

## LESSON INTRODUCTION

Welcome to Communicating with Patients and Caregivers, part of the Oncology Patient Navigator Training: The Fundamentals course. My name is Shonta Chambers, Principle Investigator for the SelfMade Health Network, and I will be your presenter for this lesson of the course.

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In this lesson, you will learn how to:

- Identify common barriers and solutions to effective communication
- Identify and use strategies to improve communication
- Describe tips to help patients improve communication
- Describe methods to enhance cross-cultural communication
- Identify and implement conflict resolution strategies
- Describe strategies for handling difficult conversations
- Define cultural competency
- Describe strategies to understand your own potential unconscious biases
- Describe strategies for dealing with your own biases
- Compare ways in which diverse individuals are similar to and different from you
- Identify and implement strategies for communicating with empathy
- Describe how personal, cultural, ethnic, and spiritual beliefs shape an individual's interpretation and experience of their disease and treatment
- Demonstrate sensitivity in one's approach to interacting with patients and others
- Describe and apply Culturally & Linguistically Appropriate Services (CLAS) standards

This lesson is divided into 5 videos, each focusing on essential themes to help you improve your communication skills. We will explore the foundations of effective communication, strategies for managing conflict and navigating difficult conversations, cultural competency and bias awareness, and techniques for delivering empathetic, culturally sensitive care. Additionally, we will cover key standards and guidelines for cross-cultural communication.

**ONCOLOGY PATIENT NAVIGATOR TRAINING: THE FUNDAMENTALS**

Communicating with Patients and Caregivers

Join me in the next video to get started.

## LESSON SECTION I

Before addressing someone's barriers, it is important to build trust and rapport. This relationship lays the foundation for effective navigation, allowing people with cancer and their caregivers to feel more comfortable seeking help. Navigators can build rapport in the first few minutes of the visit by making eye contact, introducing themselves, and allowing the patient to introduce themselves and their loved ones. Sitting down is an important step, sitting at eye level with the person you are helping conveys that they have full attention. In the first few minutes, learn something about this person's life like where they are from, what they do or their family life. Caregivers often need support, too, and both patients and caregivers may underestimate the resources available to them. Similarly, healthcare professionals may underestimate how difficult it can be for patients to ask for help. As a navigator, it is your role to create an environment where these challenges do not prevent people from receiving the assistance they need.

Clearly explaining your role as a patient navigator is an important first step. Patients and caregivers should fully understand what you can offer, which helps set expectations and establish clarity. This is also an opportunity to use an assessment tool to gather information on the patient's barriers to care and specific needs. How you present the assessment is important in encouraging patients to be open in their responses. Building rapport before diving into assessments can help someone be more comfortable and increase their willingness to share.

Start by connecting with the person you are helping on a relatable level, beyond their diagnosis. Small talk—such as learning about their family, hobbies, or daily life—can help put the patient at ease. Refrain from talking too much about yourself so that your interest remains on them. For example, you could ask, "What do I need to know about you as a person to provide you with the best care possible?" This question allows them

to feel seen as a whole person rather than simply someone who is in need of medical care.

Make sure that people see that you are genuinely interested in their well-being. Empathize with their experience so you can better anticipate their feelings and concerns. Some individuals may be private or pride themselves on being strong and independent, making it hard for them to open up. For some, this may be their first time needing financial or psychosocial help. Let them know that it is common to feel this way and normalize the experience. Initiating the conversation about their needs, rather than waiting for them to ask, can also relieve the burden of them having to ask for help. Remember, building rapport takes time, but it is a priority for gaining trust and ensuring patients feel they can rely on you. Show empathy through verbal and nonverbal cues, such as maintaining eye contact, sitting at the same level as the person, and using reflective listening techniques like summarizing their concerns. Statements like, "I can understand why you might feel this way," help people feel heard and respected.

By taking these steps to foster connection and empathy, you'll encourage patients and caregivers to openly share their concerns, making it easier to address their barriers to care effectively.

Now that we've covered the importance of building rapport, let's move on to effective communication strategies. Clear communication is essential for understanding your patients' needs and helping them overcome barriers to care.

Think of communication like a friendly game of catch: one person throws the ball gently enough for the other to catch it easily, and then the ball is thrown back. The aim is to keep the exchange going smoothly. In the same way, effective communication

means expressing your thoughts clearly while making sure the other person feels heard and understood.

This approach can help guide your conversations with patients and ensure you're working together to meet their needs.

Active and reflective listening is a skill that is important for effective communication.

Active listening includes: Making appropriate eye contact early in the interaction, adjusting as needed based on cultural practices; asking open-ended questions, which we will discuss further; attending to verbal and non-verbal cues; clarifying the information provided by the patient; and clarifying the patient's understanding of the information provided by the doctor. Reflective listening is active listening that includes listening carefully to the words that are spoken and to the emotions that may be behind those words. It includes making statements that capture and return to patients something about what they have just said and/or makes a guess about an unspoken meaning. It is useful for checking, rather than assuming, you know what the client means, and it is best to substitute different words rather than repeat back exactly what the client said. Reflective listening also helps to show that you understand what they have said.

As you practice active listening, remember to remain supportive and non-judgmental. Try to help people find their own solutions by letting them sift through their thoughts and feelings, which can help them set realistic goals and decide how to achieve them. And don't give advice or try to solve problems for them. Your role is to listen and help people be engaged in their care and in decision making.

Take a moment to view Etta-Cheri interaction with a new patient. Take note on how she uses active and reflective listening.

[VIDEO]

What strategies did you notice being used in the video? Some of Etta-Cheri's strategies include

- Making eye contact with the patient
- Making a guess about meaning – “That sounds stressful, being the sole provider”
- Asking an open ended question - “How do you take care of yourself?”

Her active listening skills not only communicate to the patient that she is interested in helping, but they also make sure she fully understands their needs.

Communication involves both verbal and non-verbal cues, including spoken and written words, body language, and active listening. It's not just about the words themselves but also the tone, pitch, and body language, which provide insight into the emotional context behind the words. For instance, the phrase “I feel fine” can convey very different emotions depending on whether it's said with a cheerful tone and smile, or a grumpy tone and frown.

