



TTTracker

Training Guide

Purpose of Manual

The TT Tracker Training Manual is intended to provide trainers the necessary tools to train individuals who will need to interact with the TT Tracker. The training is targeted to the individuals in the field who will be entering the surgery information (i.e. surgeons, surgical assistants, registrars, etc.) and individuals who will be supervising and/or managing the processes related to surgery data entry.

This manual should be used in combination with the accompanying PowerPoint as well as the Mobile Worker User Manual for reference.

This manual provides suggestions for activities and session facilitation, as well as a sample agenda, while the PowerPoint and Mobile Worker Manual will provide the in-depth explanatory content related to the TT Tracker.

Training Overview

The training consists of a two-day training to help surgeons and other support staff to understand how to use the TT Tracker in real-world settings, through a combination of theoretical and practical learning. The training combines lecture materials with discussion and hands-on application of the material. Trainees will participate in activities that simulate the field settings to best prepare them for actual use of the TT Tracker. Trainers should adjust the training sessions as needed to meet the needs of the group, but trainers should pay attention to feedback provided by trainees to determine if additional information is needed to address challenging issues or concepts.

Training Planning

The training should be:

- Limited in size. The group should be limited to fewer than 20 individuals per facilitator; if additional facilitators are available to support the activity, the number of attendees can be expanded.
- Thorough. Before the completion of the two-day training, participants should have had practiced entering all forms, and within a context similar to what participants will observe in the field. Facilitator(s) should circulate throughout the room during hands on practice to ensure that data entry activities are conducted correctly.
- Planned and inclusive of the right participants. Programs must determine who should attend meetings and training sessions. Ministry officials may attend both days in their entirety or limit the involvement to the first day or half-day orientation meeting.

Invitations should be sent in advance so that attendees have ample time to plan to attend.

- In the right location. Training rooms should be reserved and set up in a manner that will allow for group work and movement around the room to simulate surgical outreach events.
- Timed properly. If possible, the training should take place immediately prior to a surgical outreach activity so that trainees can apply the learned concepts with the supervision of trainers and the newly-trained supervisors.

Trainer Checklist

- Printed Materials
 - TT Tracker Training Manual
 - Mobile Worker Manual
 - Printouts for activities
 - Blank patient record forms
 - Patient “scripts”
 - Surgery/Epilation/Referral/Refusal options (evaluation form activity)
- Training Materials
 - PowerPoint presentation
 - LCD projector and a computer
 - Flipchart and markers
 - Pens and notebooks for each participant
 - Android phones with TT Tracker application downloaded to each phone. **See Appendix for instructions**
 - Phones should be charged and have access to WiFi or have credit added to SIM cards for certain practice activities
 - Phones should be set up with usernames and passwords and all usernames should be added into the TT Tracker/CommCare system with relevant coverage areas prior to training.
- Logistical Arrangements
 - Training venue should have reliable electricity.
 - WiFi is not required though then requires the use of phone credit during certain practice activities.
 - Training venue should be conducive to group work and simulations
 - Tables and chairs should be movable with space for participants to work in pairs and small groups

SECTION 1: INTRODUCTIONS

Objectives:

1. To encourage participation from all participants from onset and throughout the entire training.
2. To prepare for future partner and group work by introducing individuals that may not have been acquaintances previously.

Training Procedure:

1. All participants should introduce themselves with names, position, and organization for which they work. As an ice breaker, participants can also be asked to share their favorite food, animal, or hobby.
2. Once all participants have shared, trainer should explain that the training does have some lecture components but throughout the training, participation and discussion is encouraged, just as we have done in the opening.

SECTION 2: EXPECTATIONS, OBJECTIVES, AND AGENDA

Objectives

1. To define the expectations of the group for the training and the objectives to be accomplished at the end of the two-day training
2. To establish the group guidelines to ensure understanding and effective learning throughout the training

Materials: Flipchart and markers

Training Procedure:

1. Ask participants to discuss why they are at the training and what they would like to learn by the end of the training. Their answers can be written on the flipchart
2. Discuss the objectives that should be achieved by the end of the two-day training. Address any issues that are unclear in terms of objectives and what may fall outside of the scope of the training.
3. Discuss the agenda that will be followed to achieve these objectives. It should be made clear to the participants that the agenda may be modified, based on the needs of all attendees and the understanding of each learning objective.
 - a. Ask who has used a smartphone and who (if anyone) has used a smartphone to enter data.
 - b. Facilitators should take note of the individuals who do not have experience and may need extra support. It may be advisable to pair up individuals accordingly so that there is at least one experienced smartphone user in the pair. All participants must learn the concepts, so the training can only go as fast as the slowest person.
4. Develop a list as a group of the rules that should be followed during the training. Write these expectations on the flipchart, ensure that all training participants agree with the rules, and keep the list as a reference for the duration of the training.

Note: Users may not have a clear understanding of what they are to learn by the end of the training.

SECTION 3: TT TRACKER DEVELOPMENT

Objectives:

1. To explain to participants the reasons why the TT Tracker is needed
2. To ensure participants understand how the TT Tracker functions overall and how it will help the program

Materials: None

Training Procedure:

1. Discuss the driving forces behind the TT Tracker development, the progress, and the benefits of the TT Tracker
2. Ask participants for questions

SECTION 4: REPORTING

Objectives:

1. To understand what reports result from using the TT Tracker
2. To describe how the reports may be used for program activities
3. To demonstrate the simplified ongoing program activity assessments that using the TT Tracker provides to programs
4. To reiterate the concept that the TT Tracker is an application for data use, not just data entry

Materials: None

Training Procedure:

1. Ask participants what reports they currently receive, if any
2. Ask participants how do they formulate the list of patients that need to be followed up
3. Review the reports that can be produced automatically and discuss the benefits
4. Ask if there are any questions regarding any of the concepts discussed thus far (before moving on to the phone itself).

SECTION 5: TT TRACKER PROCESSES

Objectives:

1. Review the needs that the TT Tracker is addressing and how it may impact the normal activities currently being conducted during surgical outreach.
2. To understand what information the TT Tracker collects and at what time points and the similarities between the existing paper-based processes and the TT Tracker.
3. To understand what additional processes are currently not required for paper forms but will be required when using the TT Tracker.
4. To understand the similarities between paper forms content and phone content.

Materials: Flipchart and markers

Training Procedure:

1. Conduct the Documentation at a Surgical Camp Activity
 - a. Once the list of activities and information documentation is on the flipchart, continue the discussion related to the TT Tracker.
2. After creating the list, discuss the overall process of the TT Tracker using CommCare.
 - a. Describe the similarities/overlap with the existing processes they complete and information they collect with paper copies.
 - b. Restate that the TT Tracker is not intended to drastically change the existing processes (if they exist); if any changes to the approach are required, they should be minimal.
 - c. There may be additional options listed on the forms that do not relate to every program, but each program's information to be collected should appear in some form
 - d. There are only two steps in the TT Tracker processes that are additional to what is currently done using the paper copies: Start and End Session.

Section 5 Activity: Documentation at a Surgical Camp

This will depend on the structure of the surgical outreach for each program. If a program is experienced in providing surgical outreach, Mobile Workers should have a clear understanding (the majority of them) of how the camp currently runs which can be the basis of discussion of where the phones can be incorporated. If programs are new to surgical outreach, this activity should be discussed as a group to brainstorm how the camp MIGHT be carried out. If a program manager who knows how the camp will be run is present, discuss how the program will be run. Considering various approaches will help handle the unknown challenges that may arise during the field visits.

The prompt should be saved separately (without the answer) on pieces of paper or shown up on a screen so that Mobile Workers can work in groups to answer the question

PROMPT

Imagine you are supervising a surgical outreach. What are the activities that must get done, and by who? What information do you need to collect before/during/after the camp? As a pair/group, list all of the activities that you as a supervisor need to make sure get done for the camp—you do not have to be the person that does the specific activity, but you need to list it and assign it to the person responsible. If you have not been involved in surgical outreach before, pair up with someone who has.

