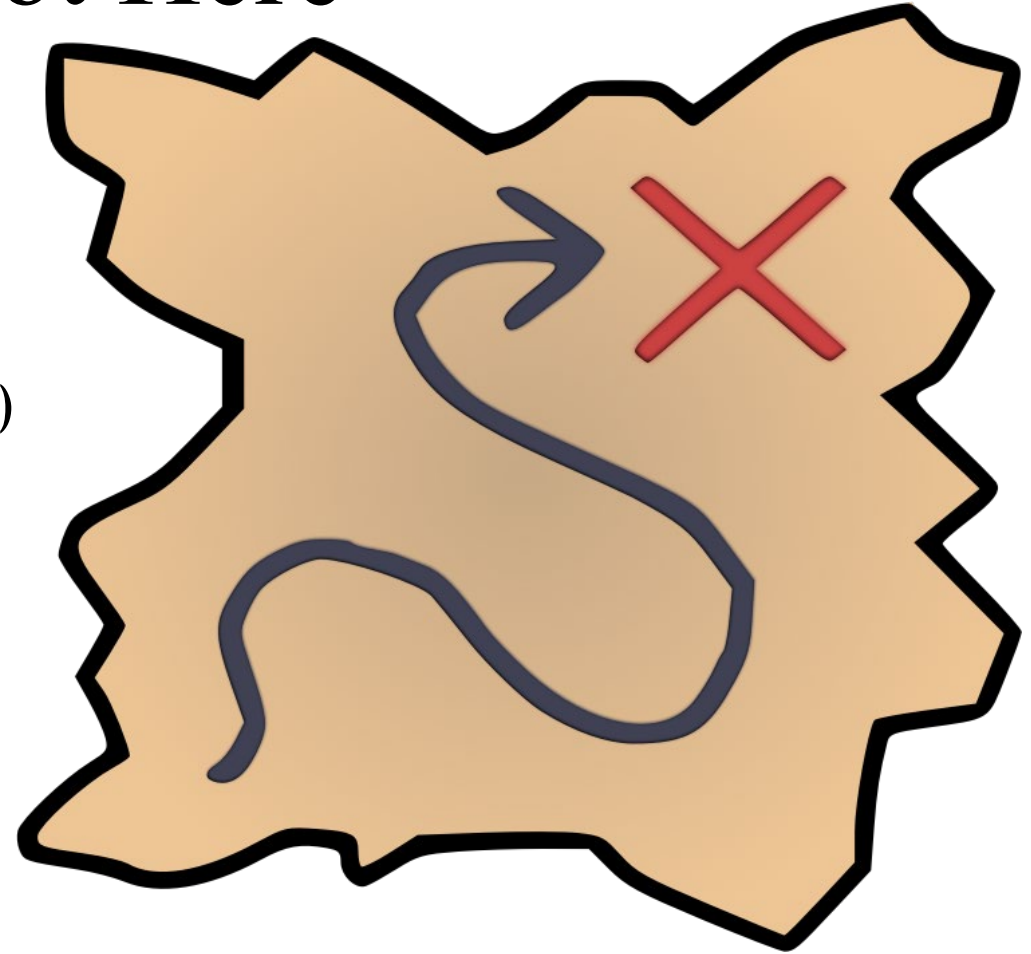
www.sedgwickcounty.org



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How We Got Here

- In 2018, the average length of time required for a new DIS to complete training was seven (7) months
- In 2019, Sedgwick County Health Department (SCHD) collaborated with the Kansas Department of Health and Environment (KDHE) to develop a more comprehensive training guide
- In 2020, the Kansas DIS Training Guide: Core Competencies was released and implemented. The guide provided trainers with specific objectives and tasks that would lead to the achievement of those objectives
- In 2021, the average length of time required for a new DIS to complete training is four (4) months





DIS Training Guide: Core Competencies

DIS training was broken down into eight (8) basic categories:

- Trisano (field record documentation)
- Disease Knowledge
- Interviews
- Phone Calls
- Field Visits
- Investigations
- Specimen Collection
- Community Collaboration



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- Within each category, trainers and trainees find a series of objectives and actionable tasks for the trainee to complete.
- With each succeeding level, the actionable tasks become more complex.
- At the conclusion of all tasks, the trainee should have an acceptable level of proficiency with the objective

