Supporting Young Breast Cancer Survivors:
A Family Medicine Training
Facilitator Guide

This training was developed by the Family Medicine Education Consortium (FMEC) in partnership with the National Association of Chronic Disease Directors (NACDD), with support from the Centers for Disease Control and Prevention (CDC). This project is part of the Supporting Young Breast Cancer Survivors, Metastatic Breast Cancer Patients, and their Families which is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) under CDC/HHS as part of a financial assistance award totaling $460,000, with 100% funded by CDC/HHS. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC/HHS.

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Facilitator Guide Project Overview: Supporting Young Breast Cancer Survivors: A Family Medicine Training

This facilitator guide is part of an initiative to strengthen psychosocial support for young breast cancer survivors, with a particular focus on young Black women and those living with metastatic breast cancer. The project responds to a well-documented need for audience-appropriate (formerly known as culturally responsive) evidence-based education and resources in family medicine residency programs.

Why This Project? Recent research has highlighted significant gaps in psychosocial care and support for young breast cancer survivors. These gaps are especially pronounced for Black women and those living with metastatic disease, who face unique challenges and barriers to accessing high-quality care. Each year, an estimated 33,280 women under age 45 are diagnosed with breast cancer, underscoring the need for age-appropriate survivorship support. Evidence also shows that breast cancer incidence among young Black women ages 20–29 is 1.3 to 1.5 times higher than among White women of the same age, and the age-adjusted mortality rate for Black women under 40 is approximately twice that of White women. To address these needs, the National Association of Chronic Disease Directors (NACDD) conducted an in-depth review of Policy, Systems, and Environmental (PSE) strategies that can improve survivor outcomes. From this research, the project team identified and refined a set of strategies most relevant to primary care providers, those who are often the first point of contact for survivors and play a critical role in ongoing care.

What's in This Guide? This guide distills the most impactful PSE strategies for family physicians and the clinicians who support them. It offers practical tools, case studies, and resources to:

- Recognize and address psychosocial needs and barriers to positive health outcomes
- Strengthen clinical and community support structures
- Improve screening, referral, and survivorship care processes
- Foster fair, respectful, and audience-appropriate communication

The content is designed to be presented in family medicine residency training by faculty and/or residents. It is adaptable, supporting facilitators in tailoring the training to their own style and the needs of their residency program. By equipping educators and clinicians with actionable strategies, this project aims to advance high-quality, psychosocially informed care for all young breast cancer survivors.

Facilitator Guide: Training Overview & Objectives

Topic:

Enhancing Survivorship Support for Young Breast Cancer Survivors in Family Medicine

Title:

Supporting Young Breast Cancer Survivors: A Family Medicine Training.

Duration:

Adaptable for 60-120 minutes, with core presentation, role playing, and discussion components

Purpose:

Prepare family medicine residency program faculty and residents to deliver audience-appropriate, evidence-based psychosocial education and support for young breast cancer survivors, with a focus on young Black women and those with metastatic breast cancer (MBC).

Learning Objectives:

By the end of this training, participants will be able to:

- **Understand the risk and incidence of breast cancer in young women** and recognize the unique psychosocial needs and barriers that affect health outcomes for young survivors, including the disproportionate impact on Black women.
- **Identify challenges survivors face in accessing ongoing care, psychosocial support, and essential services**, and apply Policy, Systems, and Environmental (PSE) strategies to strengthen clinical and community support structures.
- **Recognize key components of clinical processes related to breast cancer screening, referral to genetic counseling and testing, and survivorship care** – including the use of Survivorship Care Plans (SCPs), patient navigation, peer support, and group interventions – and identify opportunities to strengthen these approaches in your setting.
- **Practice fair, respectful, audience-appropriate, and personalized communication** to ensure all patients feel heard, understood, and supported throughout their care journey.
- **Enhance staff skills in patient education and resource navigation,** and identify practical tools and community resources that support young breast cancer survivors and other cancer survivors.

Learning Objectives Aligned to ACGME Family Medicine Milestones (2019)

This training addresses multiple ACGME Family Medicine Milestones (2019), particularly those related to patient-centered communication, systems-based practice, professionalism, and care coordination.

The sections below outline how key learning objectives align with relevant ACGME Family Medicine Milestones (2019).

1. Understand the risk and incidence of breast cancer in young women and recognize the unique psychosocial needs and barriers that affect health outcomes for young survivors, including the disproportionate impact on Black women.

