

Tailored Communication for Cervical Cancer Risk Implementation Manual

SAMPLE

PROGRAM ADMINISTRATION
(Type of Staffing and Functions needed)

Colposcopy Clinic Research Nurse or Staff Member:

- Identifies eligible participants and engages in initial contact with patients via telephone and mailing letters, gains research study consent, obtains basic demographics information, randomizes participants, and obtains initial baseline telephone assessment.
- Collects and submits all data to research study representative and research institution.

Research Study Representative:

- Maintains communication with Colposcopy Clinic Staff Member to collect and enter all data into a data warehouse and tracks all follow-ups
- Prompts and conducts follow-up assessments

PROGRAM DELIVERY

Program Materials:

- Tailored Telephone Counseling Implementation Manual
- CATI System Telephone Guide
- Cognitive Affective Barriers Assessment
- Cognitive Affective Barriers Message Library

IMPLEMENTATION STEPS

STEP 1: Eligible patients are sent a notification letter of an abnormal Pap smear test result with the need for follow-up colposcopy

1. Patients eligible for the program are identified and a telephone call is made to obtain consent and demographic information. The Research Nurse or Study Staff identifies patients based on the following criteria:
 - **Eligibility Criteria:**
 - Women 18 years or older
 - Recently received an abnormal Pap smear indicative of oncogenic HPV
 - Referred for initial colposcopy evaluation at colposcopy clinic
 - Able to communicate with ease in English
 - Competent to give consent
 - **Exclusion Criteria:**
 - Unable to communicate readily in English
 - No access to a telephone
 - History of any malignancy
 - Display current evidence of positive invasive carcinoma of the cervix
 - Display the presence of another life-threatening medical condition
 - Show evidence of dementia
 - HIV diagnosis

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2. A letter is sent from the colposcopy clinic informing a patient of their abnormal Pap smear results with:
 - The need to follow-up with a diagnostic colposcopy
 - A scheduled appointment date
 - Clinic contact numbers (in case they need to reschedule)

STEP 2: Initial telephone contact

1. About 2–4 weeks before the patient’s scheduled colposcopy, a clinic staff member will try to make contact with the eligible patient. The clinic staff member will keep track of each attempt (date and time) that they make to contact the patient using a contact log.
2. Upon telephone contact, the patient’s upcoming colposcopy appointment will be confirmed. The Research Nurse, or clinic staff member, will verify HIPAA authorization and determine eligibility. If the patient is no longer eligible for the program, the Research Nurse or clinic staff member will record this information. Contact with the patient will end at this point. If a patient is eligible and HIPAA authorized, the patient will be invited to join the program.
3. If a patient accepts, the staff will obtain oral consent to participant in the program.

STEP 3: Cognitive Affective Barriers Assessment

1. Once consent is obtained, clinic staff will use the CATI System Telephone Guide to complete the Cognitive Affective Barriers Assessment with the patient. The barriers assessment will probe for five types of barriers:
 - a. Risk-related encodings
 - b. Risk-related expectancies and beliefs
 - c. Risk-related values and goals
 - d. Risk-related affect
 - e. Risk-related self-regulation
2. The interviewer will ask the patient each of the five items under each type of barrier (e.g., encodings).
 - a. Barrier responses are shaded in gray on the Cognitive Affective Barriers Assessment
 - b. The top two rated barriers (maximum) will be identified for each type of barrier.
 - i. If only one barrier response is identified, the patient will be given the tailored barriers message for only that item in step 4 (below).
 - ii. If zero barrier responses are identified, the patient will be given the standard barriers message for that type of barrier in step 4 (below).
 - iii. If more than two barrier responses are identified, the interviewer asks the patient to rank the five items from 1 to 5. The top two ranked items are the identified barriers for that set of barriers items.