

I. Introduction

This instructional guide accompanies the curriculum for medical, nurse practitioner, and physician assistant students, *Clinical Communication for Male Cancer Screening: How to talk to patients about screening for testicular, prostate, and colorectal cancers*. The curriculum package represents the work of faculty members and professional staff at Brown Medical School in collaboration with faculty and staff at Dartmouth Medical School. Funded by the National Cancer Institute for a five-year period, curriculum materials were developed after extensive formative research featuring community-based focus groups of men, focus groups of students, and expert performer clinical exercises. Individual teaching modules have been pilot tested within several courses and clinical clerkships at Brown and Dartmouth medical schools. At progressive stages in the development process, curricular components were presented at national and international conferences including the American Academy of Physicians and Patients (AAPP), the American Teachers of Preventive Medicine (ATPM), the Oxford Seminar on Shared Decision Making, Society for Teachers of Family Medicine Predoctoral Education Conference, and the Physician Assistants' National Education Council. The curriculum will continue to be pilot tested at newly recruited medical schools through 2003. The input of collaborating faculty and colleagues, along with the medical school students who have participated in the pilot testing, continues to provide invaluable feedback to the authors in our effort to create teaching materials that are readily adaptable to a variety of teaching environments.

II. Curriculum goals

Teaching students in the health care professions the communication skills necessary to effectively incorporate cancer prevention and early detection of testicular, prostate, and colorectal cancers into their care of male patients in the clinical setting is the primary goal of this integrated curriculum. A secondary goal involves presentation of related physical examination procedures through video cases, didactic teaching, and practice on appropriate male anatomical models. Individual modules, although focusing on specific examinations or communications issues relevant to the care of young and old male patients, share the following learning goals:

- Understand the causes of student's anxieties about performing testicular, genital and rectal examinations and discussing sensitive or sexual issues with patients, and how these feelings are best managed professionally and personally;
- Present the current scientific evidence on the epidemiology, risk factors, and screening guidelines for testicular, prostate, and colorectal cancers and how to convey these essential topics to patients;
- Acknowledge the uncertainty inherent in cancer screening tests and describe how shared decision making serves the best interests of clinicians and patients when determining an individual's screening plan;
- Identify sources of patient discomfort and anxiety during male cancer screening procedures and counseling and learn methods to address those potential communication and screening barriers;
- Appreciate the importance of open and empathic communication during medical encounters in facilitating the patient's voluntary adherence to a clinician's cancer screening recommendations;

- Recognize how culture and gender influence the clinician-patient relationship, a patient’s receptivity to screening recommendations and access to cancer screening procedures.

III. Summary of topics and materials

Topic	Contents	Ancillary Materials
Introduction to Men’s Health	<ul style="list-style-type: none"> • PowerPoint (PPT) presentation 	<ul style="list-style-type: none"> • Readings and references • Handouts
Shared Decision Making	<ul style="list-style-type: none"> • PPT presentation • Video case (2 min) 	<ul style="list-style-type: none"> • SDM skills checklist • Video discussion questions • Readings and references • Handouts
Principles of Cancer Screening	<ul style="list-style-type: none"> • PPT presentation 	<ul style="list-style-type: none"> • Readings and references • Handouts
Testicular Cancer: Screening and Recommendations	<ul style="list-style-type: none"> • PPT presentation • Video case (5-7 min) 	<ul style="list-style-type: none"> • Teaching exercise with anatomic model • TE skills checklist • Video discussion questions • Handouts • Readings and references
Male Genitourinary Exam	<ul style="list-style-type: none"> • PPT presentation • Video case (5-7 min) 	<ul style="list-style-type: none"> • Teaching exercise with anatomic model • Readings and references • Standardized patient training guide and GU exam skills checklist • Handouts • Video discussion questions
Colorectal Cancer Screening	<ul style="list-style-type: none"> • 3 PPT presentations 1. Background and screening guidelines 2. Communication issues: Adherence 3. Digital Rectal Exam • Video case (5 min) 	<ul style="list-style-type: none"> • Readings and references • Video discussion questions • Patient education materials • Communication skills checklist • Problem-based learning case for students • Handouts
Prostate Cancer Screening	<ul style="list-style-type: none"> • 2 PPT presentations 1. Background and screening guidelines 2. Shared decision making and screening with PSA test • Video case (5 min) 	<ul style="list-style-type: none"> • Student exercises for small groups • Communication skills checklist • Handouts • Video discussion questions