Family Medicine, ACGME Milestone	**Rationale / Milestone Language**
MK1 – Demonstrates Medical Knowledge of Sufficient Breadth and Depth to Practice Family Medicine	"Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan."
PC2 – Care of Patients with Chronic Illness	"Identifies the impact of chronic conditions on individual patients and the others involved in their care."
SBP2 – System Navigation for Patient-Centered Care	"Identifies specific population and community health needs in their local population."
SBP4 – Advocacy	"Identifies that advocating for patient populations is a professional responsibility."
PROF1 – Professional Behavior and Ethical Principles	"Demonstrates professional behavior in complex or stressful situations."

2. Identify challenges survivors face in accessing ongoing care, psychosocial support, and essential services, and apply Policy, Systems, and Environmental (PSE) strategies to strengthen clinical and community support structures.

Family Medicine, ACGME Milestone	**Rationale / Milestone Language**
SBP2 – System Navigation for Patient-Centered Care	"Coordinates care of patients in complex clinical situations effectively using the roles of the interprofessional team member."
SBP3 – Physician Role in Health Care Systems	"Describes how components of a complex health care system are interrelated, and how this impacts patient care."
SBP1 – Patient Safety and Quality Improvement	"Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)."
PBLI1 – Evidence-Based and Informed Practice	"Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care."

3. Recognize key components of clinical processes related to breast cancer screening, referral to genetic counseling and testing, and survivorship care – including the use of Survivorship Care Plans (SCPs), patient navigation, peer support, and group interventions – and identify opportunities to strengthen these approaches in your setting.

Family Medicine, ACGME Milestone	**Rationale / Milestone Language**
MK1 – Demonstrates Medical Knowledge of Sufficient Breadth and Depth to Practice Family Medicine	“Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan.”
PC2 – Care of Patients with Chronic Illness	“Develops collaborative goals of care and engages the patient in self-management of chronic conditions.”
SBP2 – System Navigation for Patient-Centered Care	“Uses local resources effectively to meet the needs of a patient population and community.”
PBLI1 – Evidence-Based and Informed Practice	“Demonstrates how to access, categorize, and analyze clinical evidence.”

4. Practice fair, respectful, audience-appropriate, and personalized communication to ensure all patients feel heard, understood, and supported throughout their care journey.

Family Medicine, ACGME Milestone	**Rationale / Milestone Language**
PC3 - Health Promotion and Wellness	“Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making.”
SBP2 – System Navigation for Patient-Centered Care	“Performs safe and effective transitions of care/hand-offs in routine clinical situations.”
PROF1 – Professional Behavior and Ethical Principles	“Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others.”
PROF3 – Self-Awareness and Help-Seeking Behaviors	“Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors.”

5. Enhance staff skills in patient education and resource navigation, and identify practical tools and community resources that support young breast cancer survivors and other cancer survivors.

Family Medicine, ACGME Milestone	**Rationale / Milestone Language**
SBP2 – System Navigation for Patient-Centered Care	“Uses local resources effectively to meet the needs of a patient population and community.”
PC2 – Care of Patients with Chronic Illness	“Facilitates efforts at self-management of chronic conditions, including engagement of family and community resources.”
PBLI2 – Reflective Practice and Commitment to Personal Growth	“Independently creates and implements a learning plan.”
PC3 - Health Promotion and Wellness	“Implements plans to maintain and promote health, including addressing barriers.”

About This Facilitator Guide and the Accompanying Presentation

This facilitator guide supports you in delivering the accompanying PowerPoint presentation. Each slide in the PowerPoint file includes notes for facilitators in the notes section to assist you in guiding delivery in real time.

Appendix A of this guide provides a slide-by-slide breakdown of the training content and facilitator expectations. A full, expanded script is also included as Appendix B of this guide. The slide-by-slide breakdown and script are provided as resources to help you prepare, build confidence, and understand the content's flow.

This presentation is intentionally designed to be adaptable to your program's needs. You may choose to deliver the training in a single session or divide the material into smaller segments based on your schedule and learning goals. Activity times are suggestions only; please feel free to extend discussions or adjust pacing to best support your learners.

We have also included optional slides on setting ground rules and introducing participation activities. Please utilize these tools in whatever way best supports your group and aligns with your facilitation style.