Several factors influence communication, including the physical environment, the individuals involved, and their cultural and personal characteristics. Effective communication occurs when the message is shared in a way that is easily understood. It's important to check for understanding throughout your conversation to ensure you and the patient are aligned.

Additionally, recognize someone's ability to communicate may be influenced by their emotional state, which can affect how messages are expressed and received.

In a healthcare setting, effective communication serves many important purposes, such as:

- Building trust between the patient and the navigator
- Encouraging someone to share information that may important for their care
- Improving patient satisfaction
- Engaging someone more fully in health-related decision-making
- Supporting the patient in making better-informed health decisions
- Setting realistic expectations for the patient
- Enhancing the overall effectiveness of care, and
- Reducing the risk of errors and misunderstandings

These benefits reinforce positive communication, leading to better health outcomes.

Conversely, poor communication can have negative consequences, such as:

- Decreasing trust and confidence in medical care
- Discouraging someone from sharing important information
- Increasing a person's distress
- Deterring the patient from seeking further care
- Leading to misunderstandings and misinterpretation of medical advice
- Contributing to patient dissatisfaction and complaints

Ultimately, these challenges can result in poorer health outcomes.

Effective communication should always be patient-centered. The National Cancer Institute has outlined a framework for patient-centered communication in cancer care,



which includes six core functions. These functions interact and overlap to enhance communication, ultimately improving patient outcomes. The core functions are:

- Fostering healing relationships, including building trust and rapport with the person;
- Exchanging information about cancer and its treatment;
- Responding to emotions by recognizing someone's emotional state and asking appropriate questions to understand emotions;
- Managing uncertainty, which is particularly relevant for people who have cancer who often have comorbidities further complicating their illness; and
- Making decisions and enabling self-management, both of which we will discuss in the next section.

Effective communication can be challenging. Various barriers may make it difficult to connect with someone. The physical environment is one factor that can hinder understanding, so aim to hold conversations in quiet, private, and non-distracting locations where people can feel comfortable sharing their thoughts.

Another barrier might be that you are not fully listening to the person you are assisting. This could happen if you are distracted, making judgments, feeling overwhelmed with information, or focusing too much on your own agenda. To counter this, practice effective listening: stop what you're doing, make eye contact, and engage with that person by asking thoughtful questions. This shows you're invested in the conversation and helps you stay present. We'll explore active listening in more detail soon.

Misunderstanding the patient's true message can also create communication barriers. This might occur due to stereotyping, generalizing, or rushing through the meeting. Sometimes, you may focus on one particular detail—perhaps something negative—without seeing the bigger picture. This distorted focus can lead to confusion or

misinterpretation. To improve communication, examine your own perceptions and work to be more objective. Reflect on how you view that person and what they've shared, and think about how you can be more open-minded. Always strive to understand the person's thoughts and feelings, rather than focusing on your own assumptions or interpretations.

Patient navigators may also face challenges with verbal communication. Poorly conveyed messages can lead to confusion for the patient. If your communication is unclear, relies on stereotypes or assumptions, jumps to conclusions, or lacks confidence, it can negatively impact someone's understanding. Focus on clarity and empathy in your communication. Keep your attention on the issue rather than the person, and aim to be genuine, honest, and open, avoiding any attempt to control the patient.

Show empathy and avoid detachment—ask thoughtful questions or, if unsure, repeat back to that person what you've understood to allow them to clarify. Build a professional relationship that shows you care, while respecting boundaries. Be flexible to the needs of the patient and value your own experiences and expertise. Confidence in your abilities as a navigator helps the person feel they are working with a supportive team member rather than someone controlling their decisions.

Finally, use affirming responses. Even if you don't agree with their feelings, validate their emotions. This helps them feel heard and respected, fostering a stronger connection.

Motivational Interviewing (MI) is a counseling technique that encourages people to overcome hesitation and make positive behavioral changes. According to the American Academy of Family Physicians (AAFP), the goal of MI is to help people resolve

ambivalence, build momentum, and develop the belief that change is possible—rather than having the physician solve the problem for them.

The “OARS” acronym captures the four key elements of motivational interviewing:

1. Open-ended questions: Instead of asking “yes or no” questions, ask open-ended ones that encourage people to share their thoughts and feelings. This approach helps them take ownership of their behavior change.
2. Affirmations: Acknowledge and celebrate the patient’s successes while showing empathy for any setbacks. Offering positive affirmations keeps the person motivated and moving forward.
3. Reflective listening: Actively listen to what the person is saying, then reflect their thoughts back to them. Instead of providing direct advice, capture the essence of their concerns and help guide them toward their own solutions.
4. Summarize: At the end of the conversation, summarize the key points discussed. This helps reinforce important ideas and gives the person a chance to correct any misunderstandings.

Ambivalence refers to having mixed or uncertain feelings about something. Some patients may feel unsure about their illness and might not be certain about how much information they want or can process. The role of the navigator is to explore this ambivalence and help the patient address it before moving forward. Let’s take a moment to review this brief video to gain insight into what some patients might experience.

[VIDEO]

Try exploring the pros and cons of knowing versus not knowing to help the person clarify what they truly want to understand.

Acknowledge the challenge of the situation and recognize the person's uncertainty by naming the ambivalence. You might ask, 'It sounds like there are reasons why you want to know more, and reasons why you don't. Is that right?' From there, you can ask for more information, such as, 'Can you share the reasons you both want and don't want to know?' This helps someone reflect on their ambivalence.

Additionally, it can be helpful to identify the emotions someone feeling. By naming these emotions, you can assist them in processing their feelings and openly discussing what might be influencing their decision about wanting to know certain details about their condition.

#### [CHECKPOINT]

Earlier, we witnessed Etta-Cheri ask an open-ended question. Open questions can't be answered with "yes" or "no", so they allow for a fuller, richer discussion. These types of questions are non-judgmental. They let the patients think out loud and allow them to do most of the talking, using their own words. This lets them know the conversation is about them.