		<ul style="list-style-type: none">• Readings and references
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IV. Curriculum organization

Clinical Communication for Male Cancer Screening consists of a compact disc (CD), containing ten teaching modules with supporting documentation and supplementary materials, and a 25-minute videotape. The videotape is comprised of five discussion cases that expand and illustrate concepts and principles presented in the teaching modules. Each of the modules focuses on different aspects of communication that affect the interpersonal and therapeutic dimensions of medical encounters that contribute to a man's decision to undergo cancer screening on a regular basis.

Compact Disc (CD)

The compact disc contains **10 folders** corresponding to the curriculum modules that are described below. The folder for each module includes the elements described below.

1. PowerPoint® slide presentation folder

Within this folder is the complete Microsoft PowerPoint® slide presentation. Each presentation has an extensive “Notes” section that provides background information to augment faculty teaching. Ideally, the modules should be taught in a small-group, workshop format, which allows ample time for didactic teaching, learner-centered exercises, and the use of discussion videos, supplementary handouts or other teaching resources. If necessary, information may also be taught in a large-group setting, using the videotape and teaching outlines as the basis for lecture presentations. Whatever the teaching setting, each module has been designed to include all elements needed to plan and implement a teaching session. Faculty should become familiar with the content in advance, feeling free to adapt the material to a particular teaching opportunity or course

2. Teaching materials folder

Many types of teaching materials are provided as Microsoft Word (Office XP® version) documents and as PDF files to allow faculty facilitators to use the modules in several different settings. The teaching materials folder may contain some or all of the following:

- Recommended readings
- Communication skills teaching checklists
- Handouts
- Teaching exercises for small groups
- References.

Readings are listed as required (i.e., essential to the students' understanding of the topic) or suggested (i.e., supplementary). Required readings should be assigned prior to the teaching session. Faculty members are encouraged to review the recommended materials before teaching the module and to obtain the publisher's permission regarding duplication if necessary. The number of recommended reading items for each module was kept to a minimum. The reference list contained within the teaching materials folder may serve as a source for additional readings.

3. Video case discussion questions folder

This folder contains discussion questions for a facilitated student discussion of each clinical case. Transcripts of case discussions are also provided.

Videotape

The videotape contains five vignettes on communication issues and/or clinical procedures that are essential to the care of male patients. Video cases are not meant to provide a “gold standard” or one correct way to perform particular skills. Instead, they are meant to provide students and faculty facilitators with a demonstration of how clinicians incorporate interpersonal communication techniques into their clinical interaction with male patients and to stimulate student discussion of those techniques. Summaries of each video case discussion are as follows.