This facilitator guide is designed to support flexible, learner-centered delivery of the *Supporting Young Breast Cancer Survivors: A Family Medicine Training*. While the session content emphasizes psychosocial needs, ensuring opportunities for optimal health for all, and practical systems-level strategies, facilitators are encouraged to adapt the structure, pacing, and activities to fit their audience, time constraints, and local context.

Key Takeaways for Facilitators

- This training is about approach, not perfection. Facilitators do not need to have every answer or resource on hand. Modeling curiosity, empathy, and partnership is often more impactful than delivering exhaustive information.
- Small changes matter. Even modest improvements, such as clarifying survivorship care plan workflows, strengthening referral pathways, or practicing more intentional communication, can meaningfully improve survivors' care experiences.
- Family medicine plays a central role. As trusted, longitudinal providers, family medicine teams are uniquely positioned to support young breast cancer survivors by coordinating care, addressing psychosocial needs, and connecting patients to resources across systems.

Adapting the Training

Variation across residency programs and clinical settings is expected and appropriate. The goal is not uniform delivery, but consistent attention to ensuring opportunities for optimal health for all, psychosocial needs, and survivorship support.

You are encouraged to tailor the presentation and activities to fit your program's context. You may remove slides, add materials, or incorporate tools you already use. For example, if you have a preferred ground-rules activity, or if you wish to include community-specific data or examples, these adaptations are welcome and supported.

Facilitator Tips

Create Psychological Safety

- Set a tone of respect, welcome, and shared learning.
- Normalize a range of reactions; listening is valid participation.
- Use grounding language: “There’s no right or wrong way to feel about this.”
- Avoid assumptions about family structure, cultural norms, or survivorship experiences.
- Use open questions: “What matters most to you in this situation?”
- Revisit ground rules and emphasize curiosity, respect, and honoring lived experience.

Support Participants During Emotional Moments

- Pause.
- Acknowledge gently: “Thank you for sharing that.”
- Offer space: “Take the time you need.”
- Avoid probing for personal details.
- If someone shares a difficult personal story: thank them, validate, and gently return to the group.

Guide the Conversation with Care

- Encourage reflection, especially around assumptions, stigma, and barriers to care.
- Use real stories and patient quotes to illustrate key points.
- Emphasize practical tools that can be integrated into clinical workflows.
- Model fair, respectful, personalized communication throughout.
- Redirect dominant voices with care: “Let’s hear from someone who hasn’t spoken yet.” “I want to make space for other perspectives.”
- Allow silence (5–10 seconds); it often signals reflection.
- If participants become self-critical, reframe as system-level challenges, not personal failings.

Manage Group Dynamics

- Use pair-share before whole-group discussion to increase comfort and participation.
- If no one responds, normalize the pause, reframe the question, or offer examples.
- If the discussion runs long, acknowledge the richness and gently contain it. “Let’s pause here so we can cover the next piece.” Offer to revisit during Q&A.
- If time is short, prioritize PSE strategies, role play, and resource navigation.

Stay Grounded as a Facilitator

- You are not expected to have all the answers.
- Your role is to guide reflection, not provide clinical consultation.
- Listen for themes rather than case-specific details.
- Normalize discomfort or uncertainty as part of the learning process.

Practical Preparedness

- Review discussion questions in advance and select 2–3 priority prompts.
- Provide up-to-date information on local resources.
- Have printed case studies ready in case of technology issues.
- Keep the training moving even if slides or platforms fail.

Close the Loop

- Offer to provide additional resources or support after the session.
- End with one or two reflections from the room to reinforce learning and connection.

How to Use This Guide

Begin by reviewing the **Session Agenda & Suggested Timing Options** along with the **Segment Overview Guide**.

These sections provide the overall structure and rationale for the training and will help you understand how each component fits together.

Next, review the **PowerPoint presentation**, including the notes section. The notes offer real-time guidance, suggested phrasing, and cues to support a smooth delivery and consistent flow.

Finally, explore the materials in the **Appendix**, which offer deeper support for preparation and facilitation:

- **Appendix A:** A slide-by-slide table outlining each slide's purpose, key notes for facilitators, and brief descriptions of any associated actions or activities.
- **Appendix B:** A fully expanded script that provides detailed language and framing for each slide to help you prepare and adapt the content to your facilitation style.
- **Appendix C:** Participant handouts intended for printing or digital distribution to participants during or after the training session.