Here you see some open question starters. To avoid asking question after question in a row, you can add reflective statements and/or summaries. Answers to open questions often give a lot of information. For example, if you ask, "What do you think about your treatment options?" people might tell you about: Their motivations or barriers, Their health concerns, The influence of friends and family, or The impact of a pastor's

message. Answers like these help you understand the people you navigate so you can connect them with the most helpful resources.

Affirmations are statements or gestures that come in the form of compliments, appreciation or understanding that validate the patient's experiences, build rapport, reinforce exploration and build patient confidence. Affirmations recognize patient strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small. Here are some example affirmations:

- I appreciate that you are willing to meet with me today.
- Thank you for sharing that with me.
- I've enjoyed talking with you today.
- It can be hard to do something for yourself so I applaud you for taking time to do something that makes you feel good.
- You are clearly a very resourceful person to cope with such difficulties for so long.
- That's a good suggestion.
- You are such a great advocate for yourself.
- Thank you for trusting your team to help you through this journey.

Another effective communication strategy is summarizing. A summary captures the key points of what someone has shared and reflects it back to them. This may include their thoughts, concerns, plans, and any strong emotions or reactions. Summarizing can help someone recall important details from the conversation, spark new ideas, plan next steps, and build confidence in moving forward. It also serves to connect and reinforce the information discussed, offering a natural transition in the conversation. Most

importantly, summarizing demonstrates that you have been actively and carefully listening.

To encourage people to open up and engage in more meaningful conversations, follow this general approach. Start by asking open-ended questions that invite people to share their thoughts. Give them time to respond without interruption, and focus on actively listening to their answers. Reflect back what they have shared to show that you've understood, and allow them the opportunity to elaborate. If there's a lull in the conversation, gently prompt with more questions to keep it flowing. Finally, close the conversation by summarizing what that person has said, ensuring that both of you have a clear understanding of what's been discussed.

Effective communication between patients, their families, and the medical team is important. When patients and doctors communicate well, it enhances patient satisfaction, increases adherence to treatment, improves informed decision-making, and can even encourage participation in clinical trials. It also facilitates smoother transitions from active treatment to palliative care or hospice when needed.

Patient navigators play a key role in fostering open, honest, and meaningful interactions between patients and their healthcare team. Here's how they can support this:

- **Build trust:** Establish a strong partnership with people by demonstrating honesty, reliability, and empathy, encouraging them to openly express their concerns and needs.
- **Facilitate communication:** Share relevant information, preferences, and priorities for treatment and care with the healthcare team to promote productive discussions.

- Address concerns: Discuss the person's feelings and concerns regarding their care to help identify the best course of action, referring to clinical staff when necessary.
- Consider individual factors: Be mindful of factors such as age, race, ethnicity, socioeconomic status, language, culture, family dynamics, and the patient's stage of treatment, all of which can impact communication preferences and approaches.

As a patient navigator, an essential part of your role is supporting people in communicating effectively with their healthcare team and others. Encourage them to be assertive by showing that their voice matters, reminding them that there are no silly questions and that their concerns are valid. Help them use "I" statements like "I think" or "I feel" to clearly express their thoughts and emotions. Teach them the value of active listening, ensuring they confirm their understanding by asking for clarification when needed. Additionally, explain the importance of non-verbal communication, such as facial expressions, hand gestures, and posture, as it can often convey more than words and should align with their spoken messages. Lastly, encourage patients to openly share their feelings, such as fear or overwhelm, so their healthcare team can provide the necessary support.

## **LESSON SECTION II**

Everyone has to deal with conflict at one point or another. In this section of the lesson, we will discuss conflict resolution strategies. These tips can be applied to the navigator-patient interaction or the patient interaction with others, including their family or members of the healthcare team.

Let's go through each of these conflict resolution strategies.

First, make the effort to address the issue directly. While it can be uncomfortable to talk about conflict, avoiding it often leads to misunderstandings and escalates frustration. Avoidance doesn't resolve the conflict, so even if a break is needed, the parties involved should return to discuss the matter.

Next, recognize that conflict has value. It's a natural part of relationships and can lead to improved understanding and solutions. Conflict can help clarify expectations, strengthen connections, and identify problems that need addressing.

Understand that conflict is like a spiral—you can influence its direction. Conflict can escalate or deescalate depending on how it's handled. Matching someone's tone or body language can either fuel the conflict or help calm it. For example, lowering your voice can help bring down the emotional intensity of the situation.

Focus on common goals. Even when there are differences, shared goals often exist—like ensuring quality medical care. Highlighting these common objectives can shift the focus from conflict to collaboration. Use inclusive language, such as "How can we..." or "What can be done to..."

Check your perceptions. Ask yourself, what resources are available? Are there obstacles in the way? By asking questions and actively listening, as discussed earlier, you can clarify any misconceptions.



Be willing to agree to disagree. Not all conflicts can be fully resolved, and sometimes it's better to acknowledge differences rather than force a resolution.

Finally, focus on the problem, not the person. It's important to remember that the other person has their own perspective, hopes, and concerns. Treat them with respect, and work together to resolve the issue at hand without making it personal.

To resolve conflicts, it is important to recognize the primary strategies used to deal with conflict. There are three primary strategies that we use:

- Flight, or Avoiding conflict and hoping that it will go away
- Fight, or Using authority, rights or force to attempt to prevail over others or
- Unite, or Talking with other people to develop solutions that will satisfy mutual interests, some result that they all can "live with"

As a patient navigator, you will likely encounter difficult conversations with people. In healthcare, the phrase "difficult conversation" often refers to delivering news that treatment isn't working. While it is not your role to communicate that specific message, you may still face challenging discussions in situations such as:

- Working with people who are highly emotional
- Interacting with people who are challenging or demanding
- Navigating confrontations with family members
- Communicating disappointing news, such as a denial for financial assistance

In challenging conversations, it's important to recognize when a person is distraught or struggling emotionally. While showing empathy, maintaining a professional demeanor and distance is key. For instance, acknowledging emotions without becoming too emotionally involved helps the patient feel understood, while also keeping the

interaction professional. Empathy and active listening can calm someone and help guide them toward the appropriate professional, such as a social worker, who can better address deeper concerns or fears.

