

# Colorectal Cancer Screening Promotion Program

## Session 2 Scenario for a Role Play

Mary Jones is a 65 y.o. woman who has been a patient in your clinic for 10 years. She is very healthy, “never gets sick,” and has never had any symptoms of colorectal cancer. Her mother died at age 75 of colon cancer and her sister was diagnosed with colon cancer last year at age 64. Her physician, Dr. Wellcare annually has recommended that she have a colonoscopy since she began seeing Dr. Wellcare, but she has never been willing to schedule a colonoscopy. She has also received 4 Hemoccult test kits over the years, but has never returned them. Dr. Wellcare performed a physical examination on Ms. Jones today and once again recommended that she schedule a colonoscopy. You, the clinic staff member, enter the room to talk with her about scheduling a colonoscopy.

### Roles:

Option 1: clinic staff member, physician, and patient

Option 2: clinic staff member and patient

### Medical assistant/nurse’s goal:

- Convince the patient to schedule a colonoscopy.

### Tools available to the clinic staff member:

- *Colorectal Cancer Screening Saves Lives!* patient handout
- *Colorectal Care Screening Guide* fact sheet
- *Key Messages to Support Colorectal Cancer Screening Follow-through*
- *A Decision Stage Model for Colorectal Cancer Screening*

### Discussion after role play:

Encourage participants to comment on behaviors rather than likes or dislikes.

- What techniques did the clinic staff member use to identify the sources of resistance?
- What strategies did the clinic staff member use to address resistance?
- How did the clinic staff member use the tool to address resistance?
- Did the clinic staff member use any aspects of the “decision stage model” to move the patient to agree to carry out the recommendation?
- Does this seem like a strategy that you could use in your practice?  
If not, what changes would make this workable?

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[www.healthoregon.org/cancer](http://www.healthoregon.org/cancer)

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## Key Messages to Support Colorectal Cancer Screening Follow-through

### General positive messages about life saving and cancer prevention

- Colorectal cancer screening can prevent cancer and keep you healthy by detecting cancers at an early stage, when they can usually be cured.
- Save a life—get screened for colorectal cancer. Any test works if you do it!
- Colorectal cancer screening isn't just for detecting early cancer—it also can prevent cancer by allowing the doctor to find and remove growths called polyps before they become cancers.
- Colonoscopy is one of the very few tests that actually prevent cancer or find it so early that it can usually be cured.
- It's really important that you complete this stool test. If your test shows that you have blood in your stool, we will ask you to have a colonoscopy to find the cause of the bleeding and treat it. Let's go through the instructions.
- Don't wait for symptoms to get screened. Precancerous polyps and very early cancers don't cause symptoms.

### Addressing fears

- Most people who have had a colonoscopy or sigmoidoscopy report that neither the test nor the preparation was as bad as they expected. People who have had a colonoscopy or sigmoidoscopy are among the strongest advocates for screening.
- Colonoscopies usually aren't painful because you will be given medicine to make you sleep during the study. People rarely remember that they've had the test. You will have to take powerful laxatives before your colonoscopy.
- Sigmoidoscopies may be uncomfortable but are rarely very painful. You will have to take powerful laxatives before your sigmoidoscopy.

### Followup for tests not completed

- **Colonoscopy/sigmoidoscopy:** Your PCP recommended that you have a colonoscopy when you were in the office last time. I can see that you haven't had your study. Can I help you schedule it today?
  - If patient says no, ask, "Do you have any fears or concerns about getting a colonoscopy? Do you have any other questions about getting the test?"
  - If patient agrees to schedule it, ask, "Please let me know if you have a problem and have to cancel or postpone the test."
- **FOBT:** Your PCP gave you a stool test card last time you were here/recently, and I'm following up with everyone who didn't complete and return the samples. This is a really important test...early diagnosis of colorectal cancer really does save lives, and getting regular screening makes it possible to diagnose cancer early. [Your family/friends would want you to be tested so you can be with them for many years to come.] So, we really want you to complete it by \_\_\_\_\_. Do you have any questions about how to use it or why to do the test that I can answer? [FU as needed with: Would you like me to go through the instructions with you? Did you have any trouble trying to collect the sample?]