Submitting Feedback and Training Data to FMEC

To help FMEC collect important data for this project, please feel free to share your feedback on the project materials. If you present this training, it is essential that you gather and submit information on your presentation, including the date, number of participants, and the makeup of the audience.

How to Submit

You may submit this information in any of the following ways:

- Email directly to the FMEC Project Manager: rebecca.bouck@fmec.net
- Use the online form: https://forms.gle/5XC7dsHT76XvQfCy7
- Scan the QR code provided in the PowerPoint to access the form on your device

Thank you for supporting this project and helping us improve training for clinicians and teams working with young breast cancer survivors and metastatic breast cancer patients.

Session Agenda & Suggested Timing Options

The training is designed to be flexible and can be delivered in 60–120 minutes, incorporating a core presentation, interactive role-playing practice, and facilitated discussion. You may offer it as a single session or divide it into smaller segments to fit your setting. The timing suggestions are meant to guide you. Adjust the pace, depth of conversation, or length of activities based on the needs of your learners.

The grid below is provided for reference only; please adapt each segment to suit your program and audience.

Segment	1-Hour Version	90-Minute Version	2-Hour Version
Welcome & Framing	**0:00–0:05 (5 min)**	**0:00–0:07 (7 min)**	**0:00–0:10 (10 min)**
Psychosocial Needs & Risk Overview	**0:05–0:12 (7 min)**	**0:07–0:20 (13 min)**	**0:10–0:30 (20 min)**
PSE Strategies	**0:12–0:22 (10 min)**	**0:20–0:35 (15 min)**	**0:30–0:55 (25 min)**
Interactive Case Study & Role Play	**0:22–0:40 (18 min)**	**0:35–1:00 (25 min)**	**0:55–1:30 (35 min)**
Tools & Resources	**0:40–0:52 (12 min)**	**1:00–1:20 (20 min)**	**1:30–1:50 (20 min)**
Reflection, Q&A, & Action Planning	**0:52–1:00 (8 min)**	**1:20–1:30 (10 min)**	**1:50–2:00 (10 min)**
Total Time	**60 minutes**	**90 minutes**	**120 minutes**

Segment Overview Guide

1. Welcome & Framing

This session begins with a brief welcome and framing. This opening segment helps learners understand why this topic matters in family medicine, introduces barriers to receiving health services and standard, high-quality care along with psychosocial needs that shape young survivors' experiences, and sets the tone for the skills and strategies they'll practice throughout the training.

Talking Points:

- "Our focus today is on the aspects of care that most influence young survivors' day-to-day experiences, how we communicate, how we coordinate services, and how we connect patients with psychosocial and community supports. These are areas where small changes in practice can meaningfully improve how survivors navigate their care."
- "We'll address psychosocial needs, systemic barriers to achieving positive health outcomes, and equip you to train others in these critical areas."
- "We'll also discuss the risk and incidence of breast cancer in young women, and why these issues matter for your practice."

2. Psychosocial Needs & Risk Overview

This section provides the foundational context that anchors the rest of the training. Young breast cancer survivors, especially young Black women and those with metastatic disease, face a distinct set of psychosocial, cultural, and practical challenges that influence how they experience diagnosis, treatment, and survivorship. Understanding these needs is essential for delivering care that is responsive and grounded in the realities of patients' lives. These barriers to achieving positive health outcomes shape not only outcomes, but also how survivors experience care and access support.

Facilitators will guide learners through a concise overview of the psychosocial domains most relevant to young survivors, paired with key risk and incidence data that highlight why this population requires focused attention. This segment helps participants connect epidemiologic patterns with lived experience, setting the stage for later discussions on communication, navigation, and systems-level strategies.

The segment begins with a review of core psychosocial needs, followed by a brief presentation of risk and incidence statistics. Facilitators then lead a discussion on cultural and age-specific considerations that shape how young survivors interpret their diagnosis, engage with care, and access support. A short small-group activity allows learners to reflect on the resources they currently use and identify gaps in their own practice or setting.

Content

- Review psychosocial needs: mental health, fertility, sexual wellness, financial concerns, spirituality, community support, caregiver needs, and body image.
- Present risk and incidence statistics for breast cancer in young women, emphasizing barriers, environments, or factors that impact health and the disproportionate impact on Black women.
- Discuss audience and age-specific considerations such as faith, family roles, stigma, and life stage.