1. *Brief Shared Decision Making:* An older male patient and clinician discuss whether the patient should receive a flu shot. Elements of shared decision making include:
 - Articulating a partnership statement
 - Responding to the patient’s preferred role in decision making
 - Explaining options and checking for misunderstanding
 - Making a recommendation
 - Eliciting patient response
 - Providing a plan for action.
2. *Shared Decision Making and PSA Testing:* An African-American male in his 40s decides that he needs to ask a physician about PSA testing. Elements of the PSA discussion include:
 - Evaluating patient’s knowledge and attitudes about prostate cancer
 - Assessing patient’s risk for prostate cancer
 - Providing appropriate information on benefits and risks of PSA testing
 - Making a recommendation
 - Eliciting patient’s values and preferences about prostate cancer screening
 - Negotiating a screening plan
 - Making plans for follow up.
3. *Communication During the Male Genitourinary Examination:* A male in his early 50s comes in for a routine health maintenance visit. This clinical interaction focuses on the GU exam, so it is understood that the clinician has already taken a complete medical and sexual history as the scene begins. This discussion case starts as the medical interview is concluding, with the clinician mentioning that cancer screening with the rectal exam is a routine part of the physical exam. Communication principles include:
 - Using relationship-building skills
 - Addressing communication needs of the male patient
 - Using techniques to address patient comfort
 - Displaying competence in exam maneuvers
 - Talking the patient through the exam
 - Educating the patient on self-care health behaviors.
4. *Colorectal Cancer Screening:* A clinician takes the opportunity during a health maintenance visit to discuss colorectal cancer (CRC) screening with a male patient. Elements of the screening discussion include:

- Gauging the patient's receptivity to health-related information and cancer screening
- Assessing the patient's risk for colorectal cancer
- Explaining screening guidelines and providing a personal recommendation
- Describing screening procedures in detail
- Identifying barriers and facilitators to screening
- Summarizing the screening plan and making plans for follow up.

5. *Testicular Examination and Teaching Testicular Self-Exam:* During a physical examination of a 21-year-old male, the clinician provides education on testicular cancer, personal anatomy, and appropriate healthy behaviors. The patient is given the opportunity to practice the testicular self-examination with the clinician, who gives advice on incorporating this behavior into the patient's routine self-care. Teaching principles include:

- Using relationship-building skills to ease patient discomfort/embarrassment
- Addressing communication needs of the young adult male
- Displaying competence in examination maneuvers
- Using techniques to address patient comfort
- Educating the patient on risk and self-care regarding testicular cancer
- Providing information on appropriate health behaviors.

V. Description of modules with teaching activities

Note: Teaching activities for the clinical examinations describe the use of a male anatomical model (such as Zack™ Multipurpose Male Care Simulator from Health EdCo, Inc.) in student practice sessions. Students who have participated in the initial teaching sessions of modules on Male Genitourinary Examination and Testicular Cancer & TSE have given positive feedback on the use of the teaching model.

Module 1: Topics in Men's Health

The goal of this module is to provide an overview of men's health issues that is based on current published research and on this project's initial qualitative research findings. Emphasis is on gender-based health attitudes, access to the health care system, use of preventive services, and cultural conditioning. A secondary goal is to provide a brief overview of the elements of this curriculum relating to prostate, colorectal, and testicular cancers.

Learning objectives

- Name and describe three health problems specific to men.
- Discuss myths and realities about men's health.
- List the gender-based differences that affect doctor-patient communication.
- Identify the particular health needs of special populations such as gay men, African-Americans, the elderly and adolescent males.

Teaching activities

- Show a video case to illustrate one of more of the issues concerning men's health.

- Use the PPT presentation as one element in a session focused on men's health. Students should discuss issues related to access to health care, social/cultural conditioning, and neglected subgroups within the male population.
- Discuss the qualitative research summaries, "*Findings from men's focus groups*," as they correlate to common myths and perceptions about men's health.
- Assemble males from representative demographic groups to present their perspectives on men's health issues with time for student questions and feedback.

Module 2: Shared Decision Making

The goal of this module is to introduce the skills and concepts that define shared decision making (SDM) and to explore their use in clinical practice.

Learning objectives

- Define shared decision making.
- Describe the role of the therapeutic alliance in shared decision making.
- Construct an effective partnership statement.
- Describe various roles the patient may elect to take in the decision making process.
- Name the items in the minimum and complete skill sets for shared decision making.

Teaching activities

- Use the PPT presentation to introduce key concepts related to shared decision making.
- Show Brief shared decision making video case and use enclosed discussion questions for group discussion on topics.
- Use role play or small group discussion format to allow students to practice SDM techniques and to use the SDM skills checklist for self-evaluation.