Discussion: *After the smaller groups have discussed, have the groups share their ideas to the larger group and write the ideas on the board. The lists should include a list of both activities/processes at the camp and the information that is related to those activities. (e.g. Patient is registered. Type of information collected: Name, age, sex, etc.). Discuss them as you go along to ensure that everyone is in agreement about what activities are required and who is responsible for doing them. Once that is completed, discuss how the TT Tracker may be incorporated into the existing activities.*

SECTION 6: DEFINITIONS & CONCEPTS

Objectives:

1. To discuss and understand key concepts that will be used throughout the training
2. To ensure participants understand how the concepts will impact their use of the TT Tracker
3. For participants to understand how records are shared between mobile workers and how that impacts the outreach activities
4. To reinforce the importance of regular syncing processes

Materials: Printed prompt for Who Can See It Activity

Training Procedure:

1. Define Mobile Worker, Forms, and Cases, explaining how that would apply to surgical outreach.
2. Discuss Coverage area using the diagrams.
3. Conduct the Coverage Area and Access activity as a group using PowerPoint
4. Define syncing, reviewing how it is related to Coverage Area and Mobile Workers.
5. Conduct Who Can See it Activity
6. Ask participants for questions

Section 6 Activity A: Coverage Area & Access

Summary: In order for participants to have an understanding of the coverage area and access to data concept, lead the participants in the activity in open forum.

Activity Procedures:

1. Looking at the diagram of districts and patient numbers, ask participants to list the patients for which a surgeon would be able to see/modify the records.
2. Confirm with others that the answers are correct
 - a. District 1 & District 3: P42, P32, P3
 - b. District 5: P19, P20, P30, P54
 - c. District 2, 4, & 6: P12, P22, P34, P2
 - d. Region A: All patients
3. Review key concepts with participants
 - a. Once a mobile worker is assigned to a coverage area and the phone is synced, all of the records that were recorded in the assigned locations will be accessible to the mobile worker.

It is not required for the user to have entered the information to have access to it

Section 6 Activity B: Who Can See It?

Objectives

1. To reinforce the concept of coverage area and records sharing
2. To demonstrate the network limitations for syncing and how that affects outreach activities
3. To encourage regular syncing practices

Materials: Activity Printout

Activity Procedures:

1. Participants should work in pairs or small groups to discuss the below scenarios.
Explain to participants that they will look at where a Mobile Worker is registering a patient and then will have to determine which Mobile Worker can see (and modify) the patient record.
 2. Provide the printed prompt and diagram to each of the groups.
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PROMPT

Using the diagram, answer the questions regarding who is able to see the information entered about patients and explain why you think your answer is correct:

1. Surgeon X enters surgical information for a Patient in District B and all surgeons sync.
2. Surgeon Y enters surgical information for a Patient in District C and all surgeons sync.
3. Surgeon W enters surgical information for a Patient in District F and all surgeons sync.
4. Surgeon Z registers a patient in district H...and has not synced due to lack of network.
5. Surgeon W registers a patient in district B. Surgeons W and Surgeon X sync; Surgeon Y and Z are still in the field and have not yet synced.

Note: Prompt should be printed and shared with each pair of participants to review and answer the questions.

Once the groups have had some time to discuss (10 minutes) discuss the answers as a group to ensure that the concepts are understood.

Answers:

- 1) **Surgeon X enters surgical information for a Patient in District B and all surgeons sync.**
 - a. **Answer:** Surgeon X (entered info and assigned to all of Region 1), Surgeon W (assigned to District B), and Y (assigned to District B).
- 2) **Surgeon Y enters surgical information for a Patient in District C and all surgeons sync.**
 - a. **Answer:** Surgeon Y (entered info and assigned to District C), Surgeon X (assigned to all districts in Region 1).
- 3) **Surgeon W enters surgical information for a Patient in District F and all surgeons sync.**
 - a. **Answer:** Surgeon W (entered information and assigned to District F), Surgeon Z (assigned to all districts in Region 2).
- 4) **Surgeon Z registers a patient in district H...and has not synced due to lack of network.**
 - a. **Answer:** Only Surgeon Z can view/modify the patient information. If all Mobile Workers HAD synced, Mobile Worker W would also be able to see the information entered for patient in District H.
- 5) **Surgeon W registers a patient in District B. Surgeons W and Surgeon X sync; Surgeon Y and Z are still in the field and have not yet synced.**
 - a. **Answer:** Surgeon W can see the information (entered the information and assigned to District B). Surgeon Y can see it because he/she synced and was assigned to all districts in Region 1. Mobile Worker Y CANNOT see it because he/she has not synced. If they HAD synced then they COULD see it. Mobile Worker Z cannot see it regardless of syncing; he/she was not assigned to District
7. Once all questions have been answered review the concepts
 - a. After patient information is entered on a phone, it is synced.
 - b. In order to sync, the phone must be connected to network; if it is not connected to network, the information will be stored on the phone until network is available.
 - c. All other usernames/phones assigned to the coverage area will have access to the same patient records and updates, once syncing takes place.

- d. Syncing is key to ensure records are saved and the necessary individuals have access to the patient records to provide quality follow-up for surgical patients.
- 8. Discuss whether participants have ever had to do a follow-up visit and didn't have the paper copy of the patient record in front of them? How is that handled?
 - a. Discuss how the TT Tracker will allow many surgeons to address the follow-up needs for a patient
 - b. Even if the patient received surgery at a different location than he/she is receiving follow-up, the assessment can still be documented and added to the patient record, without having to have a hard copy book present

Entering all of the information in the TT Tracker ensures that all surgeons conducting follow-up have the correct information in order to properly assess the patient, even without the hard copy record book and without being the surgeon who conducted the surgery.

Preparation for Hands-on Phone Practice

Summary: For the rest of the training, participants will have their hands on the phones, becoming familiar with the TT Tracker and the various forms and processes. Participants should be given the necessary time and practice to become comfortable with documenting the various scenarios that may arise in the surgical camps. Facilitator should encourage and ensure that all participants have sufficient time to practice using the phone—all participants must have hands on time with the phone before the training has concluded. It is advised that, during the introduction of the session and of each of the forms, that the users put the phones down and follow along with the presentation to ensure that they have understand the information. They can then be given time to practice after the information has been presented as a whole.

SECTION 7: PHONE INTRODUCTION

Objectives

1. To ensure participants understand the importance of practicing with the TT Tracker
2. To discuss the basic elements of the phone that will be required for the entirety of the hands-on phone practice sessions
3. To reinforce the concept of the form-based system and how this will impact the day's activities

Materials: None

Training Procedure

1. Discuss the goal for the rest of the training—to become familiar with and comfortable with all aspects of the TT Tracker and how to properly document patient information related to surgical outreach.
2. Instruct users to log into the TT Tracker application
 - a. Ensure participants have found the CommCare icon
 - b. Discuss the username and password
 - i. Each phone has its own username, which may not be the same username and password if participant has a different phone.
 - ii. Ask participants: How can you determine what the username and password is?
3. Ask participants to discuss the main screen
 - a. What is the Start button? What can be accessed via the Start button?
 - b. What is the Sync button? When should the phone be synced?

- c. Where would I go to update the app? What is the difference between sync and update?
- 4. Review the various ways to move between screens.
 - a. Forward and back
 - b. Exit without saving
 - c. Complete form
- 5. Review the menus and forms found on the TT Tracker Main Menu—the rest of the forms found in Patient Management will be discussed later.

SECTION 8: PATIENT REGISTRATION

Objectives:

1. To understand what is collected on the patient registration form
2. To define what is a Session and why it's important for the program
3. To practice the steps involved in registering a patient on the TT Tracker
4. To observe the information stored in the patient record and where it can be reviewed

Materials: Patient script for Facilitator

Training Procedure

1. Review the Register Patient concepts using the slides
 - a. There are some special cases that will be discussed, but initial (and most of) the focus will be on the most likely scenarios (register patient with no ID to a designated session)
 - b. The special cases will be discussed at the end of the day.
 - c. Discuss Session and Temporary Session.
 - d. Discuss the option to “continue on to evaluation” and when that may and may not be possible.
2. Each participant should go through the process of registering a patient. Use Registration Activities (next page).
 - a. Each individual or pair should have two registered patients when the activity is complete. Participants should **not** continue on to evaluation.
 - b. Once completed discuss any issues, including continuing to Evaluation—is this desired based on [country] outreach structure?