INVESTIGATIONS LEVEL 1

Start date: _____ Completion date: _____

1. The DIS can use alternative electronic investigation methods.

Actions	Initials
Review "Internet Partner Services" section in the Field Services Manual	

INVESTIGATIONS LEVEL 2

Start date: _____ Completion date: _____

1. The DIS can use alternative electronic investigation methods.

Actions	Initials
Establish a work Facebook (FB) account following guidelines found in FSM.	
Download Facebook app and Messenger app to iPhone; log in.	
Download Grindr app and create an account in accordance with FSM.	
Contact supervisor to schedule training for Kansas Health Information Network (KHIN) and request an account.	
Complete KHIN training.	

INVESTIGATIONS LEVEL 3

Start date: _____ Completion date: _____

1. The DIS can use alternative electronic investigation methods.

Actions	Initials
Review <u>Internet Based Investigating</u> PowerPoint found in the shared drive; actively practice accessing each of the resources discussed in the PowerPoint as you move through it. Create user profiles as necessary.	
Work with a 1yr+ DIS to learn how to conduct internet based investigations.	
Locate FB accounts for the contact events you created in competency "Trisano 3.2." Add them to their respective CMRs. Ask a 1yr+ DIS to confirm the FB accounts located and assist in verifying a lack of FB for individuals you could not locate.	
Review KHIN for the contact events you created in competency "Trisano 3.2." Locate relevant testing history and add to the CMRs. Ask a 1yr+ DIS to review KHIN for these clients to confirm the findings.	



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DIS Training Guide: Core Competencies

DIS training was broken down into eight (8) basic categories:

- Trisano (field record documentation)
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- Phone Calls
- Field Visits
- Investigations
- Specimen Collection
- Community Collaboration

**We will take a closer
look at three (3)
categories**



Goals For Today

In each of the three (3) categories that we will further analyze, learners should observe how our DIS are trained to:

- Motivate patients to participate in STD/HIV partner services (Interviews)
- Utilize creative tactics to obtain locating information during partner/contact elicitation (Investigations)
- Address barriers that elicited partners have to getting tested and treated for STIs and HIV (Phone Calls)



“Motivate patients to participate in STD/HIV partner services”

1. Introduce concepts

- Complete online Passport to Partner Services
- Trainee shadows and completes audits on trainer’s interviews

2. Establish a foundation for interviews

- Trainee completes mock interviews with trainer
- Trainee is audited during mock interviews
- Trainer presents common challenges to trainee in the mock setting

3. Practice of skills

- Trainee interviews real clients, (what we call “live” interviews) with the trainer auditing
- Trainer and trainee debrief after interviews to discuss successes and challenges, and how to navigate challenges in the future



“Motivate patients to participate in STD/HIV partner services”

Interview Audit Form

- The trainer and trainee use the same audit form (pictured here), so expectations remain consistent
- The trainee completes audits during a trainer’s interview, so the trainee can observe each interview skill and ask questions
- The trainer completes audits on the trainee during mock and live interviews to provide feedback
- **Many of these interview expectations will help build a comfortable environment and establish a positive relationship with the client so they trust the investigator to help them**

DIS#:		Interview Type
Date:		
Evaluator:		
Scoring Scale: 1=Unsatisfactory 2=Needs Improvement 3=Meets Expectations 4=Exceeds Expectations 5=Exceptional		
Interview Components:		Score:
Performs Pre-Interview Analysis		
Introduces Self and Explains Role		
Demonstrates Professionalism		
Establishes Rapport		
Actively Listens		
Uses Open-Ended Questions		
Communicates at the Patient's Level of Understanding		
Educates Patient About Disease/Treatment/Testing		
Solicits Patient Feedback		
Pursues Sex Partners and Cluster Suspects/Associates		
Pursues All Available Locating/Identifying information		
Recognizes Problem Indicators		
Assertively Confronts Problems Communicated by Patient		
Uses STI Motivators		
Emphasizes Confidentiality		
Computes and Uses Interview Periods		
Recognizes Exposure Gaps		
Total Average Score:		
Observations:		



“Motivate patients to participate in STD/HIV partner services”