- If patient agrees to do it, ask, “How confident are you that you will send in the samples this week?”

### **Personal stories about colorectal cancer screening**

- **Colonoscopy:** I finally convinced my husband/father/mother/sister/brother/friend/one of our patients to get his/her first colonoscopy after putting it off for years out of fear that he/she would have cancer. He/she told me how incredibly relieved he/she felt to learn that he/she didn't have cancer.
  - The doctor did find and remove a small polyp. So, from now on, he/she will get regular followup tests to be sure that any new polyps are removed.
- **Colonoscopy:** I had my colonoscopy last year and it wasn't bad at all. I got a clean bill of health; so I don't have to have another test for 10 years. How about you? When would be a good time to schedule your test?
  - It's important that you complete this test since this test has been shown to save the same number of lives as colonoscopy or sigmoidoscopy as long as people who are found to have blood in their stool go on to get a colonoscopy.

### **Confidence about completing or getting the test**

- Does this sound like a workable plan for you? On a scale of 1 to 10, with 10 as most likely, how likely are you to get this done? How confident are you that you will complete the test?

If the confidence level is less than 8, ask about what's getting in the way of completing the test and address the reasons.

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## Guide for Talking with Patients about Colorectal Cancer Screening

### 1. The opener

Colorectal cancer is the second leading cause of death from cancer...but the good news is that all screening tests reduce the number of people who die from colorectal cancer, and some tests actually prevent cancer.

### 2. The pitch about who and when to screen

#### **Average risk:**

Your PCP asked me to talk with you about colorectal cancer screening. He/she has recommended that you get a \_\_\_\_\_. I'm here to answer your questions about why you need to be screened and what to expect.

#### **Patient history update to confirm average risk status**

Your PCP assessed your risk for getting colorectal cancer as average, based on the information you've provided about your personal history and your family history. To the best of our knowledge, neither you nor your family members have a history of colon or rectal cancer. Are you aware of anyone in your family who was diagnosed with colon or rectal cancer?

#### **Benefit of screening**

It turns out that almost two-thirds of people who get colorectal cancer are those without a family history of cancer, and the best way to prevent colorectal cancer and reduce deaths from colorectal cancer is to begin a regular screening program at age 50. That means that it is time for you to get your first colorectal cancer screening test.

#### **Increased risk but no personal history of precancerous polyps or cancer:**

Your PCP asked me to talk with you about colorectal cancer screening. He/she has recommended that you get a \_\_\_\_\_. I'm here to answer your questions about why you need to be screened and what to expect.

#### **Confirm risk factors**

You have risk factors *{name the specific risk factors of family history of polyps or colorectal cancer/ African American race}* that put you at higher than average risk for colorectal cancer.

#### **Benefit of screening**

The best way to prevent colorectal cancer and reduce deaths from colorectal cancer is to begin a regular screening program at *age {defined by PCP protocol based on age of family members at diagnosis, race, specific conditions that increase risk}* to prevent colorectal cancer. So, it's time for you to have your first colorectal cancer screening.

### 3. Decision stage model assessment

Ask these three questions and refer to discussion points (below) for the appropriate stage:

1. **Have you ever heard of a (stool blood test, sigmoidoscopy, colonoscopy)?**

Yes: Go on

No: See **Stage 1**



2. **Are you *thinking about* doing a (stool blood test, sigmoidoscopy, colonoscopy)?**

Yes: Go on

No: See **Stage 2**



3. **Which of the following statements *best describes* your thoughts about doing a (stool blood test, sigmoidoscopy, colonoscopy) in the future?**

a. I have *decided against* doing a (stool blood test, sigmoidoscopy, colonoscopy).

See **Stage 0**

b. I'm *thinking about* whether or not to do a (stool blood test, sigmoidoscopy, colonoscopy).