Section 8 Activity: Register Patient

This activity will help participants learn how to enter patients into the TT Tracker.

Participants should become familiar with the questions that are asked, in what format, and how to enter them. They should be familiar with being told the information (as stated by the Facilitator) and should practice asking their partners (acting as “patients”) the necessary information to complete the form.

Materials: Patient Script for Facilitator (**Appendix**)

Practice 1: Facilitator Reads Patient Information

Facilitator should use one of the sample patient scripts to read aloud to the participants. All participants will enter the same information except for the name, which will be the

name of the individual entering the information on each phone. This registration will be used for additional activities throughout the day. If working in pairs, facilitator may choose to read aloud two registrations so each person in the pair will get to walk through step by step.

Note: Participants should NOT continue on to the evaluation.

Practice 2: Partners Register Each Other

Groups of two will work together to complete two registrations (one for each person). The person entering the information will ask their partner, the “patient”, the relevant questions to get the necessary responses for the registration form. “Patients” can create false information as desired.

SECTION 9: PATIENT MANAGEMENT

Objectives:

1. To learn how to access existing patient records and complete additional forms for that record
2. To understand what summary information is displayed, where, and how to use it
3. To become familiar with moving between screens in the phone.
4. To review concepts of syncing and records sharing

Materials: None

Training Procedures:

1. Review Main Menu, highlighting the menu item "Patient Management". Discuss how this will be used.
 - a. After a patient is registered, all other forms will be completed by selecting Patient Management, selecting the relevant patient, and selecting the form to complete.
2. Review the Patient Line List
 - a. Ask participants if they can see the names of the patients they registered.
 - b. Ask a participant for the name of the patient registered. Ask other groups to find the patient in their list. Ask participants why they can or cannot see the patient mentioned.
 - i. If the new patient is not visible, the phones were not synced as is required in order for patient records to be shared between phones. The information will not be visible on the other phones until all phones are synced. The information is only visible and can be modified on the phone on which it was entered.
3. If the information is visible, the phone where the patient was registered was correctly synced and the other phones were then synced after to download the new file. Ask participants if they have any questions about overall concepts

SECTION 10: PATIENT EVALUATION

Objectives:

1. To review what elements are included in the evaluation form on the TT Tracker
2. To practice entering patient evaluation information, both through Patient Management and as a continuation of Register Patient
3. To review the various questions and alternative follow-up questions that may appear, based on the responses given
4. To observe the information stored in the patient record and where it can be reviewed

Materials: Patient evaluation recommendation papers (**Appendix**)

Training Procedure

1. Discuss the two ways to access the Evaluation Form for completion.
2. Review the steps of completing the Evaluation form through Patient Management. The steps of data entry will be the same as what appears when completing the form as a continuation of the Registration Form.
 - a. The review should be done on PowerPoint first, before encouraging the participants to go through the steps on the phone.
 - b. As there are many variations of follow-up questions that may be asked based on the responses, facilitator should ensure participants are listening and understand the concepts.
3. Facilitator should read the evaluation form aloud for all groups to complete the evaluation of the patient registered as a group.
4. Complete **Patient Evaluation Activity**
5. Discuss any issues that arose during practice. Review the Patient List and Case Summary information found through Patient Management
6. Ask participants how the camp runs in their outreach sites?
 - a. Are registration and screening done in the same place so can be documented together?
 - b. Is it possible to complete the registration forms and evaluation form at the same time?
7. Complete **Find the Patient Activity**
8. Complete **Registration/Evaluation Activity**
9. Discuss any questions from participants

Note: The Date of Evaluation should be **10 days prior to the date of training** (this will ensure patients who are due for follow-up appear on the

Section 10 Activity A: Patient Evaluation

Materials: Patient Recommendations (Appendix)

1. Each participant will receive two pieces of paper telling them what recommendation should be selected for the evaluation. Each participant should complete the evaluation for one of the patients they have registered created according to the actions on the paper.

Note: Participants should critically think what diagnosis information would be necessary in order to have the recommendations they were given. For example, if a participant has one recommendation for Epilation, the eye should not have 10+ lashes touching as that should be surgical or referral.

2. Once participants have completed the Evaluation Form, discuss any issues that arose during practice. Review the Patient List and Case Summary information found through Patient Treatment Management.
 - a. Ask what information is visible on the Case Summary form
 - i. Discuss what information appears/does not appear and why may not appear if an eye is not suspected of TT
 - ii. Discuss the importance of reviewing this information to ensure the correct patient record has been selected and that the information is correct on the record.

Section 10 Activity B: Find the Patient

Objectives:

- To encourage participants to practice moving between screens, becoming familiar with the overall use of the TT Tracker
- To review the patient information that is provided to mobile workers and the location of the information and promote careful examination of the information
- To prepare participants for future practice activities

Materials: Handouts with questions related to case detail summary

Note: *Trainer should select patients recently entered by participants as the patients for the activity. Provide the selected patients to the participants before starting the activity so it is clear which questions pertain to which patient on the list. Ensure that all participants can see the patients in their list; if they cannot, they must sync.*

Training Procedure

1. Participants should be grouped in pairs or groups of three
2. Explain to participants that they will be asked to complete the missing information for each patient on the list. The information will be found in various locations on the phone.
3. Give participants 15 minutes to complete the information on the paper
4. Discuss each patient information as a group, discussing where the information was found (there may be multiple places where the information can be found).

SECTION 11: RECORD SURGERY

Objectives:

1. To understand what information is collected on the Surgery Form
2. To practice completing the Surgery Form
3. To observe the information stored in the patient record and where it can be reviewed

Materials: None

Training Procedure

1. Ask participants to think of what questions are currently asked on the existing paper forms.
 - a. Discuss that all of the questions that are included on the paper forms are now included on the electronic forms
2. Review the steps on the PowerPoint for record surgery
 - a. As there are many variations of follow-up questions based on surgery, participants should follow along on the PowerPoint before rushing through on the phone.
3. Each individual or pair should complete the surgery form for the patient previously registered and evaluated. Participants should complete the surgery form based on the information provided in the Evaluation Form.
4. Review the newly added surgery information in the Case Detail Summary

Summary Activity: Record Patient Registration/Evaluation/Surgery

Materials: Blank patient forms for participants to complete (**Appendix**)

1. Facilitator explains that each pair will now complete a full patient record from Registration through Evaluation and Surgery.
2. Each pair will complete a paper form for one patient (Registration through Surgery)
3. Once complete the papers are exchanged so that each pair has a DIFFERENT patient record to complete.
4. Participants will work in pairs to enter the patient information into the phone, using the information provided on the paper.
5. Once completed, participants will exchange phones and supporting materials with neighboring group. Each group will confirm the accuracy of the information entered using the Case Detail Summary.
6. Ask participants if there were any errors and/or questions from the activity

SECTION 12: RECORD FOLLOW-UP

Objectives:

1. To understand when the follow-up forms will be completed
2. To explain the similarities between the forms
3. To recognize the benefits of the TT Tracker for conducting follow-ups
4. To demonstrate the importance of reviewing the previous information entered for a patient prior to completing a follow-up
5. To compare and contrast due for follow-up procedures and record follow-up procedures
6. To observe the information stored in the patient record and where it can be reviewed

Materials: None (participants should continue to add to the patient records provided, adding the additional information as the various forms are discussed)

Training Procedure

1. Ask participants when follow ups should be done for a patient who has received surgery
2. Discuss the general information that applies to all three follow-up forms
3. Review the process for completing each of the follow-up forms. Start with 24-hour follow-up, then 7-14 day, and finishing with 3-6 month
 - a. Participants can follow along, entering the information specific to their patient.
 - b. When discussing the various screenshots, ask the participants about their specific patient: Are there any messages that appear? Based on what was recorded for their patient in evaluation and surgery, what will they need to answer?
 - c. Participants should be reminded that this may not be a real scenario in terms of when the date of follow-up, but the processes will be the same.
4. Review the other way a mobile worker can complete a follow-up form: Due for follow-up lists
5. Complete the **Due for Follow-up Activity**
 - a. Each participant should locate their patient on the Due for 7-14 day follow-up.
 - b. Participants must complete the follow-up form for the patient, reviewing the evaluation and surgery information to properly assess the patient at the given follow-up time point.
6. Once complete, discuss any questions participants have

Summary Activity: Paper to Phone Practice

The activity is intended for participants to gain more experience with using the TT Tracker. It will also give the observing partner the opportunity to become accustomed to searching for the information on a patient record card that may be utilized in the camp setting.

