

# Development of workforce competencies in communication about cervical screening

## 4.1 Value of competencies in communication

Appropriate communication from the health professional who performs any medical procedure may shape how individuals interpret new information. Clinicians and other health-care providers tend to be respected as credible sources of advice and can influence public perceptions of cancer screening. The need to improve the competencies of health professionals in communication is highlighted by the following observations from various studies:

1. Women's experiences of cervical screening are often shaped by the quality of their interaction with the health professional who performs the procedure.
2. Women report much more satisfactory experiences when clear information about the procedure is provided.
3. Women often cite poor communication as the reason for a negative experience during the screening procedure.
4. Women report a negative experience when their desire for explanation about the procedure as it is carried out is not met or when they are not given enough opportunity to ask questions.
5. Poor communication seems to exacerbate the sense of loss of control that some women associate with screening.
6. Women largely dislike efforts by health professionals to reduce or deny the emotional significance of the screening procedure by emphasizing its routine nature.
7. Specialized training of health professionals improves their communication skills and their sensitivity in dealing with the special needs of groups such as ethnic minority women and differently abled women.

Two different models of communication are illustrated in Box 10.

A person may receive initial information about screening through an invitation letter or email, mass media, or other campaigns before a clinical encounter. Population-based programmes invite eligible people to undergo screening and, of necessity, do so using written information. Thus, the first time a person discusses the screening offer with a

## Box 10. Transmission model versus transactional model of communication

In the transmission model, communication is viewed as a linear process in which a sender transmits a message to a receiver. The focus is on the sender and the message; this supports an uneven balance of power [88].

In the transactional model, communication is seen as a dynamic and interpersonal process in which intrinsic and extrinsic factors play key roles. In this model, feedback and validation are recognized as fundamental for effective communication. The transactional nature of this model lies in its recognition of communication as a reciprocal process in which communication is simultaneous and shared between people as communicators, rather than as a sender and a receiver [89]. The transactional model recognizes that environmental, social, and personal factors influence how messages are interpreted. This perspective reminds health professionals to be attentive to both verbal and nonverbal cues about how a participant is interpreting a transaction [88, 90].

Nonverbal communication is mostly about body language and can be used to supplement spoken communication, to reinforce or substitute for a spoken message, or to undermine communication, for example when nonverbal cues contradict a spoken message. Nonverbal messages can be more powerful than words. Therefore, it is important for health professionals in screening to understand body language and use it appropriately to aid communication, to avoid unconscious messages, and to decode and react appropriately to a participant's visual cues [91].

health professional would be either if they ask to discuss the offer with a trusted professional (e.g. primary care worker) or when they attend for the screening test. The person may make an informed choice based on that information or may seek further advice from a one-to-one discussion with a health professional.

In opportunistic screening settings, the first offer of screening will be made face-to-face, so a more complex shared decision-making conversation is possible [92]. **In either type of screening system, the professional who first sees the potential participant needs to understand the screening programme and feel confident in providing the person with information that can be used to make a personal informed choice.**

In addition to having access to information, people who are offered screening must also be able to discuss their screening options with an appropriately trained member of the screening team. A personal informed choice is a decision that is made to accept or decline a screening test based on access to accessible, accurate, and evidence-based information covering:

- the condition being screened for;

- the testing process;
- the benefits, risks, limitations, and uncertainties; and
- the potential outcomes and ensuing decisions.

The person should also be given the opportunity to reflect on what the test and its results might mean to them. Support should be available to potential participants to help them make a decision based on their individual circumstances. This may include discussion of any aspects of the information that are relevant to that person.

A continuing professional development programme for health professionals will ensure that the messages conveyed are consistent, are up to date, and have the desired impact, while maintaining the full autonomy of the potential participant in decision-making. An important goal of any cervical screening programme is to develop ways to support the health professionals in communicating more effectively with potential participants about cervical screening and management, its benefits and risks, audit of cancers, and other challenging topics, through competency-based training. In a cervical screening programme, the focus of workforce competencies should be on the early stage of care,

up to the management of precancers. Information on the more advanced, specialized, and detailed aspects of care of patients with cancer could be provided by specialized oncology and/or multidisciplinary teams. Although the present competency framework focuses on communication between health professionals and people who are offered screening, the health professionals (especially those in a managerial position) may also need to communicate with other stakeholders, for which appropriate competencies need to be built.

### 4.2 Communication competency framework

Having an accurate knowledge and understanding of a woman's perspective, including her concerns, feelings, preferences, beliefs, and values, enables a health professional to provide more personalized communication by using language she can understand, providing clear explanations, and validating or addressing her emotional states (Box 11). Effective communication with the women who are offered cervical screening and their accompanying family members requires five key competencies for health professionals [93].

**Box 11. Fundamental competencies for effective communication in cervical screening**

Throughout the screening pathway, health professionals must be able to demonstrate competence in communicating effectively with participants. This includes:

- using appropriate language;
- avoiding jargon;
- active listening;
- asking open questions;
- checking understanding;
- correcting misunderstanding;
- seeking clarification;
- using appropriate body language;
- correcting understanding; and
- responding appropriately to other people's body language.

Source: [93]. Adapted from Epstein and Street (2007).

For each of the competencies described below, the health professionals involved in the screening pathways need to acquire appropriate knowledge and to be able to demonstrate certain skills.

**Competency 1: Being able to foster a relationship of mutual trust, understanding, and commitment**

**Knowledge to be gained:**

- Building rapport with individuals.
- Effective communication through verbal and nonverbal techniques.
- Participants' knowledge, attitude, and perceptions related to cervical cancer and its prevention through screening.

**Skills to be demonstrated:**

- Being deliberate about showing respect in every interaction with participants.
- Eliciting, understanding, and validating the perspective (e.g. concerns, feelings, and expectations) of the person who is offered screening.