3. Education Initiatives & Policy, Systems, and Environmental (PSE) Strategies

Family medicine teams play a central role in improving survivorship support for young breast cancer survivors. After exploring the psychosocial needs and barriers, environments, or factors that shape their experiences, this section turns toward practical, evidence-based strategies that can be woven into residency training, clinic workflows, and community partnerships. The emphasis is on approaches that strengthen coordination, communication, and access to resources across the care continuum.

Policy, Systems, and Environmental (PSE) strategies offer a structured approach to addressing gaps young survivors frequently encounter, such as fragmented follow-up, limited navigation support, and inconsistent access to psychosocial and community-based services. By integrating these strategies into everyday practice, family medicine programs can create more reliable, equitable pathways for survivorship care.

Facilitators will introduce core PSE approaches, highlight clinical process improvements relevant to primary care, and guide participants in identifying opportunities to adapt these strategies within their own residency environment. The goal is to help learners see how small, feasible changes, such as embedding Survivorship Care Plans into EMR workflows or strengthening referral pathways, can meaningfully improve survivor experiences.

This section shifts the focus from understanding survivor needs to acting on them. Family medicine teams are uniquely positioned to reduce gaps in survivorship care by strengthening clinical processes, communication, and connections to psychosocial and community supports.

Core strategies:

- **Survivorship Care Plans (SCPs)**
  Standardized documents that summarize treatment history, follow-up needs, and recommended surveillance, helping ensure continuity across oncology and primary care.

- **Audience-appropriate care training**
  Training in audience-appropriate care (formerly known as culturally sensitive training) that strengthens awareness of how assumptions can affect care, and survivor-centered communication that prepares clinicians to support young survivors with sensitivity and respect.

- **Patient navigation support**
  Structured assistance to help survivors access follow-up care, psychosocial services, financial resources, and community programs.

Additional strategies:

- Group psychosocial interventions to address isolation, anxiety, and coping.
- Community-based health hubs that provide culturally grounded wellness and support services.
- Addressing economic and insurance barriers through financial counseling and benefits navigation.

Clinical Process Improvements Relevant to Primary Care

Clinical Processes Family Medicine Can Influence:

- Screening and risk identification protocols for young women at elevated risk.
- Clear referral pathways for genetic counseling and testing.
- EMR workflows for SCPs, including where SCPs live, who updates them, and how they’re shared.

- Routine psychosocial and peer-support referrals embedded into follow-up visits.
- Awareness of clinical trial referral pathways for eligible survivors.

4. Interactive Case Study & Role Play

This activity gives learners a brief, structured opportunity to practice applying the communication skills and clinical concepts introduced in the session. The focus is on helping participants recognize psychosocial needs, explore barriers to care, and practice audience appropriate, patient-centered communication with young breast cancer survivors, particularly young Black women and those with metastatic disease. The goal is not to complete every question, but to model an approach to survivor-centered conversations that can be adapted in clinical practice.

Activity Setup: The goal of this activity is to practice audience appropriate communication, explore psychosocial needs, and strengthen our survivorship care approaches. Participants are encouraged to work through a survivorship scenario that reflects the complexity many young breast cancer survivors experience. This case may include physical symptoms, emotional concerns, workplace strain, and past experiences of feeling dismissed.

Facilitators should briefly establish ground rules to create a safe, respectful learning environment:

- Assume good intent and practice non-judgmental listening.
- Focus on fair, respectful, audience appropriate, and personalized communication.
- Keep the survivor's lived experience at the center.
- Prioritize psychological safety, this is a learning space, not an evaluation.

Activity Structure and Roles (Adjustable Based on Total Training Time)

Manage the timing of this activity based on the total length of your training. As a general guideline, this role-play activity is designed to take approximately 30% of the total session time. For example, in a 60-minute training, the activity fits within an 18-minute block (outlined below). For 90- or 120-minute versions, you may expand the role play, deepen the debrief, or add a second case as appropriate.

You are encouraged to adjust the structure and timing to meet your group's needs and context.

Recommended Structure

- Group size: 3–6 learners per group (larger groups observe and debrief).
- Roles: One learner plays the clinician; one plays the patient; others observe using the prompts.
- Case reader: The facilitator or an observer reads the case aloud.