Note: *If patients seem to already have an understanding of the scenario, this can be skipped.*

Materials: Patient scripts (**Appendix**)

1. Each participant should receive a patient record card; this will serve as the script for the partner activity. Participants should not show the script they receive with their partner—the partner must listen to the information provided to them.
2. Person 1 will act as the Mobile Worker entering the information on the phone. Person 2 will provide them with the necessary information to complete the Patient Registration, Evaluation, 24-hour follow-up and 7-14 day follow-up on the phone. Once completed, Person 2 should review the Patient Case Summary and compare it with the script to confirm the information is correct.
3. Once complete, Person 2 will act as the Mobile Worker and Patient 1 will provide them with the information. Once completed, Patient 1 will compare the script and the information in the Patient Case Summary.
4. Discuss any issues with the group.

SECTION 13: SPECIAL CASES

The following topics present activities related to the TT Tracker that are less commonly used, though important to understand, including Editing Patient Forms and Registering Patients with Existing IDs.

Objectives:

1. To understand how to manage the special cases associated with the TT Tracker: Editing patient information, registering patient with existing ID, closing patient records.
2. To define by whom, when, and why information must be edited, patients registered with existing ID, or patients closed out of the phone.
3. To practice the steps involved in editing erroneous data, registering a returning patient with an existing ID, and closing out a patient.

Materials: PowerPoint with activity instructions

Topic A: Editing Patient Forms

Training Procedure

1. Ask participants if they have ever had to correct something on a patient record. Name, age, residence, treatment recommendation, etc.? Discuss how the participants addressed the problem.
2. Discuss the TT Tracker and what capabilities it has to address such an issue
3. Explain the processes related to editing an existing patient form.
4. Conduct Editing Patient Information Activity (PowerPoint)
5. Once complete, ask a few participants what they had to change and where that was located.
6. Discuss any other issues/questions participants have.

Topic B: Registering patient with existing ID

Training Procedure

1. Discuss when someone may already have a patient ID, how to enter the information, and why the information may not appear.
 - a. Describe the difference between the process for patients that are found in the system and those that cannot be found.

- b. Describe how a Mobile Worker can find out if a patient has an ID by searching the patient management.
2. Activity: Register a patient with an existing ID
3. Discuss any issues / questions that arose during the activity.

Topic B Activity: Register Patient with an Existing ID.

This activity is intended to encourage participants to apply what they have learned regarding Existing Patient IDs. Patients should feel comfortable entering the information into the phone based on the scenario presented,

All patients will be expected to enter a new patient registration for an existing patient, a patient that has come for treatment before and has a patient ID. As a group, Facilitator will walk through the scenarios for registering existing patients.

1. Register a patient for a new treatment. Search for patient with existing patient ID: AX8810. Participants will realize the patient is not found.
 - a. Participants should register a new patient and type in AX8810 in the notes of the registration.
2. Patient returns with existing patient ID _____ and IS found in the system.
 - a. Facilitator should advise trainees that the patient ID to be used is the patient that they each created during the practice registration.
 - b. A new evaluation should be completed for the existing patient—only 1 eye must be suspected of TT.
 - i. Use the example on the PowerPoint (RE five central lashes touching the eye, no scarring, evidence of epilation, previously operated for TT on RE. No suspected TT in LE. Or create a different evaluation for the patient.
3. Discuss what would do if a patient returns for another treatment but they do not have their Patient card with ID.
 - a. Users can search by name to see if the patient is found in the system
 - i. If the patient is found, write down the patient ID and use it to create a new registration.
 - ii. If the patient is not found, create a new registration as described above.

Topic C: Closing out a patient

Training Procedure

1. Discuss the scenarios that may require that a patient be closed out of the TT Tracker and how that affects the data. Ensure to distinguish when this should be used (infrequently).
2. Conduct the practice activity to close out a patient. Each participant must close out a patient
3. Discuss any issues / questions that arose during the activity

SECTION 14: FIELD CONSIDERATIONS

Objectives:

1. To understand the limitations of the TT Tracker that may affect outreach and how to address them
2. To review Temporary Session and how to register a patient when the Session is not found
3. To understand how camp set up may address some of the network limitations

Training Procedure

1. Remind participants on how information is shared/synced across phones
2. Explain the need for network connection to sync and discuss the limitations of network connectivity that may affect outreach activities
3. Conduct group discussion regarding how to address the limitations
4. Review Temporary Session and conduct **Register Patient When Session is Not Found**

Activity

- a. Participants will complete the activity in pairs/small groups
5. Conduct **No Network Activity/Discussion**
 6. Ask participants if they have any additional questions

Section 14 Activity A: Register Patient to Temporary Session

This activity should be conducted after Session Management and Registration have been discussed/reviewed. Participants should know when they should create a new Session and when they should use Temporary Session, depending on the scenario.

Facilitator should ask the participants: You are working in a surgical outreach at Pukedi Health Post. You need to register a patient, so you select register patient but you do not find the Session for Pukedi Health Post. What can you do?

Answers:

1. **Register the patient to the Temporary Session:** *An open Session is required in order to register a patient. If the correct Session for the outreach is not open, it may be that the phones were not synced. If the Session has been created but does not appear on the phone, you do not want to open ANOTHER Session as that will cause confusion since there would now be TWO sessions open. Instead, register the patient(s) to the Temporary Session and when prompted, enter the Session Name/ID for the correct Session where Patient should later be moved. You should get the Session ID from the other Mobile Workers at the Camp that have the Session on their phones.*
2. **Create a new Session, then Register:** *If the Session has not been created, it is possible for you to Open the Session at the Camp—if there is no network available, the Session will only be available on one phone. If there is network available, have all phones sync with the phone once the Session has been opened. If you are the only Mobile Worker/Phone at the camp, there is no need to sync the phone as all of the patients will be entered into that one phone. If there is more than one Mobile Worker/Phone at the outreach site, check with the other Mobile Workers to ensure a Session has not already been created BEFORE creating a new one.*

Once discussed, each pair must register a patient in the Temporary Session; the correct Session ID is AA-BB-12.

Section 14 Activity B: Entering Patient Information with No Network

This activity is intended to show Mobile Workers how patient information should be entered and how phones should be moved in the camp when there is no network connection. This should be understood by all as it is likely that all programs will have a least one camp with no network connection and the inability to sync the phones.

The prompt should be saved separately (without the answer) on pieces of paper or shown up on a screen so that Mobile Workers can work in groups to answer the question

PROMPT

You are working in Camp Walisa. Michael Gebre is entering the patient registration and evaluation information and Ariet Minessa is conducting surgery on Elizabeth Lazenya. Describe different ways how Elizabeth's forms (Registration, Evaluation, Surgery) can be entered onto the TT Tracker.

Discussion:

The TT Tracker can store information even when there is no network. However, the phones cannot talk to each other if they are not connected to network and do not sync. This means that when registering a patient, all of the remaining information until that phone is synced (most likely evaluation and surgery forms) must be entered on the SAME phone. If Elizabeth was registered on Phone A, her evaluation AND surgery forms would need to be entered on Phone A. Depending on the approach in the camp, this can be addressed in different ways:

1. Screener completes the evaluation form for each patient—the patient holds onto the form until they get to the Registrar, who completes the remaining demographic information on the paper and gets the patient to consent to surgery. The registration and evaluation information is entered from the paper onto the phone and the Phone # where information was entered is written on patient card. When patient is ready for surgery, patient card travels with patient to surgery room. The phone will be there awaiting the surgeon to complete the surgery and then they will take the patient card, look for the phone # that the information was entered on, and add the surgery record

to the phone. Note: It is possible for multiple patients to be added to the phone before it is transferred to the surgery room.