- Active listening and being patient.
- Encouraging the person to participate in the conversation.
- Using appropriate nonverbal behaviour during the conversation, such as maintaining eye contact.
- Offering concrete feedback.
- Engaging with participants, demonstrating empathy, and answering their questions without being judgemental.
- Actively assessing the person's satisfaction with the interaction.

**Competency 2: Being able to exchange information that recognizes the individual's information needs and overcomes any barriers related to low health literacy and poor understanding of statistical information**

**Knowledge to be gained:**

- Information about the existing screening policies and protocols.
- The implications of the various test results at screening, diagnosis, and follow-up.
- The benefits and risks of screening.
- Framing of messages.
- Social determinants of health and how they affect access to screening and downstream management.
- The laws governing privacy, confidentiality, and compensation.

**Skills to be demonstrated:**

- Gathering information about the context of the clinical interaction; the principles and practice of screening as a public health offer; the aim, potential benefits, possible risks, and limitations of cervical screening, and how to explain these to the potential participant; the etiology and course of progression of cervical cancer; and the relevant national and/or local cervical screening programme guidelines, policies, procedures, and protocols, including training requirements.

- Understanding the communication methods and approaches best suited to the situation that:
  - promote equality and diversity;
  - promote the rights of people to communicate using their preferred method, media, and language; and
  - avoid medical jargon, acronyms, or technical terminology.
- Adapting communication styles in ways that are appropriate to the needs of the individual.
- Using different approaches, methods, and techniques that support individuals when handling complex and sensitive issues, and understanding the importance of:
  - focusing on the individual;
  - space and positioning when communicating;
  - body language and eye contact when communicating;
  - giving individuals sufficient time to communicate;
  - checking that the health professionals and the individuals understand each other; and
  - active listening.
- Understanding when to recognize silence as an effective aid during verbal communication.
- Using verbal or written communication that:
  - facilitates positive outcomes;
  - is constructive;
  - is relevant and sufficiently comprehensive to be understood by the recipient; and
  - uses language that is appropriate to the context, the audience, and the information being exchanged.
- Using the appropriate decision aids.
- Understanding their own values, beliefs, and attitudes and how these could affect their work.
- Knowing the importance of working within their role and sphere of competence, and seeking advice when faced with situations outside their sphere of competence.
- Understanding the principles of confidentiality, security, and information sharing for their work environment.

### **Competency 3: Being able to manage uncertainty by acknowledging it and providing further information, support, and cognitive strategies**

#### ***Knowledge to be gained:***

- The uncertainties that exist in the screening process (e.g. whether HPV-positive participants will develop cervical cancer, or whether participants in whom cervical precancer was detected will develop cervical cancer if the precancer is not treated).
- How to handle uncertainties.

#### ***Skills to be demonstrated:***

- Acknowledging that uncertainties exist and that they cannot be eliminated.
- Being able to explain why the particular issue is uncertain.
- Framing information in terms of what is known and what is unknown.
- Offering additional information to support decision-making by the person.

### **Competency 4. Supporting shared decision-making through active involvement of the potential participants and their family members in the information-exchange and deliberation stages of the decision-making process**

#### ***Knowledge to be gained:***

- How decision-making is influenced by the person's knowledge, values, needs, and preferences.
- The concept and art of shared decision-making.

#### ***Skills to be demonstrated:***

- Supporting the person to make a decision through a stepwise process of information exchange, deliberation, and final decision-making.
- Being able to build partnership with

- the person through facilitative communication to elicit their perspective.
- Being able to offer multiple options to achieve the same goal, and giving the person enough time to consider choices.
  - Supporting the decision with current clinical evidence.
  - Reconciling any differences of opinion, and accommodating the person's preference.

### **Competency 5: Enabling people to navigate the health system by providing appropriate guidance on seeking appropriate care and finding further information**

#### ***Knowledge to be gained:***

- The challenges that people usually face in navigating the health-care system and accessing services.
- The roles and responsibilities of a navigator.

#### ***Skills to be demonstrated:***

- Providing adequate information about what the person may encounter if they decide to undergo screening.
- Providing clear explanations about ways the person can manage possible scheduling for further investigations or treatment or follow-up and can manage possible side-effects.
- Providing access to adequate resources.

### **4.3 Implementation of the competency framework**

The competency framework described above can be used as a reference tool when planning to build capacities in communication. It should be applied locally, according to the local context and needs. Some competencies outlined in this document may not be relevant for some work environments, depending on factors such as the programme organization, capacity, and resources. Additional competencies may be added as required.

Using the framework, the programme can create a self-assessment tool that individual professionals can use to assess their level of competence as well as an assessment tool that organizations can use to assess the competencies of the staff currently employed by the organization. On the basis of assessment of the competencies, the professionals may be categorized as competent, proficient, or expert. These levels are defined as follows:

#### ***Competent:***

- Has undergone basic training in health communication.
- Has trained in communication related to cervical screening.
- Is capable of routine and non-routine conversations with participants and their families.

#### ***Proficient:***

- Has all the competencies mentioned earlier.
- Is capable of complex conversations via intuition and analytical thinking.
- Assumes leadership roles.
- Has supervisory responsibilities.

#### ***Expert:***

- Has all the competencies mentioned earlier.
- Is capable of assessing the quality of communication and areas for improvement in the organization.
- Is capable of developing strategies and assigning leadership responsibilities to others.
- Is capable of supervising multiple tiers of staff.

The competency framework needs to be evaluated periodically to review the implementation and to reflect on lessons learned in the continuing practice of health communication in the context of cervical screening programmes. The framework may be adapted for use in communication with other stakeholders, such as policy-makers and members of the media.