Module 3: Principles of Cancer Screening

The goal of this module is to introduce those concepts relating to cancer screening that the medical student needs to know in order to critically review the scientific literature, to evaluate various screening recommendations, and to incorporate evidence of screening effectiveness into counseling for individual patients.

Learning objectives

- Define the purpose of screening tests and list criteria for their use in populations.
- Define terms used to evaluate screening test effectiveness.
- Identify and define the types of bias characteristic of cancer screening studies.
- Describe how the principles of evidence-based medicine apply to counseling individuals on cancer screening tests.

Teaching activities

- Use PPT presentation to introduce key concepts of cancer screening.
- Have students work out examples of sensitivity/specificity/predictive values in small group exercises.

- Use one of the web-based calculators for Bayes' Theorem [See <http://www.intmed.mcw.edu/clincalc/bayes.html>] to illustrate the clinical application of screening test effectiveness measures with a case from the literature. (For example, use the article on FOBT by Mandel J, Bond J, Church T, et al. Reducing mortality from colorectal cancer by screening for fecal occult blood. *NEJM* 1993;328:1365-71.)
- Use faculty experts to lead a class discussion on the politics of screening issues, including the legal ramifications (to screen or not to screen).

Module 4: Testicular Cancer: Screening and Recommendations

The goal of this module is to familiarize students with the procedures necessary for a GU exam on young males and to introduce communication concepts related to patient education and preventive health behaviors.

Learning objectives

- Describe the epidemiology of testicular cancer and the role of testicular exam in screening and early detection.
- Acquire skills necessary for performing the male genitourinary exam.
- Learn to teach patients testicular self-exam techniques during a GU exam.
- Practice communication skills necessary for age-appropriate patient education.

Teaching activities

- Show the PPT presentation for an overview of the testicular cancer and the procedures related to male GU exam.
- Show the accompanying video discussion case and use the enclosed questions for group discussion.
- Use the anatomic model ("Zack") to allow students to practice the steps of the testicular self exam. This is an appropriate activity to either replace a standardized patient (SP) exercise or as a warm-up session before a SP or OSCE exercise.
- With a selection of patient education materials, small groups of students can discuss the optimal techniques for teaching the testicular self-exam to adolescent and young adult males, with particular attention to language choice.

Module 5: Male Genitourinary Exam: Communication During the Clinical Encounter

The goal of this module is to familiarize students with both the procedural and communication aspects of the male genitourinary exam that are relevant to clinician and patient comfort and to introduce patient education techniques and topics necessary for addressing the health needs of older male patients.

Learning objectives

- Describe the communication and informational needs of the male patient based on the qualitative and quantitative sources presented.
- Acquire and practice skills for confidence and competence in the GU exam technique.
- List the communication skills relevant to patient comfort with the GU exam.

- Name and describe topics relevant to health education of male patients, including cancer screening methods, safe sexual practices and other health behaviors.

Teaching activities

- Use the PPT presentation for an overview of exam skills and communication issues before students perform the exam on real patients.
- Show the accompanying video case on the GU exam and have students discuss the enclosed questions.
- Practice the elements of the DRE and prostate exam on the anatomic model “Zack.” The students can discuss their findings as well as difficulties with the exam techniques.
- Students can discuss the qualitative research findings that accompany the curriculum, or a panel of older males can lead a forum on the unique aspects of male health (or illness) in the community.
- Students should discuss patient education techniques and materials that describe the GU exam to their male patients, and identify the best methods for incorporating diagrams, brochures, or other written materials into the interaction.

Module 6: Colorectal Cancer Screening

The goal of this module is to provide an overview of the natural history and epidemiology of colorectal cancer, the types of screening tests available, and the screening recommendations of various professional or governmental groups.

Learning objectives

- Describe epidemiology and clinical characteristics of colorectal cancer.
- Name those characteristics of colorectal cancer that make it appropriate for population-based screening programs.
- Identify types of CRC screening tests and their relative strengths and limitations.
- List and explain the differences in CRC screening guidelines among varying governmental and professional groups.

