Purpose:

Outbreak investigators responding to COVID-19 outbreaks in special settings require advanced didactic, practical, and clinical training related to COVID-19, outbreak investigations, and setting specific guidance. Training requires a thorough grounding in written guidance and resource materials. But even more critical for gaining the necessary competencies to perform effective outbreak investigation, novice investigators must receive practical training and gain applied experience by shadowing more expert investigators in all the steps of outbreak investigation. This guide is intended to lay out expectations for peer shadowing, mentoring, and coaching.

Protocol:

Investigators who have successfully managed outbreaks independently will routinely be assigned to mentor novice investigators as they onboard to SSOIT. These incoming novice outbreak investigators will all have previously:

1. Performed case investigation and contact tracing.
2. Completed UCSF Virtual Training Academy’s Outbreak Management course
3. Completed CalConnect Basic and Advanced User training.
4. Received orientation to SSOIT -- structure, resources, navigation, meetings
5. Received preliminary setting specific guidance, resources, and links for background reading and study

Whenever possible, a novice outbreak investigator will be assigned to shadow at the initial investigation when a case is first assigned. Peer mentors should make sure to include novices in each step of their investigative process:

1. Intake: to confirm that the situation meets threshold for outbreak investigation. The novice should be directed to resources for determining the relevant definitions.
   ➤ Definitions:
   - Case: confirmed, suspected, or presumptive
   - Close contact
   - Threshold for outbreak investigation
   - Outbreak
2. Initial interview: performing initial assessment and gathering data in order to define the scope of a potential outbreak.
3. Initial recommendations: synthesizing the initial assessment data and providing targeted guidance/recommendations, then communicating those to a point of contact.
4. Ongoing investigation and surveillance
5. Case maintenance: POC communication, CalConnect actions, documentation, data tracking using line lists and other tools.
6. Case closure

Novices should be included in all the following:

1. Phone calls and meetings with facility POC’s
2. Consultation with Team Leads, clinical consultants, CDPH leads or other subject matter experts (SMEs)
3. Email correspondence -- both internal and external to ACPHD
4. Cal Connect actions and processes (screenshare)

**Preparation**
In preparation for initial and follow-up calls, peer mentor and novice should have a preparatory conversation in which mentor explains goals of the call, outlines questions to be asked, introduces any template or structure to be used and why. Mentor should make sure to verbalize the steps involved as outbreak investigation interviews proceed.

**Action**
Set ground rules for cross conversation – decide whether or not the peer mentor will ask all the questions and the novice just listen or if both will engage in questioning. The balance of participation will evolve over time from novice as passive participant to active leader with mentor offering support and guidance as needed (see below).

**Debrief**
After completing an interview/meeting/call, make sure to take time to debrief together.
   1. Summarize key findings
   2. Discuss areas of concern and focus, missing info
   3. Novices has a chance to ask questions and mentors should verbalize their thinking and rationale for actions
   4. Review and brainstorm further recommendations with rationale
   5. Discuss relevant guidance and how it impacted your recommendations
   6. Make a plan for next steps
   7. Decide who will take responsibility for f/u actions: email to POC, Cal Connect actions, background surveillance through CC, f/u with CICT, consultation with TL
   8. Until novice takes primary responsibility for an outbreak, mentor should hold final responsibility for documentation and charting.

As discussed above, it is expected that a novice will move from passive participant to primary lead. The novice should be continually moving along a spectrum on the way to full independence according to the following:
Stage I (mentor as OI): novice passively shadows, listens in, asks questions after calls and interviews, cc’d on email correspondence

Stage II (mentor as primary OI): mentor leads discussion but novice takes a more active role – asking assessment questions and gathering key information. May compose follow-up emails after mentor reviews

Stage III (co-lead): novice leads discussion, performs assessment, and makes recommendations. Mentor listens, provides guidance and support as needed. Debrief focuses on mentor’s feedback and tips.

Stage IV (novice as primary OI): novice and mentor co-lead outbreak investigation. They may divide tasks equally or novice may take primary responsibility with mentor available by Teams/phone for consultation, questions, guidance.

Novices will move through these stages as competencies develop. To the extent possible, rate will vary and be individualized based on readiness.

Questions and concerns should be directed to Setting Team Lead who will be evaluating progress and providing feedback as needed.