2. The Mobile Worker tasked with entering the patient information begins registering patients that received the initial screening/confirmation from the surgeon that they have TT. The surgeon diagnosing the patients will then A: use the phone to document the evaluation form (after the registration forms have been completed) or B: will have the assistant document the diagnosis while the surgeon conducts the full screening/evaluation.

If a program requires the complete paper record along with the copy, the information can be captured on paper and then transferred to the phone. Be sure to document on the paper record the Patient ID that is produced from the TT Tracker as well as when the information has been entered from the paper into the phone. This can be done using the preferred method established by the program—this could be as simple as a series of tick marks to denote each of the forms as they are entered.

SECTION 15: SURGICAL OUTREACH SIMULATION

Topic 15A: Surgical outreach discussion

Objectives:

1. To understand how surgical outreach is conducted in the participants' program areas
2. To discuss how the TT Tracker may be incorporated into the activities and whether modifications would need to be made based on network limitations
3. To determine how the outreach will take place both in the simulation and in the field, ensuring all participants are clear on what their role(s) may be and how the phone is used and moved during the outreach

Materials: Flipchart and markers

Training Procedure

1. As a group, discuss how the camps are or will be run.
 - a. Write down every person who participates in the camp and what their job is.
 - b. Describe what information is collected, how it is collected, and by whom.
 - c. Discuss how the patient moves through the camp
 - i. Are there multiple levels of screening for those who are suspected of TT and those that are not
 - i. Are the patients moved to be assessed more carefully by a screener
 - ii. Do the patients get their blood pressure taken? If so, by whom, when, and how is that documented?
2. Discuss, based on the camp description, where the phone will be used and by whom.
 - a. Write TT Tracker or draw a phone next to the activities where the information will be entered (and by whom if not specified).
 - b. Discuss the network challenges and how to address them
 - i. If multiple Mobile Workers will be entering information for patient, what additional steps are required to ensure all Workers know their duties and how to complete them. This may include documenting the number of the phone where the information is entered, communicating with the different Mobile Workers, organizing the patients in a specific way in the camp.
 - ii. Discuss how the phones will move throughout the camp.
3. Review the steps, ensure all questions and concerns have been addressed, and confirm that all participants agree on how the phone will be used during outreach.

Topic 15B: Surgical Outreach Simulation

Objectives:

1. Ensure that many training participants receive practice simulating the surgical outreach that will take place in the field
2. Address any issues that arise related to using the TT Tracker in the field
3. Encourage participants to feel comfortable with using the TT Tracker in a more real-world setting
4. Modify the implementation strategy based on observations

Materials: Paper records used in the field (patient register, surgical log book, patient cards, etc.)

Training Procedure

1. Once the structure of the camp is discussed, present the simulation to the group.
 - a. Depending on the size of the group, there will either be one large group rotating through the different roles, or smaller groups.
 - i. Based on the surgical outreach strategies discussed in the previous section, assign individuals to fulfill each of the necessary roles, including patient.
 1. Each group must have at least one person to fill each of the described roles as well as at least 2-3 patients that will go through the process. This will allow each of the participants to get practice entering multiple patients' information.
 - b. The activity will simulate actual camp activities—Patients should arrive at the camp, should be assessed/screened as they would during the normal camp, information documented for the patient, the patient moved into the surgery room, surgery information documented, and transferred to the rest area to recuperate.
 - i. Each “patient” will have a script to follow to assist them with answering the questions. **(Appendix)**

Note: If possible, a facilitator can accompany each group to provide the diagnosis information (some participants struggle with thinking of fictitious information and providing it for them will allow them to think of the task of entering the information rather than the contents for their false patient).

Facilitator can use existing saved patient scripts or create (in advance of the training) new patient scripts to be used during the exercise. Make sure to have sufficient scripts for the different patients and groups.

- c. After simulating the surgical activities, surgeon (or person designated to conduct the follow-up) should complete the 24-hour follow-up for the patients who received surgery.
2. This activity should be carried out multiple times; each time the roles should be changed.
 - a. Make sure to match up as much as possible the participants with their actual role(s) at least once—surgeons should simulate the activities of surgeons.
3. Once the simulation is complete, discuss the activities as a group and determine whether there are any issues that need to be considered in preparation for actual fieldwork.

SECTION 16: INDIVIDUAL KNOWLEDGE TEST

Objectives:

1. To ensure participants are able to enter the relevant TT surgery information into the TT Tracker without help from partners.
2. To address any issues that need additional focus for all or some of the participants
3. To confirm that all users are ready to use the TT Tracker in the field after the training.

Materials: Patient scripts for individual test (**Appendix**)

Training Procedure

1. Provide each participant with a patient summary paragraph that they will use for data entry
 - a. Partners who have been working together should not have the same patient description
2. Advise each participant that they may use the information provided to complete their own patient entry.
 - a. Each person must work alone
 - b. Participants can select the Session, Age, Sex, Name, and Region/District of their choosing
3. Once completed the phone and summary paragraph should be shown to a facilitator for review.

TRAINING CLOSE

Objectives:

1. To review the overall concepts discussed during the training
2. To reinforce the benefits and importance of using the TT Tracker
3. To respond to any remaining questions or issues related to the TT Tracker and its use
4. To discuss where materials can be viewed and how to contact the TT Tracker Support Team (if necessary)

Training Procedure

1. Review the importance of the mobile workers in the success of the TT Tracker
2. Summarize the overarching concepts that were discussed during the two-day training
3. Show participants the TT Tracker support site and how to access it
4. Ask participants if they have any additional questions that need to be discussed
5. Invite the designated official to close the meeting

APPENDIX I: SAMPLE AGENDA

Note: The agenda is simply a guide—please adjust as needed for preferred times for start times and breaks.

Further, if additional time is required in specific areas and less time in others, adjust accordingly.

TT Tracker User Training [Location] [Dates]	
Day 1	
Time	Activity
8:30-9:00AM	Registration
9:00-9:05AM	Welcome
9:05-9:15AM	Introductions
9:15-9:30AM	Objectives & Agenda Review
9:30-10:30AM	Overview of TT Tracker <ul style="list-style-type: none">• Development• Reports• Processes• Key Concepts
10:30-10:45AM	Tea Break
10:45-11:15AM	Introduction to the TT Tracker Application
11:15-11:45AM	Patient Registration
11:45-12:00PM	Patient Management & Case Details
12:00-1:00PM	Patient Evaluation
1:00-2:00PM	Lunch
2:00-2:45PM	Patient Surgery
2:45-3:30PM	Patient Follow-ups (24-hour, 7-14 days, 3-6 months)
3:30-3:45PM	Tea Break
3:45-4:30PM	Special Cases <ul style="list-style-type: none">• Editing Patient Forms• Existing Patient ID• Session Management
4:30PM	Close Day 1

APPENDIX I: SAMPLE AGENDA

TT Tracker User Training [Location] [Dates]	
Day 2	
Time	Activity
9:00-9:05AM	Review of Day 1 & Plan for Day 2
9:05-9:30AM	Paper to Phone Practice
9:30-10:15AM	Managing TT Tracker Limitations
10:15-10:45AM	Surgical Outreach Discussion
10:45AM-11:00AM	Tea Break
11:00-12:15PM	Surgical Outreach Simulation & Discussion
12:15-12:45PM	TT Tracker Test
12:45-1:15PM	Review of Concepts
1:15PM	Close Training
1:15PM	Lunch

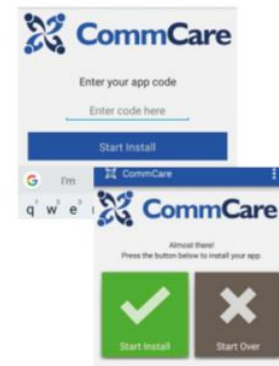
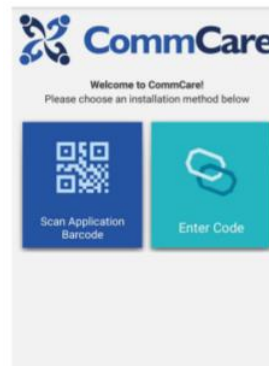
APPENDIX II: TT Tracker Download Instructions

Follow the below instructions to download the TT Tracker onto an Android device.

