

The Charles P. Felton National TB Center
and the
Philadelphia Department of Public Health, TB Control Program
in conjunction with the
Northeastern Regional Training & Medical Consultation Consortium
are pleased to offer the course:

THE TB COHORT REVIEW PROCESS

October 18-19, 2006

Philadelphia Department of Public Health
500 S. Broad Street
Philadelphia, PA



COURSE DESCRIPTION

This is a 1½ day course for selected teams of TB controllers, program managers, clinicians, and epidemiologists – especially from cities, counties, or states with a medium or high incidence of TB. You will learn the theory and practice of the “cohort review” method, originally designed by Dr. Karel Styblo, to systematically analyze treatment outcomes of every documented TB case in your program area. This useful approach serves several purposes: staff motivation, quality improvement, training needs assessment, and program evaluation.

OBJECTIVES

Upon completion of this course participants will be able to:

- Describe the elements of the cohort review process
- Outline the roles key TB control staff play in a cohort review
- Organize the details of a complex case into a brief oral presentation
- Assess whether completion of treatment and contact investigation have met program standards
- Collect data from a cohort review session and calculate statistics for different outcomes
- Identify reasons for program failures and discuss how this information can be used to improve program performance
- Plan how to adapt and implement the cohort review method in individual program areas

COURSE REQUIREMENTS

- Enrollment is limited to 20 participants
- Preference is given to management teams comprising a program manager, clinician, and data analyst or epidemiologist
- Participants must currently work in TB control

FACULTY

Charles P. Felton National Tuberculosis Center at Harlem Hospital

Bill L. Bower, MPH

Director of Education and Training

The City of Philadelphia, Department of Public Health, Tuberculosis Control Program

Barry Dickman, MPA

Director

David Schlossberg, MD

Medical Director

Daniel Dohony, MPH

CDC Public Health Advisor

Nikki Pritchett, MPH

Epidemiologist

Anthony Lloyd

Disease Surveillance Supervisor

APPLICATION PROCESS

Due to limited course size, all applicants should complete an application form which will ensure that the course is appropriate for attendees.

Please complete the enclosed application, including payment information, and return to the Charles P. Felton National TB Center.

Submission of application is not a guarantee of registration; receipt of confirmation letter and self-study guide prior to course guarantees registration. Payment must be received within one week of receipt of notification of acceptance to course.

Hotel accommodation, transportation information, and directions will be provided in the confirmation letter.

CONTINUING EDUCATION CREDITS

UMDNJ–Center for Continuing and Outreach Education (CCOE) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing education for physicians.

UMDNJ–CCOE designates this educational activity for a maximum of 10.25 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The UMDNJ-CCOE certifies that this continuing education offering meets the criteria for up to 1.025 Continuing Education Units (CEUs), as defined by the National Task Force on the Continuing Education Unit, provided the activity is completed as designed. One CEU is awarded for 10 contact hours of instruction.

*For more information, please contact Bill Bower
at (212) 939-8258 or blb3@columbia.edu*

The TB Cohort Review Process

Philadelphia, PA – October 18-19, 2006

Application Form

Background Information	
Name:	Degree(s) used after name:
Job Title:	Department:
Organization:	Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work
Mailing Address	Other Contact Information
Street:	Work Phone: Ext.
PO Box:	Work Fax:
City: State:	Alternate Phone:
Zip Code:	Email Address:
Social security number (for continuing education purposes only):	
Job History and Responsibilities	
Length of time in current position:	Years of experience in TB program:
Do you currently conduct TB case management meetings or reviews? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently review outcomes of contact investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a registry that can list all of the cases reported in one quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past year, how many TB cases were reported in your program area?	
Please check the item that most closely describes your workplace setting.	
<input type="checkbox"/> State or territorial TB control program	<input type="checkbox"/> Local (city or county) TB control program
<input type="checkbox"/> Other public health department/program	<input type="checkbox"/> Federal agency
<input type="checkbox"/> University/educational institution/school	<input type="checkbox"/> Hospital
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Managed care organization
<input type="checkbox"/> HIV/AIDS service organization	<input type="checkbox"/> Correctional facility
<input type="checkbox"/> Long-term care facility	<input type="checkbox"/> Non-profit/non-governmental organization
<input type="checkbox"/> Other, please specify: _____	

Needs and Expectations for Course

Please describe the interest and commitment your program has to implementing the cohort review process:

What specific knowledge and skills do you hope to learn at this course?

Please specify any special accommodations you may need to attend this course.

How did you learn about this course?

Payment Method (Please check one method)

Fee: \$35 for course, and an additional \$10 for CME/CEU credits (optional)

<input type="checkbox"/> Check or Money Order Payable to: NJMS Global TB Institute	Amount:
	Check #:
	Money Order #:
<input type="checkbox"/> Purchase Order Payable to: NJMS Global TB Institute	Amount:
	Purchase Order #:
Are you applying for CEUs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicants will receive notification of acceptance status within one week of receipt of application.

*Payment (money order, check, or purchase order) **must** be received within one week of notification of acceptance to this course.*

Return this form by mail fax or email to:

Mail	Fax	Email
Charles P. Felton National Tuberculosis Center at Harlem Hospital Samuel L. Kountz Pavilion 15 W 136 th Street, 6 th Floor New York, NY 10037 Attn: Bill Bower	(212) 939-8259 Attn: Bill Bower	blb3@columbia.edu