The main way DIS learn how to motivate patients is through practice. During a mock interview, the trainer serves as the client and presents varying challenges that are often observed during live interviews. This allows the DIS to begin navigating those conversations. Challenges that we have trainers address during mock interviews include:

- Concerns with privacy (“I don’t want to be blamed for this”)
- Dislike of government (“This isn’t any of your business”)
- Concerns with safety (“I’m worried my partner will hurt me”)



“Motivate patients to participate in STD/HIV partner services”

“I don’t want to be blamed for this”

- Risk for reinfection
- Review privacy policies
- Demonstrate an example of a partner notification call

“This isn’t any of your business”

- Risk for reinfection
- Offer contract notification
- Discuss complex nature of syphilis contact care
- Provide DIS contact information for self referrals

“I’m worried my partner will hurt me”

- Get more information by asking “why”
- Discuss risk for reinfection
- Offer community resources
- Accept that physical danger may just be too great



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“Utilize creative tactics to obtain locating information during partner/contact elicitation”

1. Identify investigation resources
2. Model critical thinking
3. Practice use of investigation resources





“Utilize creative tactics to obtain locating information during partner/contact elicitation”

1. Identify investigation resources

- Dating apps
- Facebook/Instagram, etc.
- Google Maps
- Other local resources





“Utilize creative tactics to obtain locating information during partner/contact elicitation”

2. Model critical thinking

- Trainees observe trainers eliciting thorough information about partners
 - **Always ask:** name, phone number, address, physical description, age
 - When those questions don't lead to good locating information, **try asking:** place of employment, family members, hang out spots, criminal history, “where did you hook up?”
- Trainees review Kansas’ “Internet Based Investigating” PowerPoint. The presentation discusses “alternative” pieces of information to elicit, how to use various electronic resources (like TruePeopleSearch), and how two resources may connect and properly identify a client
 - For example, use LinkedIn because the only information on the partner was their first name, physical description, city, and a unique career (for example, pilot). Use Facebook to find the person you found on LinkedIn and send an image of the Facebook profile picture to the original patient for them to confirm or deny the identification of the partner.



“Utilize creative tactics to obtain locating information during partner/contact elicitation”

3. Practice use of investigation resources

- Locate Facebook profiles and send messages
 - Trainers verify that trainees located the correct client on Facebook
- Identify emergency contacts/family members
 - Use Kansas Health Information Network (KHIN) and Lexis Nexus to identify emergency contacts
- Use Google Maps Street View to identify client homes
 - When conducting an interview, “where did you have sex” may be answered with “at their house.” Often times, a client may not know the physical address, but can describe how to get to the residence. Google Maps Street View can help visualize the residence so a field visit can be completed later



“Address barriers that elicited partners have to getting tested and treated for STIs and HIV”

1. Shadow trainer calls to partners
 - Shadowing helps the trainee get a sense for the flow of calls and hear a few barriers
2. Review and discuss Kansas’ “Overcoming Objections” guide
 - This provides trainees with an opportunity to brainstorm on barriers that a client might have and prepare to address them by discussing it with their trainer
3. Practice skills
 - Mock notification phone calls in which the trainer presents objections that have been discussed helps build the trainee’s confidence



“Address barriers that elicited partners have to getting tested and treated for STIs and HIV”

- Why can't you tell me who named me?
 - HIPAA
 - I'll keep your information private too
- I don't believe you/this is a joke/scam
 - Explaining investigation process
 - We don't take into account frequency/type/or condom use
 - Offer to meet in person/ call back health dept
- I don't think I have it
 - Most people don't see/recognize symptoms
 - Explain incubation
- I just got tested
 - Great! Where? When? Results? Blood? Urine?
 - Did you specifically ask for Syphilis?
 - Explain incubation/need for more recent testing
- I get tested all the time
 - Why? When?
 - Explain lack of accurate testing by most PCPs
- I don't have sex
 - Give them a “way out”: Syphilis is not just sexually transmitted, it is spread through any type of rubbing/ skin-to-skin contact
 - Examples: Deep kissing, massages, pedicures, haircuts
- No. I don't want to
 - Why? There's usually more to know here!
- I'm too busy/I don't have time
 - I can come meet you, I only need 5-10 minutes for you to sign a consent form and collect a blood sample
 - I can get you a doctor's note
- I don't have any money
 - It is FREE
- I don't have a car/transportation
 - I can pick you up
 - I have bus vouchers
 - I can come to you
 - Refer to PCP: Who is your PCP so I can ensure the proper test/treatment is completed?
- When did this happen?
 - Reiterate HIPAA
 - Investigation may stretch back 10 years depending on each situation
- I have only had one partner
 - Our investigations may go back up to 10 years
 - Recommendation to get tested once a year for anyone sexually active, regardless of number of partners
- I am scared of needles
 - This is the only way to obtain a blood sample
 - Reiterate side effects of untx'd 700
 - Many experienced staff available to perform blood draw
 - Make the person comfortable: smaller needles, lay down, close your eyes/look away
 - Last resort: preventative treatment without testing – if within incubation