Example Timing (for a 60-minute / ~18-minute activity block):

- 2 minutes: Present activity and assign groups
- 6 minutes: Role play
- 6 minutes: Debrief using the guiding questions
- 4 minutes: Large-group share-out (optional depending on time)

Activity Focus

During the role play, participants practice:

- Fair, respectful, audience-appropriate, and personalized communication
- Identifying psychosocial needs and barriers to care
- Exploring concerns related to treatment effects, navigation challenges, and emotional well-being
- Connecting patients to appropriate resources (navigation, support groups, financial counseling, genetic counseling, clinical trials)

Case Examples

These cases are provided as examples. Facilitators are encouraged to offer alternative narratives that fit their learners and clinical context. You may also invite participants to bring brief case examples from their own experiences to help the role play feel more natural and relevant to their practice.

- **Case Example One:** "A 34-year-old woman, two years post-treatment for Stage II breast cancer and currently on endocrine therapy, comes in for a visit. She reports ongoing fatigue, joint pain, and cognitive fog that are affecting her job performance, and she recently received a warning at work. She admits she has been skipping doses of her endocrine therapy due to side effects and uncertainty about its importance, and she feels embarrassed to bring this up because past clinicians seemed rushed or dismissive. She also shares anxiety about recurrence, difficulty navigating multiple specialists, and confusion about who coordinates her care. She has not received a Survivorship Care Plan and is unaware of available support resources and sometimes avoids appointments due to time and financial restrictions."

- **Case Example Two:** “A 36-year-old mother of two, one year post-treatment, reports ongoing anxiety, intrusive thoughts about recurrence, and guilt about not having the energy she used to. She struggles to balance caregiving, work, and her own health needs. She has not been screened for emotional and mental health concerns since completing treatment and is unaware of available survivorship or mental-health supports.”

- **Case Example Three:** “A 33-year-old woman, three years post-treatment for HER2-positive breast cancer, shares concerns about early menopause symptoms, body image changes, and uncertainty about future fertility options. She reports feeling isolated because her friends expect her to be “back to normal.” She has difficulty accessing a specialist who can address survivorship-related reproductive questions and feels her concerns are minimized during routine visits.

- **Case Example Four**: (Family Risk Communication) “A 31-year-old woman, about a year post-treatment, recently learned she may have a hereditary breast cancer risk. She feels anxious about how to share this information with her sisters and teenage daughter, especially because health issues are rarely discussed openly in her family. She worries about causing fear, being misunderstood, or placing a burden on relatives who already face financial and access barriers. She has not met with a genetic counselor and is unsure how to guide her family toward appropriate testing or support.”

Activity Debrief Overview

Facilitators may choose how to debrief this activity. You can invite groups to complete their debrief within their small groups, or bring everyone back together for a full-group discussion—use whichever approach best fits your timing, group size, and facilitation style. Close the activity with one or two reflections from the room.

Key messages for participants include reinforcing that there are no right or wrong answers, that communication approach matters as much as clinical knowledge, that psychosocial needs and system barriers often surface together, and that small, realistic actions in primary care can make a meaningful difference. In preparing for the debrief, review the discussion questions in advance and select two or three priority prompts in case time is limited; be ready to normalize discomfort or uncertainty; and focus on listening for themes rather than case-specific details.

When facilitating, set the tone by reminding participants that this is a learning debrief rather than a critique, revisiting ground rules of curiosity, respect, lived experience, and shared learning, and inviting a brief moment of reflection before people speak. You might frame it with a simple cue such as, “This debrief is about what you noticed—not what you ‘should’ have done.”

Debrief & Reflection Questions

Personal Experience & Communication

- What moments in the conversation felt most authentic or impactful for you?
- How did you create space for the patient’s story and emotions?
- In what ways did you demonstrate empathy and build trust?

Addressing Barriers & Needs

- What barriers to care or communication surfaced during the role-play?
- How did you approach sensitive topics like medical mistrust, financial stress, or workplace challenges?
- Which strategies helped you address medication adherence without judgment or shame?

Audience-Appropriate Communication & Partnership

- Where did you notice opportunities to tailor communication to patients’ needs/contexts?
- How did you ensure your language and approach centered on partnership rather than authority?
- What did you learn about tailoring care to the patient’s cultural, social, or personal context?

Systems & Resources

- What systems-level challenges did you expect to encounter, and how will you navigate them?
- How will you connect the patient to resources or support networks?
- What would you do differently next time, perhaps during diagnosis and testing, to strengthen care coordination?