Teaching activities

- Use the PPT presentation as the introduction to the session.
- Have students in small groups examine a typical fecal occult blood test that patients receive and to each draw up an appropriate list of patient instructions for correct use and return to the laboratory.
- Show the accompanying video case and have students discuss the enclosed questions.
- Small groups can examine a variety of patient education materials and analyze them for appropriateness of language, level of detail and overall appeal. Do these materials encourage or discourage patient participation in screening?
- Students in small groups may work through the accompanying problem-based learning case on colorectal cancer screening. A list of objectives for the case include identifying age-appropriate health maintenance tasks, the possible clinical presentations of CRC and anemia, and explaining population-based screening to individual patients.

Module 7: Issues in Colorectal Cancer Screening

The goal of this module is to describe national rates of participation for CRC screening, to explore the reasons for low adherence to screening recommendation, and to present a communication strategy for clinicians that want to encourage colorectal cancer screening adherence in individual patients.

Learning objectives

- Describe national trends in CRC screening and the sources of this information
- Identify the issues related to adherence with either the fecal occult blood test (FOBT) or the sigmoid exam
- Define the physician's role in promoting adherence with screening recommendations
- Name the communication skills necessary for promoting patient adherence with CRC screening recommendations

Teaching activities

- Use PPT presentation (to stand-alone or as follow up to module 6) to discuss adherence as a behavior. What factors encourage adherence? How can clinicians adjust to individual patients' attitudes to adherence without becoming judgmental?
- Show the video case and discuss the communication style of the physician as it either encouraged or discouraged adherence. What could have been said or done differently? Do you think this patient will be adherent to the agreed-upon screening plan?
- Students in small groups can examine patient education materials for the endoscopic procedures and analyze them for language use and level of detail. Are there gender-based differences in the language and if not, should there be? What about cultural influences on screening adherence?

Module 8: Digital Rectal Examination

The goal of this module is to provide an overview of the uses of the digital rectal exam for cancer screening, to describe the correct procedure, and to explore communication issues and skills that affect clinician and patient comfort and satisfaction with the procedure

Learning objectives

- Identify the interpersonal skills for maintaining patient comfort during the exam
- Develop and practice a communication style that informs patients on both procedure and exam results
- Learn and practice the techniques used in a clinically competent rectal examination
- Describe the relevance of the exam to both prostate and colorectal cancer screening

Teaching activities

- Although the DRE is part of the GU exam module, it also exists as a stand-alone teaching module that can be used to focus on this aspect of the physical examination. Students should be aware of the qualitative research findings from this project and others: this is the exam that most men remember, mythologize and discuss.

- Students should practice the DRE on the anatomic model, with attention to saying the words along with performing the steps of the procedure. Students can critique each other, or faculty can observe and suggest alternative methods based on clinical experience.

Module 9: Prostate Cancer Screening and Recommendations

The goal of this module is to provide background on the incidence, prevalence and risk for prostate cancer (CaP), and to review current early detection techniques and screening recommendations from medical and other professional groups.

Learning objectives

- Explain the rationale for prostate cancer screening.
- Identify risk factors for prostate cancer.
- Describe the strengths and limitations of DRE and PSA for early detection.
- List the risks and benefits of screening with PSA including likely treatment outcomes.
- Explain differences in screening guidelines among professional medical groups and other public organizations.
- Identify costs related to a community-based prostate cancer screening program.

Teaching activities

- Use the PPT presentation as an overview for the teaching session.
- Show the accompanying video case and use the enclosed questions for discussion. Student discussion should include the following aspects: what did the clinician say that worked well (or not)? Did the clinician present a convincing case for screening? Was the level of information appropriate for the patient?
- Small group exercises on sensitivity/specificity and predictive values for the PSA can assist the students in their evaluation of population-based screening for prostate cancer. Discussion of results in large group can lead to explanation of the differing recommendations for screening.
- The operational characteristics of the DRE as a screening test for prostate cancer can be assessed with a practice session on the different prostates that accompany the anatomic model “Zack.” Issues of reliability and validity should be addressed among students as they compare their own findings.