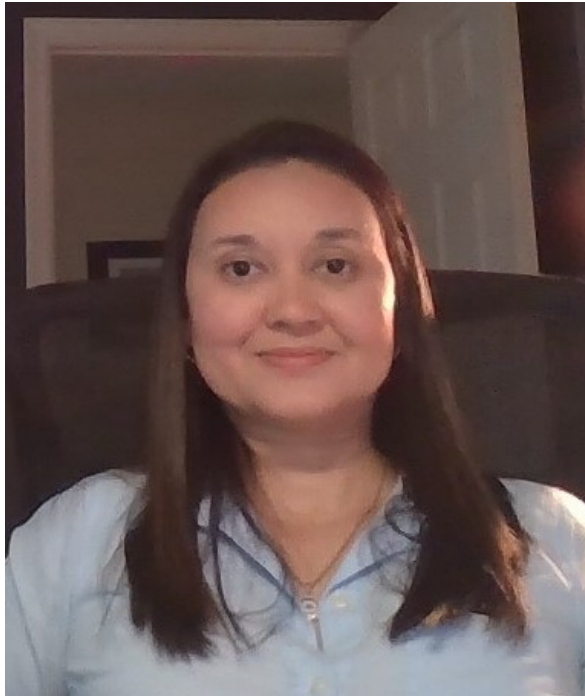


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THANK YOU!

Being a DIS is hard work! Thank you for your commitment to building a strong and resourced workforce. Please let me know how I can be of further assistance.

Amber McArthur
Lead Disease Intervention Specialist
Sedgwick County Health Department (Kansas)
Email me! amber.mcarthur@Sedgwick.gov
Call me! 316-660-7345
Connect with me on My NCSD!



Dagmar Diaz

Regional STD Program Coordinator
Virginia Department of Health

Orienting Staff in a Disoriented Time: Ensuring Quality Training During the Pandemic

KENDRA WEINDLING

FIELD OPERATIONS AND TRAINING COORDINATOR

DIVISION OF DISEASE PREVENTION

VIRGINIA DEPARTMENT OF HEALTH

Before...

New DIS completed Passport to Partner Services online modules

New DIS shadowed experienced DIS in clinics and in field

- Usually traveled to one of our high morbidity areas for a week to get this experience

Orientation to Virginia-specific aspects (lab interpretation, laws, policies/procedures, Field Operations Manual)

New DIS attended the in-person class for Passport to Partner Services

After the course, new DIS were signed off to interview by an experienced supervisor or Regional STD Program Coordinator (RSPC)

DIS would be approved to investigate cases of syphilis or HIV only after they had completed the training modules and attended the in-person class

During...

Challenges faced during COVID Pandemic:

- No more in-person class through CDC
- No in-person training allowed
- No travel allowed
- Many DIS reassigned to COVID
 - Fewer DIS doing traditional DIS work for new DIS to shadow
- Need to get new DIS trained and functioning quickly to support the disease intervention efforts for both STI/HIV and for COVID
- No in-person interviews- additional hiring challenges

Revised Training Plan:

Developed our own version of week-long Passport to Partner Services class

First class was conducted in Dec. 2020, and consisted of DIS hired in Sept. and Oct. 2020

- Fortunately for Virginia, we hired one DIS between March 2020 and Aug. 2020, but he was an experienced DIS with previous experience in Virginia

Conducted the class one other time since Dec. 2020, and getting ready to present the class again

Currently doing the course virtually, but hoping to start in-person with our next session

Training Plan:

Upon hire, begin work on Passport to Partner Services online modules

- Include enhanced modules released by CDC on PrEP, conducting telephone interviews, field safety, public health detailing, trauma informed care, etc.

