Resources for Calgary-Cambridge Model and Sexual Health Care in the Oncology Setting

A. Goals of communication in healthcare

Increasing:
- Accuracy
- Efficiency
- Supportiveness

Enhancing patient and provider satisfaction
Improving health outcome
Promoting collaboration and partnership

B. Principles that characterize effective communication

- Ensures an interaction rather than a direct transmission process
- Reduces unnecessary uncertainty
- Requires planning and thinking in terms of outcomes
- Demonstrates dynamism
- Follows a helical model

C. Framework for communications training

3 Calgary-Cambridge graphics
2003 Kurtz article (will be included in train the trainer resources)

D. List of communications skills

See pre-workshop handouts

E. Examples of possible personal skills enhancement goals for practice during communications training (alphabetical)

- Ask about patient perspective (ideas, concerns, expectations)
- Avoid distracting habits
- Avoid medical jargon
- Gather medical information
- Handle difficult disclosures (infidelity, abuse, sexual and gender minorities)
- Improve flow
- Incorporate past feedback
- Match patient's pace, volume
- Pick up on and inquiring about patient cues (verbal and non-verbal)
- Reassure patient about confidentiality
- Reduce awkwardness
- Signpost
- Summarize
- Thank patient when difficult but important information is shared
- Use non-judgmental language
- Validate patient concerns

F. Feedback via Agenda-led Outcome-based Analysis (ALOBA)

G. Definitions of communications vocabulary (alphabetical)

- **Acceptance response:** a strategy for dealing with difficulties. It expresses acknowledgement and acceptance of the other person's feelings or ideas and confirms his or her right to have them. Eg: '*I am feeling how angry you are – feeing angry is fair enough.'*, '*Yes, that's clearly another way to look at this – an interesting alternative…'* Should be followed by a pause, avoiding '*But…'*. The other person will often briefly respond with more of whatever emotion or idea they were expressing. Again employ the accepting response followed by silence.

- **Building rapport:** a component of building the relationship with the patient, along with using appropriate non-verbal behavior and involving the patient. Accepts the legitimacy of the patient's views and feelings, and is nonjudgmental. Uses empathy, provides support, deals sensitively with embarrassing or disturbing topics and physical pain.

- **Chunks and check:** during the explanation and planning phase of the patient interview, chunks and checks are used to provide the correct amount and type of information. The provider gives information in assimila ble chunks, checks with the patient for understanding, and uses the patient's as a guide to how to proceed.

- **Medical jargon:** special words, expressions, or abbreviations that are used in medicine but are difficult for patients to understand.

- **Open/closed questions:** open questions invite the patient to elaborate while closed questions prompt a yes/no response. Both are helpful in discussing sexual health concerns.

- **Picking up on patient cues:** a thing that is said or done that serves as a signal. Patient cues may be verbal or non-verbal, including body language, speech, and facial expressions. Provider checks out and acknowledges as appropriate.

- **Signposting:** part of providing structure to the conversation or interview. In progressing from one section to another, summarizing and signposting can be used to prepare the patient.

- **Simulated Patients** (SPs): an actor who portrays a patient.

3. Goals of sexual health communication in the oncology setting (All of Me project)

Normalize the conversation
Set expectations
Timely referral

4. What information might I need during a sexual health conversation?

- CDC
- Fenway Institute

5. National guidelines

- 2017 NCCN
- Distress thermometer

6. Train-the-trainer resources

Models of learning and change

Beginning awareness stage
Awkward stage
Consciously skillful stage
Integrated stage

Outcomes of change

Consideration *(I am aware of and willing to consider change)*
Attitudes *(I have a positive attitude toward the change)*
Beliefs and Values *(I believe the change is the best approach)*
Action/behavior *(I change the way I act or behave in real life)*

Conviction and Confidence (Keller & Kemp-White (1997))

Conviction
-How important is this change to you?
-How committed are you?
Confidence
-How confident are you that you know how (have the skills) to make this change?
-How likely do you think it is that you will make this change?
Change is only likely in settings of high conviction and confidence.

Running a session: facilitator tools to maximize participation and learning (Kurtz et al. 2005, Chapter 7, p155-183)

Includes guidance about building a supportive climate, motivating participation, thinking and learning, strategies for dealing with difficulties, and dealing with unsupportive or disruptive group members.