Here are a few strategies that can be effective during difficult conversations:

- Validating emotions: Acknowledge the patient's fears and concerns, which can help build trust.
- Encouraging communication with healthcare professionals: Empower the patient to address their concerns and questions directly with their doctor.
- Referring to the appropriate professional: When needed, connect the patient with other healthcare team members, such as a social worker, who can provide specialized support.

Additional strategies include:

- Balancing empathy with firmness when necessary: While a person's preferences are a priority, it's important to remain firm if the issue involves ethical concerns or is beyond your scope of practice. Avoid physical touch with a patient as that crosses the professional boundary.
- Using active and reflective listening: This helps ensure that the patient feels heard and understood.
- Remaining non-judgmental: Avoid offering personal judgments, which helps maintain a professional and supportive environment.

The SPIKES protocol is a useful guide for delivering difficult news. In this context, "bad news" refers to any information that a patient may find disappointing or hard to hear. To begin, set up the conversation by arranging for privacy and involving any significant others, if appropriate. Sit down with the person and make a connection through eye

contact. Next, understand the patient's perception—ask how they currently view the situation. This gives insight into where the patient stands mentally and emotionally. After that, invite them to share how they would prefer to receive the information. Then, deliver the knowledge or news. If necessary, offer a warning, such as, "This may be difficult to hear, but...". Use plain, non-technical language, and avoid being overly blunt. Recognize that some people may not easily absorb information when dealing with intense emotions, so it's often best to break the news into smaller pieces and check for understanding as you go. Ask for permission to continue as you move through the details.

Assess the person's emotional response and offer empathy. Observe their reactions and allow for moments of silence, giving them time to process the news. Use empathic statements like, "I know this isn't what you wanted to hear, and I wish I had better news."

Once the information has been shared, work together to develop a strategy and summarize the discussion. Confirm that the patient understands and create a plan for moving forward.

In some cases, you may also need to refer the person to another healthcare professional, such as a doctor, nurse, or social worker.

In this section, we explored strategies for resolving conflicts and handling difficult conversations. Next, we will dive into cultural competency, understanding personal and cultural barriers, and recognizing implicit biases.

## LESSON SECTION III

You will encounter patients from a wide range of cultural backgrounds, so it's important to be mindful of their unique perspectives and preferences. This cultural awareness not only supports quality care but also makes sure that patients receive care that aligns with their values and needs. This approach is often referred to as cultural competency. A culturally competent healthcare system recognizes and integrates the importance of culture, respects patient and family preferences, values, and traditions, and adapts services to meet the unique needs of diverse populations. It involves being aware of cultural dynamics, fostering cross-cultural communication, and continually expanding your understanding of different cultural backgrounds.

It's important to remember that cultural competency is not a fixed skill—it's a continuous process. It begins with cultural sensitivity and self-awareness of your own perceptions and biases, and it evolves through experience, active learning, and genuinely listening to your patients.

In addition to cultural competency, another important concept to understand is cultural humility. While cultural competence focuses on building knowledge and skills to work with patients from diverse backgrounds and lived experiences, cultural humility emphasizes a lifelong commitment to self-reflection, self-critique, and an openness to learn from others. It's about entering into relationships with patients with a genuine intention to honor their unique beliefs, values, and customs.

Rather than assuming that competence is a fixed goal we can achieve, cultural humility recognizes that every patient is an individual with their own story. This requires us to continually evaluate our own implicit biases and reflect on how they may shape our interactions with others. By fostering a patient-centered approach and addressing

power imbalances in healthcare, we ensure that care is truly tailored to the person in front of us—not just their cultural group.

Cultural humility asks us to remain curious, open, and respectful of each patient's background, while acknowledging that there is always more to learn. When combined with cultural competence, this approach—often referred to as “cultural competency”—helps us provide care that is not only informed but deeply respectful and sensitive to the unique needs of each individual.

Many factors, such as a person's personal, cultural, racial, ethnic, and spiritual beliefs significantly impact their life and their healthcare decisions. As a culturally sensitive navigator, you must acknowledge and respect these influences, using your understanding of a person's beliefs, attitudes, and behaviors to guide your interactions. However, this can be challenging. We often use our own cultural experiences as a reference point, assuming they represent the standard. It's important to recognize this and be aware of your own biases, especially when working with patients from diverse backgrounds.

Culture can influence how your patients interact with you in a variety of ways. For example:

- Health beliefs: Some cultures hold that discussing potential poor health outcomes might actually cause those outcomes to happen.
- Family customs: In certain cultures, family members are heavily involved in healthcare decision-making, which may differ from more individual-centered approaches.
- Healing customs: Traditional healers, herbal remedies, or non-Western medical practices might be preferred or used alongside conventional treatment.

- Religious beliefs: Faith or spiritual beliefs may shape a patient's healthcare-seeking behavior and influence their openness to certain treatments or lifestyle changes.
- Dietary customs: If disease-related dietary advice conflicts with a patient's traditional food or cooking practices, it may be difficult for them to follow.
- Interpersonal customs: Something as simple as eye contact or physical touch can vary across cultures, being expected in some and considered inappropriate in others.

It's also important to remember that culture is not limited to just religious, racial, or ethnic groups. Communities like the Deaf and LGBTQI+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, and others) have distinct cultural perspectives as well. Understanding these variations can help you provide better support to patients from various groups.

By being mindful of the diverse range of cultural influences, and continuously reflecting on your own biases, you can foster more respectful and effective communication with your patients.

Here are some more examples:

1. The race, ethnicity, and gender of the healthcare professional may be important in some cultures. For example, many cultures prefer to have a healthcare professional of the same gender.
2. In some patriarchal cultures, women need permission from their husbands before proceeding with treatment.
3. In some indigenous cultures, adult children make health-related decisions for elder parents.