Module 10: Communication Skills for Prostate Cancer Screening: Individualizing the Screening Decision with Your Patient

The goal of this module is to present a model for increasing patient involvement in decision making about PSA testing for prostate cancer screening.

Learning objectives

- Explain the PSA testing controversy.
- Describe research on shared decision making and its role in prostate cancer screening recommendations.
- List the communication skills necessary for counseling a patient on PSA testing.
- Name elements of an effective risk message.

- Describe the role of decision aids in patient counseling for prostate cancer screening.

Teaching activities

- Show the video discussion case and use enclosed questions for guided student discussion.
- Students may practice their communication skills for PSA testing on standardized patients in the course of a teaching OSCE.

VI. Educational philosophy

This curriculum is designed for use during all years of medical student, nurse practitioner, and physician assistant training programs so that these students may systematically learn the core communication competencies that enable clinicians to promote health maintenance while also treating illness. Research indicates that a health care practitioner's effectively communicated recommendation may act as an important determinant of a patient's decisions to undergo cancer screening procedures. However, teaching of communication skills in clinical settings can be highly variable and often not systematically approached. This curriculum was developed to address this deficiency by providing health care professional students, both in preclinical course settings and in the clinical years of their training, with the requisite communication skills and knowledge for promoting testicular, prostate, and colorectal cancer screening and prevention.

The following educational principles have guided the development of this curriculum:

- Teaching about communication needs to be integrated into related medical, NP, and PA school coursework to enhance adoption of important communication skills.
- Students in the health care professions want pragmatic guidelines and learning tasks to enable them to incorporate effective communication techniques into their practice.
- Learning in the medical context needs to be focused and time efficient. This curriculum directs learning in key areas related to male cancer screening on the premise that communication is vital to regular screening and, ultimately, will help reduce testicular, prostate, and colorectal cancer mortality.
- Effective teaching in the medical environment incorporates moments for thinking, application, and self-reflection as the means of encouraging long-lasting, powerful learning in medical students.

Teaching materials were designed by a multidisciplinary teaching faculty for use by educators and clinicians who may not be content experts. While many clinicians have developed their own communication styles during the course of their medical careers, communication skills are not subjective embellishments to the practice of medicine. Rather, these skills can be rigorously and systematically taught and applied so that medical, nurse practitioner, and physician assistant students are as conversant with interpersonal skills as with diagnostic practices or scientific principles. It is in this spirit that skill teaching is presented in this curriculum.

VII. Administrative notes

Any planning for the teaching of this curriculum should include provisions for faculty development. Many faculty members may not be familiar with the small group, discussion-based techniques of teaching that have been shown to be most effective in medical student learning. Suggested topics for faculty development workshops include:

- Student-centered teaching and small-group teaching techniques

- Facilitating active learning and small-group discussion
- Using standardized patients in teaching and evaluation
- Evaluating and providing effective feedback.

Workshops familiarizing faculty with the use of role play and standardized patients to assist in clinical teaching vignettes would also be useful in implementing the curriculum. Another aspect of successful implementation involves identifying faculty who may serve as resources or may assist in teaching portions of this material. Faculty in other disciplines—anthropology, behavioral medicine, community health, epidemiology, psychology, and communication—may contribute significantly to the successful teaching of individual modules.

VIII. Acknowledgements

The input of collaborating faculty and colleagues, along with the students who participated in the pilot testing, continues to provide invaluable feedback to the authors in our effort to create teaching materials that are readily adaptable to a variety of teaching environments. This curriculum represents several years of research, review and trial teaching, and the concerted efforts of the many dedicated people whose time and talents have contributed to the project. The principal investigator and project co-director wish to thank the following people for their help with the curriculum.

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X. Communication Model for Male Cancer Screening