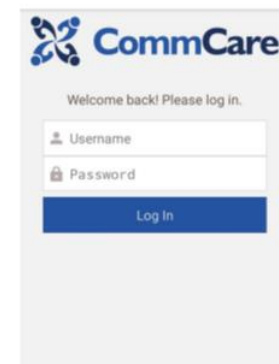
1. Access the Google Play store and search for 'CommCare'.
 - Install the application



2. Once downloaded, you will be asked to choose the installation method of the actual project—select 'Enter Code'.
 - The project code (for the training template or the country-specific project) of the TT Tracker should be given to you by the TT Tracker Support Staff.
 - Select 'Start Install'.



3. Once installed, the sign in screen will appear.
 - You can stop here; I will provide usernames in the meeting.



Note: To increase the battery life of the phone, decrease the amount of data that may be consumed by the phone, and make operating the phone easier, the phone should be cleared and carry as few applications as possible; only save what is necessary for proper program functioning.

APPENDIX III: Patient scripts (for facilitator)

Use to read aloud to the group as they learn the steps. Adjust the evaluation/surgery/follow-up dates as needed to demonstrate due for follow-up capabilities (i.e. evaluation/surgery can take place 10 days prior to training so the patient appears on the 7-14 day due for follow-up list (or 4 months in advance to appear on the due for 3-6 month follow-up). Note all dates should follow the logic if dates are changed. Participants should use the name they choose so not all patients are the same.

TT Tracker Patient Card			Entered on Phone #:	
Patient Information				
Date of Visit:	Patient ID:	BP:		
Name:	Age: 50	Sex:		
Region: Practice	District: Kilisi	Village: Kacheri		
Contact Number: No Phone	Phone Owner:			
TT Screening				
	Right	Left		
Visual Acuity				
# lashes touching the eye	10+	3		
Location of eyelashes	Inner / Central	Outer		
Evidence of epilation	Y	N		
Previous lid surgery	N	N		
Upper Tarsal Conjunctiva Scarring	Can't Flip	N		
Lower TT	N	N		
Action Required	Surgery	Epilation		
Surgery Consent	Yes	NA		
Initial after surgery information has been entered in phone:				

TT Tracker Patient Card			Entered on Phone #:	
Patient Information				
Date of Visit:	Patient ID:	BP:		
Name:	Age: 68	Sex:		
Region: Practice	District: Namba	Village: Terkudi		
Contact Number: 034658798	Phone Owner: Chief			
TT Screening				
	Right	Left		
Visual Acuity				
# lashes touching the eye	8	10+		
Location of eyelashes	Central	Inner / Central		
Evidence of epilation	N	Y		
Previous lid surgery	N	N		
Upper Tarsal Conjunctiva Scarring	Yes	Can't Flip		
Lower TT	N	Y		
Action Required	Surgery	Surgery		
Surgery Consent	Yes	Yes		
Initial after surgery information has been entered in phone:				

TT Tracker Patient Card			Entered on Phone #:	
Patient Information				
Date of Visit:	Patient ID:	BP:		
Name:	Age: 78	Sex:		
Region: Practice	District: Kilisi	Village: Perbongo		
Contact Number: No Phone	Phone Owner:			
TT Screening				
	Right	Left		
Visual Acuity				
# lashes touching the eye	5	4		
Location of eyelashes	Inner	Inner		
Evidence of epilation	Y	Y		
Previous lid surgery	N	Y		
Upper Tarsal Conjunctiva Scarring	Y	Y		
Lower TT	N	N		
Action Required	Surgery	Referral (recurrent TT)		
Surgery Consent	Yes	NA		
Initial after surgery information has been entered in phone:				

TT Tracker Patient Card			Entered on Phone #:	
Patient Information				
Date of Visit:	Patient ID:	BP:		
Name:	Age: 58	Sex:		
Region: Practice	District: Kilisi	Village: Kacheri		
Contact Number: No Phone	Phone Owner:			
TT Screening				
	Right	Left		
Visual Acuity				
# lashes touching the eye	10+	5		
Location of eyelashes	Inner / Outer / Central	Inner		
Evidence of epilation	Y	Y		
Previous lid surgery	Y	N		
Upper Tarsal Conjunctiva Scarring	Y	Y		
Lower TT	Y	N		
Action Required	Surgery & Referral (lower TT)	Surgery		
Surgery Consent	Yes	Yes		
Initial after surgery information has been entered in phone:				

APPENDIX III: Patient scripts (for facilitator)

TT Tracker Patient Card				Entered on Phone #:			
Patient Information				Patient Information			
Date of Visit:	Patient ID:		BP:	Date of Visit:	Patient ID:		BP:
Name:	Age: 64	Sex:		Name:	Age: 60	Sex:	
Region: Practice	District: Chamwino	Village: Mina		Region: Practice	District: Chamwino	Village: Mina	
Contact Number: 0145789855	Phone Owner: Community Health Worker			Contact Number: No Phone	Phone Owner:		
TT Screening				TT Screening			
	Right	Left			Right	Left	
Visual Acuity				Visual Acuity			
# lashes touching the eye	0	0		# lashes touching the eye	2	3	
Location of eyelashes	NA	NA		Location of eyelashes	Outer	Inner	
Evidence of epilation	Yes	N		Evidence of epilation	N	Y	
Previous lid surgery	NA	N		Previous lid surgery	N	Y	
Upper Tarsal Conjunctiva Scarring	Yes	N		Upper Tarsal Conjunctiva Scarring	N	Y	
Lower TT	N	N		Lower TT	N	N	
Action Required	Surgery	NA		Action Required	Epilation	Referral (recurrent TT)	
Surgery Consent	Yes	NA		Surgery Consent	NA	NA	
Initial after surgery information has been entered in phone:				Initial after surgery information has been entered in phone:			
TT Tracker Patient Card				TT Tracker Patient Card			
Patient Information				Patient Information			
Date of Visit:	Patient ID:		BP:	Date of Visit:	Patient ID:		BP:
Name:	Age: 80	Sex:		Name:	Age: 71	Sex:	
Region: Practice	District: Kilisi	Village: Kacheri		Region: Practice	District: Kilisi	Village: Perbongo	
Contact Number: 0954879887	Phone Owner: Son			Contact Number: No Phone	Phone Owner:		
TT Screening				TT Screening			
	Right	Left			Right	Left	
Visual Acuity				Visual Acuity			
# lashes touching the eye	8	3		# lashes touching the eye	6	5	
Location of eyelashes	Inner / outer	Central		Location of eyelashes	Central	Central	
Evidence of epilation	Y	N		Evidence of epilation	Y	Y	
Previous lid surgery	N	N		Previous lid surgery	N	N	
Upper Tarsal Conjunctiva Scarring	Y	N		Upper Tarsal Conjunctiva Scarring	Y	Unclear	
Lower TT	Y	N		Lower TT	N	N	
Action Required	Surgery (upper and lower)	Epilation		Action Required	Surgery	Surgery	
Surgery Consent	Yes	NA		Surgery Consent	Y	Y	
Initial after surgery information has been entered in phone:				Initial after surgery information has been entered in phone:			

APPENDIX IV: Patient Recommendations for Section 10 Activity A

SURGERY	SURGERY	SURGERY
SURGERY	SURGERY	SURGERY
SURGERY	SURGERY	SURGERY
SURGERY	SURGERY	SURGERY
SURGERY	SURGERY	SURGERY
SURGERY	SURGERY	SURGERY
EPILATION	EPILATION	EPILATION
EPILATION	EPILATION	EPILATION