4. Some groups, such as people who are younger people or older and those from certain cultures, may believe or fear that questioning authority is inappropriate.
5. Some individuals may seek guidance from a religious or spiritual advisor before starting treatment.
6. Some cultures have diverse belief systems related to health and healing, such as not believing in Western medicine, opposing surgery or placing foreign substances/objects into the body, believing they somehow caused the cancer or illness, accepting illness as a path, relying on nutrition and spiritual healing practices, or experiencing feelings of shame.
7. Some people may fear not being able to have children or get married, especially if they feel their illness will affect these life goals.
8. In certain cultures, touch and eye contact are considered inappropriate.
9. People who identify as LGBTQI+ may have feelings of mistrust toward the healthcare system and may not disclose their identity to healthcare professionals right away.
10. Some individuals may struggle with accepting that they have an illness.

Because culture and background are such strong influences, there are many other examples like these.

Healthcare professional–patient communication is closely tied to patient satisfaction, treatment adherence, and overall outcomes. Cultural and linguistic barriers can hinder effective communication and erode trust, which in turn can result in lower satisfaction, reduced adherence, and poorer health outcomes. Neglecting to consider social and cultural factors may lead to stereotyping, influencing healthcare professionals' behavior and decision-making, and potentially resulting in biased or discriminatory treatment.

Each person brings their own experiences and communication styles, making it important to reduce misperceptions, misinterpretations, and misjudgments. Patient navigators must be mindful of how they engage in interactions and work to minimize any biases. Bias refers to the evaluation of someone or something, which can be positive or negative. Implicit or unconscious bias occurs when a person is unaware of their evaluation, while explicit bias involves a conscious awareness of this evaluation. In healthcare, negative implicit bias is of particular concern as it can unintentionally affect decision-making, communication, and treatment outcomes.

Recognizing one's bias is important, as it influences interpersonal interactions. Just as people may have their own biases, healthcare professionals, including patient navigators, must be aware of their own. Navigators also have a responsibility to address and speak out when bias or inequity is observed.

Understanding someone's "worldview" helps healthcare professionals gain insight into how patients perceive their illness and the actions they may take as a result. There are several stages involved in developing cultural competence, which can guide this understanding.

1. Cultural Awareness – This is the first step, where individuals engage in self-examination of their own beliefs, values, prejudices, and communication patterns. It's about becoming aware of how their own cultural background may affect their interactions with other people.
2. Cultural Knowledge – In this stage, individuals expand their understanding and familiarity with the cultural characteristics of different groups. This involves learning about the traditions, values, and behaviors of various cultural minorities and communities.



3. Cultural Sensitivity – Here, healthcare professionals develop empathy and a deeper awareness of others' differences, fostering understanding and showing respect for diverse cultural perspectives.
4. Cultural Implementation – This final stage focuses on applying cultural knowledge in practice. It involves collecting relevant cultural data during the patient's history and performing examinations tailored to the patient's cultural context.

By progressing through these stages, healthcare professionals can develop the ability to provide culturally appropriate care, ensuring that they not only understand but also act upon the unique needs of people with different cultural backgrounds.

#### [CHECKPOINT]

Everyone has biases, and recognizing them is essential to minimizing their impact on patient care. Here are some strategies to help you identify and address your biases:

- Keep a journal: Reflect on your thoughts and feelings while working with patients. This can help you uncover any unconscious biases and patterns.
- Role-play with colleagues: Engage in role-playing difficult scenarios with other professionals to practice how you might handle situations where bias may arise.
- Review patient encounters: Record your interactions with patients, with permission, and review them to identify any areas where bias may have influenced your approach.
- Observe others: Watch how other professionals interact with patients, particularly those similar to the ones you find challenging, to gain new perspectives and insights.

Once you have identified your biases, here are some strategies to help you address them:

Stereotype replacement begins by recognizing when your response is based on a stereotype. Reflect on why this response occurred, then think about how to avoid it in the future. Consider what an unbiased response would look like. For example, if you realize you have a stereotype that people with obesity are lazy, start by acknowledging that stereotype, and then reflect on how it's unfair. Think about individuals with obesity you know who are hardworking and committed, and focus on those examples to challenge the stereotype.

Counter-stereotypic imaging involves visualizing detailed examples of individuals who contradict the stereotype. These can be well-known figures like successful professionals or celebrities, or regular people you know. By bringing these positive images to mind, you can challenge the validity of the stereotype when it arises. For example, if you have a bias that people with tattoos are unprofessional, think of a successful colleague or friend with tattoos to counter that belief.

Individuation encourages you to focus on the unique characteristics of an individual rather than making assumptions based on group stereotypes. By learning more about a person's personal attributes and story, you shift your focus away from generalized group-based features.

Perspective taking asks you to "walk in the other person's shoes." Try to imagine the world from their perspective, which helps create psychological closeness and a deeper understanding. This can reduce group-based evaluations and stereotypes. For instance, if someone's cultural beliefs differ from your own, consider what their healthcare experience might feel like from their perspective.

Increasing opportunities for contact involves engaging with people from different groups. The more you interact with diverse individuals, the more likely your

perceptions will change, allowing you to challenge biases and improve how you assess and care for people.

If you realize that bias is affecting your ability to provide patient care, consider discussing the situation with your supervisor. If appropriate, transferring the case to another navigator may be an option.

Finally, a key strategy for addressing bias is empathy. Most healthcare professionals are driven by a desire to help others. Refocusing on empathy and service can open your mind to learning about diverse perspectives and appreciating the unique experiences of each individual. Be curious and open to learning about people different from yourself. We'll discuss more about empathy in the next section.

## LESSON SECTION IV

Take a moment to review a video from the Cleveland Clinic on empathy in healthcare.

[VIDEO]

Empathy can be viewed as a professional interaction skill rather than solely an emotional experience or a personality trait. It involves a structured approach that encompasses understanding a person's situation, perspective, and feelings, along with their attached meanings. Empathy also involves communicating that understanding, checking for its accuracy, and acting on that understanding in a helpful way.