At least weekly check-ins with RSPC to assess progress, answer questions, discuss how to integrate what they are learning into daily work, begin work on interview format/role plays

Opportunities to visit health departments and listen to experienced DIS conduct interviews by phone

Attend virtual class to enhance interviewing skills and learn motivational techniques

Virtual Class: Materials

Created 3 role plays designed to help participants learn how to confront any barriers the patients have

- Each role play has different challenges such as motivating the patient to give info on partners from other states, how to work with patients who want to tell their own partners, etc.

Created 6 field scenarios designed to help participants learn how to approach different situations commonly encountered in the field

- Potentially unsafe situation, encountering parents who want to know what is going on, patients who are not motivated to come in, approaching someone when all you have is a nickname/description, etc.

Virtual Class: Format of Week 1

- Overview of what partner services is and the benefits
- Discussion of communication techniques (open-ended questions, active listening, LOVER)
- Introduction of the interview format
- Breakdown of the interview format with practice for each piece
 - Explain each section, then break to practice each section
 - Have experienced DIS available to play the role of a patient for the participants
 - Set up multiple “google meet” phone calls, where each participant calls in to practice interviewing skills with the “patient” DIS
- Discussion of overcoming barriers and motivational techniques used

Virtual Class: Format of Week 1 (con't)

- Practice full role play on patient 1, using RSPCs and experienced DIS to play patient role and provide feedback
 - Use separate call-in numbers
- Come back together as a group and do post-interview analysis on that role play
- Practice full role play on patient 2, using RSPCs and experienced DIS to play patient role and provide feedback
 - This patient is a partner of patient 1, allowing new DIS to see how a case develops
- Come back together as a group and do post-interview analysis on second role play
- Role play re-interview with patient 1 based on post-interview analysis
 - Allows DIS to develop re-interview questions based on synthesis of all information

Virtual Class: Format of Week 1 (con't)

STD surveillance database training

- Learn how investigations are assigned and how cases are entered into database
 - Test case entry is based on patient 1 from role play, allowing DIS to see the process all the way through

Visual Case Analysis training

- Virtual format with written exercises
- Use information from two role plays
 - Symptom information given is designed to allow for ghosting of lesions, discussion of source/spread analysis and prioritizing partners for investigation
 - Includes ensuring lesions are compatible

Virtual Class: Format of Week 1 (con't)

Final Role Play with RSPC or Frontline Supervisor

- Role play is written to allow DIS to demonstrate all of the skills learned throughout the week of practice
- Serves as “sign-off”, and DIS are given written feedback on our Interview Skills Assessment form
 - Form that will be utilized on an ongoing basis to provide regular feedback for annual performance evaluations
 - Allows DIS to become comfortable with this tool

Once signed-off, begin receiving investigations with ongoing support of experienced DIS, supervisors, and RSPCs

Virtual Class: Format of Week 2

Presentation on staging syphilis cases

Introduction of Standards of Investigation and Performance Metrics

Overview of Division of Disease Prevention

Introduction to other work units that DIS will interact with on a regular basis

- HIV and Hepatitis Prevention
- HIV Care Services/Ryan White
- HIV Surveillance
- HIV Cluster Detection and Response
- HIV Lost-to-care initiative

Benefits to Local Training

Have been able to incorporate Virginia-specific aspects into training

- Reference Field Operations Manual throughout training, and highlight specific metrics and reason behind them
 - Timely investigation
 - Investigation standards
 - Performance metrics
- Ensure role plays reflect challenges specific to working in Virginia
- Incorporate collaboration with other work units
 - Include introduction of relevant team members
- Training on forms/databases specific to Virginia

Questions???



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THANK YOU



Questions



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Join the DIS Community on [My NCS D](#) to connect with other DIS around the country and share tips and resources.

Please complete the webinar evaluation once the webinar ends. The link will be added to the chat.

The webinar recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCS D websites.