See **Stage 2 or 3**

c. I have decided to do a (stool blood test, sigmoidoscopy, colonoscopy).

See **Stage 4**

### 4. Discussion points for different stages

#### ***Stage 0: I have decided against doing a test***

Thanks for talking with me about screening. I'd like you to take this information home and think about it some more. Call the office if you decide that you're ready to do your test.

Otherwise we'll talk about screening again next time I see you.

#### ***Stage 1: I have never heard of FOBT, sigmoidoscopy, or colonoscopy***

(Use the *Colorectal Cancer Screening Guide* to show recommendation, tests, and options)

Everyone age 50 or older is at risk for colorectal cancer whether or not there is a family history of colorectal cancer. Getting screened is the best way to prevent colorectal cancer or find it at a stage when it is usually curable.

There are three different screening tests. Two tests involve looking at the lining of the bowel for abnormal growths called polyps or early cancers, using an instrument with a lens and a light on the end. One looks at all of the bowel and one looks only at about 1/3 of it. The third test checks for blood in the stool, since some precancerous growths and cancers bleed. Your PCP recommends that you get \_\_\_\_\_. This test requires that you\_\_\_\_\_.

Your patient is now at **Stage 2** or more: the patient has now heard of the tests. Ask the following question:

- **Are you thinking that you would be ready to do/get a (stool blood test, sigmoidoscopy, colonoscopy)?**

Yes: See **Stage 4**

No: See **Stage 2**

### ***Stage 2: Not thinking about doing/getting a test***

Ask these questions:

- Can you tell me more about why you are not ready to get a test?  
Do you have any concerns?
- Can I give you more information or answer any questions?

Answer questions using the *Colorectal Cancer Screening Guide*, or refer the patient back to the PCP for more complex questions.

Use *Key Messages* to try to align testing and staying healthy with the patient's life goals and roles:

- If the patient is still undecided but not rejecting testing, consider talking with him/her about how screening and staying healthy aligns with his/her roles if you know them (e.g., provider, caregiver, etc.).
- If the patient thinks that he or she doesn't need to get screened because he or she has no family history of colorectal cancer, feels great, and /or has no bleeding or problems with bowel movements, tell him or her that everyone age 50 or older is at risk for colorectal cancer and that precancerous polyps and very early cancers don't produce symptoms.
- If you don't know much about a patient's roles and goals, consider asking about what's most important in his/her life and then linking good health with those roles and goals.

If talk turns positive, refer to **Discussion Points for Stage 3 or Stage 4**, as appropriate. If not, advise the patient that you will talk with him or her again in the future. Document the conversation in the record.

- Thanks for talking with me about screening. I'd like you to take this information home and think about it some more. Call the office if you decide that you're ready to do your test. Otherwise we'll talk about screening again next time I see you.

### ***Stage 3: I'm thinking about whether or not to do a test***

Say to the patient:

Your PCP recommends that you get \_\_\_\_\_. Let's talk more about the test. It involves

- **Colonoscopy:** looking at the lining of your whole lower intestine for abnormal growths called polyps or early cancers using an instrument with a lens and a light

on the end. The doctor removes any growths called polyps and may take samples of those that can't be removed to find out if they are precancerous, cancers, or don't have any risk of becoming cancers.

Some people worry that the test will be painful, but colonoscopy is rarely painful. The doctor will give you medicine to make you sleep during the study. In fact, people rarely remember the colonoscopy. The preparation is unpleasant but very important. You will have to take strong laxatives before your colonoscopy to clean your colon so that the doctor can find any abnormal growths.

- **Sigmoidoscopy:** looking at the lining of the lower third of your large intestine for abnormal growths called polyps or early cancers, using an instrument with a lens and a light on the end. The doctor removes any growths called polyps and may take samples of those that can't be removed to find out if they are precancerous, cancers, or don't have any risk of becoming cancers.