There are several strategies to enhance empathy in communication, especially when addressing sensitive topics like cancer diagnosis. Let's walk through these strategies:

1. **Agenda Setting:** Start by setting the agenda for the conversation. Greet a person appropriately, introduce yourself, and sit at eye level. Declare the purpose of the conversation and invite them to share any specific concerns. This helps normalize the dialogue and encourages the patient to express their needs.
2. **Questioning and History Taking:** Ask open-ended questions to understand a person's situation. Clarify their answers and restate important information to ensure that both of you are on the same page. Follow a list of questions that ensures you cover essential topics, but remain flexible to follow the patient's lead.
3. **Recognize a Patient's Empathic Opportunity:** Recognize when someone is expressing emotions or concerns, and respond by acknowledging those feelings. Encourage them to express themselves further. Noticing someone's non-verbal cues can help you pick up on their emotional state, even if they are not verbally expressing it.

4. **Work Toward a Shared Understanding:** Check the person's understanding of what you've discussed so far. Restate or clarify any points to ensure you are both aligned. Avoid leading questions or blaming statements, and refrain from offering premature reassurance that might minimize their concerns.
5. **Empathically Respond to the Patient's Emotions:** Validate the person's experience and struggles. Whether they are grappling with the emotional burden of their diagnosis or the complexities of treatment, acknowledge their efforts and emphasize their strengths. Provide encouragement and offer clear guidance on next steps.
6. **Facilitate Coping and Connect to Social Support:** Help the patient manage their emotions and connect them with relevant social support. Suggest available resources, including referrals to social workers, support groups, or community resources. This not only helps alleviate their distress but also empowers them to seek out additional support systems.
7. **Close the Conversation:** Conclude by reinforcing the patient's efforts and offering praise for their openness during the discussion. Encourage them to ask more questions, endorse the importance of communication, and review the next steps, ensuring the patient feels supported moving forward.

EMPATHY is an acronym to guide non-verbal communication that can be enhanced by culturally relevant frameworks, such as the Two-Eyed Seeing approach. This approach encourages seeing with one eye focused on Western methods and the other on Indigenous or minority perspectives, combining strengths from both to offer holistic care.

For example, while eye contact is valued in some cultures, others, such as Indigenous cultures, may place less emphasis on direct eye contact out of respect. The Two-Eyed

Seeing approach reminds us to be flexible in our interpretations and mindful of diverse ways of engaging with people.

- **Eye Contact:** Respect the cultural context of your patient's background. Meaningful eye contact may be important in some cultures, while in others it may be seen as disrespectful.
- **Muscle of Facial expressions:** Use your expressions to show concern and engagement, but remember that not all people will respond to the same cues in the same way. Two-Eyed Seeing helps you balance what your patient expects with how you express empathy.
- **Posture:** Sitting at eye level conveys interest and respect. This is true in many cultures, but it's important to stay aware of cultural expectations regarding status and hierarchy. Indigenous models like Talanoa emphasize the importance of equal footing in communication, which may mean sitting together in a more informal way.
- **Affect:** Moving from your mental state to that of your patient's means being open to understanding different emotional expressions across cultures.
- **Tone of voice:** Speak with concern, but avoid paternalistic tones. The Talanoa method emphasizes finding respectful and equitable ways to communicate, which means not talking at someone, but with them.
- **Hearing the whole person:** Take a holistic approach and consider the person's cultural background, life experiences, and the challenges they face. The Two-Eyed Seeing approach allows you to take in all perspectives at once and apply them to your care.
- **Your response:** Your response to people, especially in difficult encounters, is a clear indicator of how empathetic you are. Ensure that your responses are grounded in patience and care. Refrain from reacting with frustration, anger, or

detachment, as these can harm the trust you've built with the patient. Instead, focus on responding in a calm and supportive manner, even when situations are challenging.

In addition to showing empathy, there are various strategies to help you communicate effectively with people from diverse cultural backgrounds.

1. **Speak slowly and clearly:** Clear communication is key. Speaking slowly, but not patronizingly, ensures that your patient can follow along, especially if they are not fully fluent in the dominant language. Two-Eyed Seeing suggests that while clarity is essential, cultural considerations such as tone and volume should be tailored to what makes the patient feel respected and understood in their own cultural context.
2. **Give encouragement:** Building confidence is important, especially for patients who may feel insecure in a non-dominant language. A few words of encouragement, like recognizing their effort to communicate, can significantly bolster trust and reduce anxiety. From an Indigenous perspective, communication is also relational—build trust by showing that you see them as a whole person, not just a patient.
3. **Avoid slang, idioms, and sayings:** Cultural differences mean that many idiomatic expressions or slang may not make sense or could even be offensive. Be mindful that humor, particularly in serious contexts like cancer, might not be well-received or could cause confusion.
4. **Ask one question at a time:** Simplicity helps in communication. Avoid overwhelming patients by asking multiple questions at once, especially if language is a barrier. This allows space for patients to express themselves fully and for you to better understand them.

5. Avoid negative or leading questions: Questions that suggest blame or cause defensiveness can hinder open communication. For example, rather than asking, “What makes you think you are not at risk?” try reframing it in a neutral, open-ended way: “Can you share your thoughts about your health?” In line with the Two-Eyed Seeing approach, take care to frame questions in ways that respect the patient’s worldview and avoid judgment.
6. Consider writing things down: Sometimes, verbal communication alone may not be sufficient for understanding. Writing down key information allows the patient to process things at their own pace, respecting different learning styles and communication preferences. In some Indigenous and minority cultures, knowledge is passed down through written symbols or storytelling; allowing patients to read may align with how they best retain information.
7. Take turns speaking and listen actively: In many cultures, including Indigenous traditions, listening is a core value. Allow the conversation to be a balanced exchange, where you listen fully before responding. This shows respect for their voice and fosters a deeper connection.
8. Summarize and repeat: Summarizing what has been said ensures understanding. Also, asking the patient to repeat back key points not only checks their comprehension but can deepen the conversation. This aligns with Two-Eyed Seeing by ensuring that there is a shared understanding from both perspectives and avoids misinterpretation.
9. Be genuine and adapt to the patient’s style: Patients quickly sense when someone is being authentic. If your patient uses humor to cope, feel free to engage—just be sure to follow their lead. Keep your approach flexible, respectful, and responsive to their cues. Two-Eyed Seeing reminds us to honor



both sides: your role as a healthcare professional and the patient's way of navigating their cultural identity during their health journey.