EPIRATION	EPIRATION	EPIRATION
REFERRAL (lower TT)	REFERRAL (lower TT)	REFERRAL (lower TT)
REFERRAL (lower TT)	REFERRAL (lower TT)	REFERRAL (lower TT)
REFERRAL (recurrent TT)	REFERRAL (recurrent TT)	REFERRAL (recurrent TT)
REFUSAL (no childcare)	REFUSAL (no childcare)	REFUSAL (fear)
REFUSAL (no childcare)	REFUSAL (no childcare)	REFUSAL (no childcare)
REFUSAL (fear)	REFUSAL (fear)	REFUSAL (fear)

APPENDIX V: Find the Patient (Session 10 Activity B)

Find the patient Activity

1. Patient Name: _____
 - a. How old is he/she? _____
 - b. What is their patient ID? _____
 - c. How many lashes were touching each eye? _____
 - d. What was recommended for the patient? _____
2. Patient Name: _____
 - a. How old is he/she? _____
 - b. The patient is from which district? _____
 - c. When was he/she evaluated? _____
 - d. Was their evidence of scarring on either of the eyes? _____
 - e. What was recommended for the patient? _____
3. Patient ID: _____
 - a. What is the patient's name? _____
 - b. Is there a phone number where the patient can be reached? _____
 - i. If yes, whose number is it? _____
 - ii. What is the number? _____
 - c. Which eye(s) is suspected of TT? _____
 - d. Is there evidence of epilation in either eye? _____
 - e. What is recommended for the patient? _____

Find the patient Activity

1. Patient Name: _____
 - a. How old is he/she? _____
 - b. What is their patient ID? _____
 - c. How many lashes were touching each eye? _____
 - d. What was recommended for the patient? _____
2. Patient Name: _____
 - a. How old is he/she? _____
 - b. The patient is from which district? _____
 - c. When was he/she evaluated? _____
 - d. Was their evidence of scarring on either of the eyes? _____
 - e. What was recommended for the patient? _____
3. Patient ID: _____
 - a. What is the patient's name? _____
 - b. Is there a phone number where the patient can be reached? _____
 - i. If yes, whose number is it? _____
 - ii. What is the number? _____
 - c. Which eye(s) is suspected of TT? _____
 - d. Is there evidence of epilation in either eye? _____
 - e. What is recommended for the patient? _____

APPENDIX VI: Blank Patient Forms (Registration, Evaluation, Surgery Activity)

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

TT Tracker Patient Card										Entered on Phone #:	
Patient Information											
Date of Visit:			Patient ID:				BP:				
Name:			Age:		Sex:						
Region:		District:		Village:							
Contact Number:			Phone Owner:								
TT Screening											
			Right			Left					
Visual Acuity											
# lashes touching the eye			0 1-2 3-4 5-6 7-9 10+		0 1-2 3-4 5-6 7-9 10+						
Location of eyelashes			Inner / Central / Outer			Inner / Central / Outer					
Evidence of epilation			Y / N			Y / N					
Previous lid surgery			Y / N			Y / N					
Upper Tarsal Conjunctiva Scarring			Y / N / Unclear / Can't Flip			Y / N / Unclear / Can't Flip					
Lower TT			Y / N			Y / N					
Action Required											
Surgery Consent											
Initial after surgery information has been entered in phone:											

APPENDIX VII: Patient Scripts (for participants)

The scripts below can be shared with partner work if necessary. The Evaluation Activity (Session 10 Activity A) as designed requires users to enter evaluation information that will logically reflect what they have been given for their recommendation handouts. If a challenge, these full scripts can be shared with the participants for the activity.

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 70	Sex: Male		
Region: Practice	District: Namba	Village: Terkudi			
Contact Number: 0223325469		Phone Owner: Patient			
TT Screening					
	Right	Left			
Visual Acuity					
# lashes touching the eye	8	1			
Location of eyelashes	Central / Inner	Outer			
Evidence of epilation	N	Y			
Previous lid surgery	N	N			
Upper Tarsal Conjunctiva Scarring	Y	N			
Lower TT	N	N			
Action Required	Surgery	Epilation			
Surgery Consent	Yes	NA			
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 68	Sex: Female		
Region: Practice	District: Kilisi	Village: Perbongo			
Contact Number: 0889785469		Phone Owner: Daughter			
TT Screening					
	Right	Left			
Visual Acuity					
# lashes touching the eye	5	10+			
Location of eyelashes	Central	Central/Outer			
Evidence of epilation	Y	Y			
Previous lid surgery	N	N			
Upper Tarsal Conjunctiva Scarring	Y	Can't flip			
Lower TT	N	Y			
Action Required	Surgery	Surgery			
Surgery Consent	Y	Y			
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 68	Sex: Male		
Region: Practice	District: Namba	Village: Terkudi			
Contact Number: 035689578848		Phone Owner: Patient			
TT Screening					
	Right	Left			
Visual Acuity					
# lashes touching the eye	6	7			
Location of eyelashes	Central	Central			
Evidence of epilation	Y	N			
Previous lid surgery	N	Y			
Upper Tarsal Conjunctiva Scarring	Y	Y			
Lower TT	Y	N			
Action Required	Surgery	Referral (recurrent TT)			
Surgery Consent	Yes	NA			
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 51	Sex: Female		
Region: Practice	District: Kilisi	Village: Perbongo			
Contact Number: No Phone		Phone Owner:			
TT Screening					
	Right	Left			
Visual Acuity					
# lashes touching the eye	0	10+			
Location of eyelashes	NA	Central / Outer			
Evidence of epilation	NA	Y			
Previous lid surgery	NA	N			
Upper Tarsal Conjunctiva Scarring	NA	Can't flip			
Lower TT	Y	N			
Action Required	Referral (lower lid)	Surgery			
Surgery Consent	NA	Y			
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 74		Sex: Female	
Region: Practice		District: Kilisi		Village: Terkudi	
Contact Number: 04879965		Phone Owner: Patient			
TT Screening					
	Right		Left		
Visual Acuity					
# lashes touching the eye	2		8		
Location of eyelashes	Inner		Central		
Evidence of epilation	Y		N		
Previous lid surgery	N		N		
Upper Tarsal Conjunctiva Scarring	Unclear		Y		
Lower TT	N		N		
Action Required	Epilation		Surgery		
Surgery Consent	NA		Y		
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 68		Sex: Female	
Region: Practice		District: Chamwino		Village: Mina	
Contact Number: 03445879564		Phone Owner: Patient			
TT Screening					
	Right		Left		
Visual Acuity					
# lashes touching the eye	10+		10+		
Location of eyelashes	Inner / Central		Inner / Central		
Evidence of epilation	Y		Y		
Previous lid surgery	N		N		
Upper Tarsal Conjunctiva Scarring	Can't flip		Yes		
Lower TT	N		N		
Action Required	Surgery		Refused surgery (no childcare)		
Surgery Consent	Yes		No		
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 54		Sex: Female	
Region: Practice		District: Chamwino		Village: Mina	
Contact Number: No Phone		Phone Owner:			
TT Screening					
	Right		Left		
Visual Acuity					
# lashes touching the eye	7		1		
Location of eyelashes	Central / Inner		Outer		
Evidence of epilation	N		N		
Previous lid surgery	N		N		
Upper Tarsal Conjunctiva Scarring	Y		N		
Lower TT	Y		N		
Action Required	Surgery		Epilation		
Surgery Consent	Y		NA		
Initial after surgery information has been entered in phone:					

TT Tracker Patient Card				Entered on Phone #:	
Patient Information					
Date of Visit:		Patient ID:		BP:	
Name:		Age: 51		Sex: Male	
Region: Practice		District: Kilisi		Village: Perbongo	
Contact Number: No Phone		Phone Owner:			
TT Screening					
	Right		Left		
Visual Acuity					
# lashes touching the eye	1		9		
Location of eyelashes	Inner		Central		
Evidence of epilation	N		Y		
Previous lid surgery	N		N		
Upper Tarsal Conjunctiva Scarring	N		Y		
Lower TT	Y		N		
Action Required	Epilation / Referral		Surgery		
Surgery Consent	NA		Yes		
Initial after surgery information has been entered in phone:					

APPENDIX VIII: Individual Knowledge Test

Distribute the various examples to the participants to test their learning of the TT Tracker. As they enter the information (individually without the help of partners), assess whether additional practice is required. If not, the participants are ready to use the TT Tracker in the field.