Some people worry that the test will be painful, but although sigmoidoscopy may be uncomfortable, it is rarely very painful. The preparation is somewhat unpleasant but very important. You will have to take strong laxatives before your colonoscopy to clean your colon so that the doctor can find any abnormal growths. If any precancerous polyps or cancer are found, then you will need to have a complete examination of your colon using a longer scope to see if you have any other polyps or cancers.

- **FOBT:** putting a little bit of stool on the cards in this kit and sending the kit back to the office. It's really important that you complete this stool test. We will check to see whether there is any blood in your stool and let you know about the results. If there is blood in the stool, you will need to have a complete examination of your colon using an instrument with a lens and a light to find the cause for the bleeding and treat it.

Do you have any questions about the test?

Do you feel ready to do/get the test now?

**Yes:** Go to **Stage 4**      **No:** Do you have other questions or concerns?

#### ***Stage 4: I have decided to do/get the test***

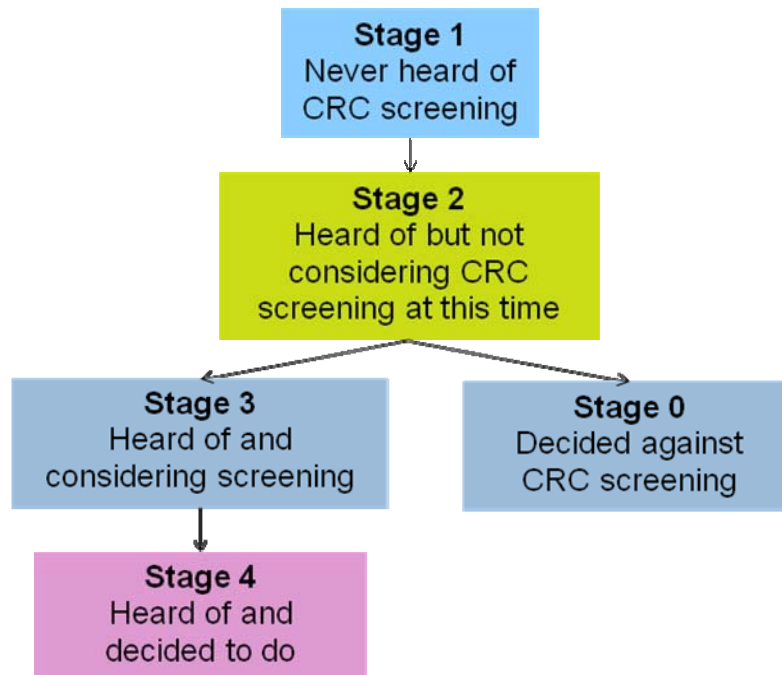
Say to the patient:

Let's schedule your test/get you an FOBT test kit and go through the instructions.  
We routinely follow up with patients who don't complete their test within a month for the FOBT kits and within \_\_\_ month(s) for scoping.

For FOBT kit, consider asking the patient to assess his/her likelihood of following through.

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## A Decision Stage Model for Colorectal Cancer Screening\*



### Brief questionnaire to identify the patient's decision stage

Describe the specific screening test—stool blood test, sigmoidoscopy, colonoscopy (CS), etc.

**1. Have you ever heard of a (stool blood test, sigmoidoscopy, CS)?**

Yes: Go on

No: Stop **Stage 1**



**2. Are you thinking about doing a (stool blood test, sigmoidoscopy, CS)?**

Yes: Go on

No: Stop **Stage 2**



**3. Which of the following statements best describes your thoughts about doing a (stool blood test, sigmoidoscopy, CS) in the future?**

a. I have *decided against* doing a (stool blood test, sigmoidoscopy, CS). **Stage 0**

b. I'm *thinking about* whether or not to do a (stool blood test, sigmoidoscopy, CS). **Stage 2 or 3**

c. I have decided to do a (stool blood test, sigmoidoscopy, CS). **Stage 4**

\* This version of stage theory was adapted from the work of RE Myers, referenced in National Colorectal Cancer Roundtable, *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide 2008*. <http://www.nccrt.org/Documents/General/IncreaseColorectalCancerScreeningRates.pdf>. Accessed July 27, 2009.

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