The RESPECT Model is an effective way to enhance cross-cultural communication, especially when integrating the Two-Eyed Seeing approach. This approach balances Western methodologies with Indigenous or ethnic perspectives, helping to improve interactions with patients from diverse backgrounds.

The R stands for Rapport:

Build a connection by acknowledging both Western practices and Indigenous or ethnic perspectives.

Ask questions to understand the patient's worldview, allowing space for them to share their beliefs and experiences.

Make a conscious effort to suspend judgment, knowing that your cultural norms may differ from the patient's.

Be aware of when you are making assumptions, and stop to reevaluate your perspective. Recognize cultural and personal strengths that the patient brings to the encounter.

The first E stands for Empathy:

Show empathy by recognizing that asking for help may be challenging, especially when cultural norms may discourage it.

Ask thoughtful questions to understand the patient's behaviors and illness within the context of their culture.

Acknowledge and legitimize the patient's feelings, understanding that their emotional needs may be influenced by cultural or spiritual beliefs.

Use Two-Eyed Seeing to balance empathy with a culturally aware approach, ensuring both Western and Indigenous frameworks are considered.

The S stands for Support:

Offer support in ways that are meaningful to the patient's cultural background. This might include connecting them with spiritual advisors, faith healers, or community resources important to their culture.

Respect the patient's wishes regarding family and caregiver's involvement, and encourage outside participation if desired.

Reassure the patient that your role is to provide assistance in a culturally sensitive and supportive manner, drawing from both Western and Indigenous approaches to care.

The P stands for Partnership:

Be flexible when navigating control dynamics, understanding that different cultures have different views on authority and autonomy.

Work collaboratively with the patient to negotiate roles and responsibilities in their care.

The Two-Eyed Seeing approach encourages partnership by valuing the patient's perspective as equally important as the healthcare professional's.

Frame care as a collaborative process, where both the patient's cultural context and medical knowledge work hand in hand to address their medical concerns.

The second E stands for Explanation:

When explaining medical information, be mindful of how it may be interpreted through the patient's cultural lens.

Adapt your explanations to align with the patient's beliefs, and explore alternative ways to communicate medical information effectively.

Communication preferences encompass not only linguistic aspects but also various other elements, such as in-person or remote interpreters, direct vs. indirect communication, or visual aids

The C stands for Cultural Competence:

Acknowledge any biases you may have and take proactive steps to educate yourself about the patient's cultural background.

Approaching each patient as a unique individual with their own strengths, values, and experiences

Practicing self-reflection to recognize your own limitations in understanding another's culture, while fostering an openness to learning from your patients

Engaging in an ongoing process of self-evaluation and critique, as cultural humility emphasizes that competence is not a fixed skill but a continuous learning journey

The T stands for Trust:

Trust is a fundamental aspect of the healthcare relationship, especially when working with patients from different cultural backgrounds.

Build trust by showing respect for the patient's cultural and personal needs, acknowledging that these may differ from Western medical practices.

Two-Eyed Seeing emphasizes that trust is cultivated through balance and mutual understanding, where both the healthcare professional and the patient's perspectives are valued.

Case Study: Applying the RESPECT Model with Cultural Humility

Let's apply the RESPECT Model to a case study, integrating the principles of cultural humility. Consider Agnes, a 71-year-old African American woman living below the federal poverty level. Agnes's doctor has informed her that she is a good candidate for a clinical trial. However, when she meets with you, she expresses concern that she may be mistreated during the study, despite the doctor's reassurance. Agnes feels that the doctor might be trying to "experiment" on her and says she won't be used as a "guinea pig." How can you best assist her?

While you may understand that the purpose of clinical trials is to investigate potential drugs and treatments, Agnes's concerns are shaped by her cultural background and personal experiences. Your goal is not to convince Agnes to participate in the clinical trial but to provide her with all the necessary information so she can make an informed decision. Utilizing both the RESPECT model and cultural humility, you would:

**Rapport** – Begin by asking open-ended, neutral questions to explore Agnes's views on clinical trials. Acknowledge her perspective without judgment and try to learn more about her life experiences that may have shaped her concerns. Demonstrating genuine curiosity shows cultural humility and can help build trust.

**Empathy** – Listen carefully to Agnes's reasons for her concerns. Empathize with her feelings of fear and vulnerability, acknowledging that her reservations are valid. Show that you understand how historical events, such as medical mistreatment of African Americans, might inform her apprehensions.

**Support** – Reassure Agnes that your role is to support her, not to pressure her. Offer to involve trusted family members or community leaders in the conversation if she wishes. By recognizing the cultural importance of family and communal support, you show that her decisions will be respected, whatever they may be.

**Partnership** – Emphasize that you are working together as partners. Convey that your priority is her well-being, and any decisions made will be with her full involvement and

consent. Explain that your goal is to help her access the care she deserves, no matter the treatment path she chooses.

Explanations – Gently assess Agnes’s comprehension of the information the doctor provided about clinical trials. Use plain, clear language, and check for understanding. Ensure you also take into account cultural and linguistic preferences—for instance, whether Agnes would feel more comfortable having a family member or another healthcare professional explain the information further.

Cultural Competence and Humility – Acknowledge how Agnes’s cultural background may influence her views of healthcare professionals. Cultural humility means recognizing your own potential biases and addressing the power dynamics between you as a healthcare professional and Agnes as the patient. If appropriate, seek help from another team member who might have more cultural insight or share similar experiences with Agnes, enhancing the quality of information and understanding she receives.

Trust – Focus on building a relationship of trust over time. Even if Agnes chooses not to participate in the clinical trial, your role is to support her in making informed decisions, maintaining her autonomy, and ensuring she feels respected and understood. Trust doesn’t happen immediately; through continuous empathy and support, you can help Agnes feel empowered in her decision-making process.