Patient Example 1

Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none">• Right eye suspected of TT. No visual acuity recorded.• 4 lashes touching the eye (inner); evidence of epilation; scarring of conjunctiva, there was previous surgery but no lower TT. Patient was referred to Katsina Eye Hospital because of recurrent TT• Left eye suspected of TT. No visual acuity recorded.• 8 lashes touching the eye (central and inner); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____ by Salimata Sangare. Absorbable sutures were used; BLTR with clamp method. No surgical complications. Tetracycline and azithromycin were used.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none">• Right eye suspected of TT. No visual acuity recorded.• 4 lashes touching the eye (inner); evidence of epilation; scarring of conjunctiva, there was previous surgery but no lower TT. Patient was referred to Katsina Eye Hospital because of recurrent TT• Left eye suspected of TT. No visual acuity recorded.• 8 lashes touching the eye (central and inner); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____ by Salimata Sangare. Absorbable sutures were used; BLTR with clamp method. No surgical complications. Tetracycline and azithromycin were used.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none">• Right eye suspected of TT. No visual acuity recorded.• 4 lashes touching the eye (inner); evidence of epilation; scarring of conjunctiva, there was previous surgery but no lower TT. Patient was referred to Katsina Eye Hospital because of recurrent TT• Left eye suspected of TT. No visual acuity recorded.• 8 lashes touching the eye (central and inner); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____ by Salimata Sangare. Absorbable sutures were used; BLTR with clamp method. No surgical complications. Tetracycline and azithromycin were used.

Patient Example 2

Session	Name	Age	Sex	Region/ District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 7 lashes touching the eye (central); evidence of epilation; can't flip to assess scarring of conjunctiva, no previous surgery, no lower TT. Surgery was accepted and took place on _____; operated by Ida Florence. Silk sutures were used; Trabut method. Excess bleeding during surgery; no other complications. Only tetracycline given. • Left eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva; no previous surgery; no lower TT. Epilation
Session	Name	Age	Sex	Region/ District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 7 lashes touching the eye (central); evidence of epilation; can't flip to assess scarring of conjunctiva, no previous surgery, no lower TT. Surgery was accepted and took place on _____; operated by Ida Florence. Silk sutures were used; Trabut method. Excess bleeding during surgery; no other complications. Only tetracycline given. • Left eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva; no previous surgery; no lower TT. Epilation
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 7 lashes touching the eye (central); evidence of epilation; can't flip to assess scarring of conjunctiva, no previous surgery, no lower TT. Surgery was accepted and took place on _____; operated by Ida Florence. Silk sutures were used; Trabut method. Excess bleeding during surgery; no other complications. Only tetracycline given. • Left eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva; no previous surgery; no lower TT. Epilation

Patient Example 3

Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva, no previous surgery and evidence of lower TT. Epilation recommended AND patient referred to Abuja Eye Clinic for lower TT. • Left eye suspected of TT. No visual acuity recorded. • 3 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____6 by Bernard Mugabe. Absorbable sutures were used; BLTR with clamp used. No surgical complications. Only tetracycline given.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva, no previous surgery and evidence of lower TT. Epilation recommended AND patient referred to Abuja Eye Clinic for lower TT. • Left eye suspected of TT. No visual acuity recorded. • 3 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____6 by Bernard Mugabe. Absorbable sutures were used; BLTR with clamp used. No surgical complications. Only tetracycline given.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 1 lash touching the eye (outer); no evidence of epilation; no scarring of conjunctiva, no previous surgery and evidence of lower TT. Epilation recommended AND patient referred to Abuja Eye Clinic for lower TT. • Left eye suspected of TT. No visual acuity recorded. • 3 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; operated on _____6 by Bernard Mugabe. Absorbable sutures were used; BLTR with clamp used. No surgical complications. Only tetracycline given.

Patient Example 4

Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 9 lashes touching the eye (central and outer); evidence of epilation; scarring of conjunctiva, no previous surgery and no lower TT. Patient refused surgery—too much work to have both eyes operated. • Left eye suspected of TT. No visual acuity recorded. • 8 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; no lower TT. Operated on _____ by Nebiyu Ogut. Absorbable sutures were used; Trabut method. No surgical complications. Tetracycline and azithromycin given.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 9 lashes touching the eye (central and outer); evidence of epilation; scarring of conjunctiva, no previous surgery and no lower TT. Patient refused surgery—too much work to have both eyes operated. • Left eye suspected of TT. No visual acuity recorded. • 8 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; no lower TT. Operated on _____ by Nebiyu Ogut. Absorbable sutures were used; Trabut method. No surgical complications. Tetracycline and azithromycin given.
Session	Name	Age	Sex	Region/District	Description of Patient
Participant can select any of the created Sessions and assign the patient the name, age, sex, region, and district of the participant's choosing.					<ul style="list-style-type: none"> • Right eye suspected of TT. No visual acuity recorded. • 9 lashes touching the eye (central and outer); evidence of epilation; scarring of conjunctiva, no previous surgery and no lower TT. Patient refused surgery—too much work to have both eyes operated. • Left eye suspected of TT. No visual acuity recorded. • 8 lashes touching the eye (central); evidence of epilation; scarring of conjunctiva; no previous surgery; no lower TT. Operated on _____ by Nebiyu Ogut. Absorbable sutures were used; Trabut method. No surgical complications. Tetracycline and azithromycin given.

APPENDIX IX: SECTION 17: SESSION MANAGEMENT (OPTIONAL)

Note: *As open and closing sessions will be done by a select number of people, and may be program managers, it is suggested that they Session Management topic only be discussed with those individuals who may need to open/close sessions for the program. Including this information for all participants increases the amount of information that must be retained, decreasing the focus on the elements of the TT Tracker that will be used more frequently by the majority of the users.*

Objectives:

1. To teach participants about the concept of a Session and how it affects program activities
2. To practice opening, updating, and closing Sessions
3. To understand where to locate information about an open Session

Training Procedure

1. Review forms menus and discuss the order & frequency of completion
2. Explain Session and Session Management; participants should follow along on their phones
3. Discuss Open Session procedures—go through each screen with the participants step-by-step.
4. Complete **Open Session Practice Activity**
 - a. Instruct participants to start two Sessions, ensuring that the names of the Sessions are something unique that they will recognize as their own.
 - b. Once complete, discuss the Sessions as a group.
 - i. Ask a participant for the name of a Session they started
 - ii. Ask other participants if they see the Session named. If not, why?
 1. After creating a Session, participants must sync and all other mobile workers in the coverage area must sync so that the new Session can be visible.
 2. If a mobile worker is later registering a patient and cannot find the correct Session, the patient will have to be assigned to a temporary Session and reassigned by a data manager later. This is discussed further in Register Patient

5. Discuss Update Session

- a. After reviewing the concepts via PowerPoint, participants should use one of the sessions created during the Open Session practice activity to update the Session.
- b. Instruct participants to complete the steps in order to change the Start Date and the Site Name.

6. Discuss Close Session:

- a. Review the PowerPoint slides and go step-by-step through the process on the phones.
- b. Instruct participants to complete the process to close on of the two Sessions they created.
 - i. Note: Facilitator(s) should be observing the actions of the participants, ensuring they understand the processes. Participants should close the Session so that it is SAVED in the data, not removed due to duplication.
- c. Once complete, discuss the Sessions as a group.
 - i. Ask a participant for the name they provided for their Session
 - ii. Ask other participants if they see the Session named. If yes, why is it still visible on some phones?
 1. After closing a Session, participants must sync and all other mobile workers in the coverage area must sync so that the new Session can be visible.
 2. If a phone is used to close a Session, it must sync BEFORE all other phones so that the updates can take effect. If a phone syncs before the phone used to close the Session, the changes will not be seen on the phones synced before.
- d. Review Session list
 - i. Discuss the various ways to see whether the Session has been closed

After discussing Sessions, ask participants if they have any questions about Open, Update, or Close Session.