The LEARN Model is a valuable framework for ensuring effective communication in cross-cultural encounters, which is important for delivering high-quality, patient-centered care. Using the LEARN model, healthcare professionals can navigate cultural differences with greater sensitivity and understanding. Let’s take a look at how to apply this model in practice:

L – Listen: Carefully assess the patient’s understanding of their health condition, its causes, and potential treatments. Encourage them to share their expectations for the encounter. Listen with openness, curiosity, and cultural humility. Listening fully to their cultural and personal views will help foster trust and build rapport.

E – Explain: Instead of solely explaining your own perceptions, focus on engaging the patient in a conversation about both of your perspectives. Be mindful that patients’ understanding of health, illness, and healing can vary greatly based on cultural or ethnic backgrounds. For example, through the Two-Eyed Seeing approach, explain how both Western medicine and cultural or traditional healing practices could complement each other, acknowledging that both viewpoints hold value in the patient’s care. By fostering a collaborative, respectful dialogue, you can work together to develop a shared understanding of the patient's health condition and potential treatments. This approach promotes cultural safety, reduces power imbalances, and builds a more trustworthy and equitable relationship.

A – Acknowledge: Respectfully acknowledge the similarities and differences between your views and those of the patient. Highlight areas of agreement and be prepared to address where perspectives diverge, particularly if there are potential cultural barriers to care. This is where cultural humility becomes essential, as you honor the patient’s worldview and integrate the strengths of both perspectives.

R – Recommend: Based on your understanding, propose a treatment plan that includes both medical and culturally relevant components, and make sure that the patient feels their cultural values are considered alongside clinical care.

N – Negotiate: Work with the patient and their family to reach a mutually agreeable treatment plan. Create a strategy that meets both medical and cultural needs, ensuring that the patient feels respected and empowered. This approach builds trust and encourages the patient’s participation in their care plan.

### Case Study: Applying the LEARN Model

Imagine you are working with a patient who has been diagnosed with a serious condition and needs to begin treatment. The patient, however, expresses that before starting treatment, she must return home for a spiritual cleansing and prayer ritual. She is unsure how long this process will take, possibly several weeks. Meanwhile, you have already coordinated tests and treatment plans, and the healthcare team is urging that treatment begins immediately. What would you do?

The LEARN model can help guide this interaction. It is important to move away from the idea that the “Western medical way” is the only approach and instead focus on negotiating a balance between medical treatment and the patient’s cultural or spiritual health beliefs. Your goal is not to persuade the patient to follow only medical advice but to create a respectful dialogue that considers both perspectives. Often, the healthcare team may want to ensure that herbs or other treatments associated with spiritual rituals are not contraindicated. If they are not, it’s possible for the patient to pursue both spiritual healing and medical treatment.

Let’s use the LEARN model to approach this case:

**L – Listen:** First, listen carefully and empathetically to the patient’s concerns. Use active listening skills to fully understand why the spiritual cleansing is so important to her. Acknowledge her emotional and spiritual needs without interrupting or jumping to conclusions. Through Two-Eyed Seeing, recognize the value of both her cultural health belief system and Western medicine, respecting that both are important in her healing journey.

**E – Explain:** Next, explain your understanding of her situation. You might say, “It sounds like this cleansing ritual is deeply important to you, and you’re worried about beginning treatment without first completing it.” Be sure to explain the medical

professional's perspective as well, such as why they recommend starting treatment right away. Using Two-Eyed Seeing, you can explain how the spiritual and medical approaches might work together, offering her a holistic view of care.

**A – Acknowledge:** Respectfully acknowledge the differences and similarities between her spiritual beliefs and the medical perspective. For example, you could say, "I understand that both the cleansing ritual and starting treatment are important for your well-being. The healthcare team wants to make sure you get the best possible care as soon as possible, and we also want to respect your spiritual needs." This step helps create mutual understanding and demonstrates cultural humility.

**R – Recommend:** Recommend possible solutions that honor both perspectives. Instead of presenting only the medical solution, engage her in a conversation about how the ritual and treatment might coexist. You might say, "Perhaps we can discuss with your healthcare team how to incorporate the cleansing ritual in a way that doesn't delay your medical treatment too much. What are some ways you think we can make this work?" In this step, you allow the patient to feel empowered in the decision-making process, which is key to patient-centered care.

**N – Negotiate:** Work with the patient to negotiate a plan that is respectful of her beliefs. For example, you both might agree that she will consult her spiritual adviser for guidance while you communicate with her medical team to ensure there are no contraindications with the ritual. You can also agree to check in after two days to reassess how to proceed with both the ritual and treatment. This approach supports the patient's autonomy and acknowledges that healing can take place in multiple ways.

This concludes the Communicating with Patients and Caregivers lesson, part of the Oncology Patient Navigation Training: The Fundamentals course. In this lesson, we covered how to:



## ONCOLOGY PATIENT NAVIGATOR TRAINING: THE FUNDAMENTALS

### Communicating with Patients and Caregivers

- Identify common barriers and solutions to effective communication
- Identify and use strategies to improve communication
- Describe tips to help patients improve communication
- Describe methods to enhance cross-cultural communication
- Identify and implement conflict resolution strategies
- Describe strategies for handling difficult conversations
- Define cultural competency
- Understand your own potential unconscious biases
- Describe strategies for dealing with your own biases
- Compare ways in which diverse affected/interested individuals/parties are similar to and different from you
- Identify and implement strategies for communicating with empathy
- Describe how personal, cultural, ethnic, and spiritual beliefs shape an individual's interpretation and experience of their disease and treatment
- Demonstrate sensitivity in one's approach to interacting with patients and others
- Describe and apply Culturally & Linguistically Appropriate Services (CLAS) standards

This lesson was developed to help you feel more prepared to foster meaningful, respectful, and effective communication with your patients and their caregivers, helping them to navigate their health care journeys with greater confidence and understanding. We encourage you to refer to the resource section under this video to review the resources mentioned in this lesson. Thank you for your participation.