Takeaways & Next Steps

- What is one insight or skill you’ll carry forward into your clinical practice?
- How can you apply what you learned today to support young breast cancer survivors more effectively?
- What additional support or training would help you feel more confident in these conversations?

As we’ve just seen in the case discussions, even the strongest communication skills can only go so far if survivors don’t have access to the supports, services, and follow-up pathways they need. A major part of high-quality survivorship care is knowing *where to connect patients* and *how to guide them through available resources*. In this next section, we'll look at concrete tools, templates, and referral pathways that make those connections easier and more consistent in everyday practice.

5. Tools & Resources

This section equips participants with practical, ready-to-use tools that support young breast cancer survivors beyond the clinical encounter. Survivorship care often breaks down not because clinicians lack empathy or knowledge, but because patients struggle to access navigation support, psychosocial services, financial resources, and clear follow-up pathways.

By highlighting key templates, referral processes, and community-based organizations, this segment helps learners understand how to connect survivors with the right supports at the right time. The goal is to build confidence in using these tools during real clinical workflows and to demonstrate how resource navigation can meaningfully improve survivors' care experiences.

The goal is not to memorize resources, but to know how to find and introduce them confidently.

Content

- Share Survivorship Care Plan (SCP) templates, resource lists, CME opportunities, and referral pathways.
- Highlight community organizations such as TOUCH BBCA and Cancer Support Community; online support groups; financial navigation programs; genetic counseling resources; and clinical trial access points.
- Provide handouts or digital links for patient education and resource navigation.
- Introduce comprehensive tools like EmpowerHER Connections from the National Association of Chronic Disease Directors. https://ybcs.chronicdisease.org/

Activity Setup: The quick referral demo is designed to demonstrate how to make a real-time referral to a support group, financial navigator, or genetic counselor. The facilitator should walk participants through a simple, concrete example—demonstrating where to click, what information is typically required, and how to introduce the referral to a patient in a supportive, audience-appropriate way. The goal is to model a brief, practical workflow that clinicians can easily adapt to their own settings.

This activity can be facilitated as a full-group exercise, with the facilitator navigating the tools on the main screen, or it can be done in smaller breakout groups where participants explore the resources on their own. Facilitators may choose the format that best fits their timing, group size, and learning goals.

Activity Structure and Roles (Adjustable Based on Total Training Time)

Manage the timing of this activity based on the total length of your training. As a general guideline, this role-play activity is designed to take approximately 18% of the total session time. For example, in a 60-minute training, the activity fits within a 12-minute block. For 90- or 120-minute versions, you may expand the role play, deepen the debrief, or add a second case as appropriate.

You are encouraged to adjust the structure and timing to meet your group's needs and context.

<u>Recommended Structure</u>

- Group size: 3–6 learners per group (larger groups observe and debrief).
- Roles: One learner plays the clinician; one plays the patient; others observe using the prompts.

- Present a brief survivor scenario (e.g., financial stress, fertility concerns, mental health needs, workplace strain).
- Use the EmpowerHER Connections database to identify at least one relevant resource.
- Share findings and describe how you would introduce the resource to the patient in a way that feels respectful, personalized, and empowering.

Activity Focus

Invite participants to practice finding and recommending psychosocial resources for young breast cancer survivors. Discuss the resources available within your program as well as national tools that can help clinicians connect patients to appropriate supports.

Activity Debrief Overview

This resource segment brings together the practical tools, referral pathways, and community supports that help young survivors feel connected, informed, and supported beyond the clinical encounter. By exploring SCP templates, navigation resources, and platforms like EmpowerHER Connections, participants have seen how small, intentional steps can strengthen survivorship care and reduce barriers that disproportionately affect young Black women and those with metastatic disease. The goal is for learners to leave with a clearer sense of what is available, how to access it, and how to integrate these tools into everyday workflows.

Debrief & Reflection Questions

- What did you learn about available resources?
- How could you integrate this tool into your practice or workflow?
- Where do you see opportunities to strengthen resource navigation for young survivors in your setting?

To close this segment, allow a moment for participants to scan the QR code or access the resource folder link: https://www.fmec.net/ybcs-didactic-training

Let them know that the folder includes the full bibliography of citations used in the presentation, downloadable tools and templates such as SCP examples, and resource lists and navigation supports for young breast cancer survivors. Display the QR code prominently and give participants a moment to scan it, reassuring them that everything can be accessed later and there is no need to download materials immediately.

Emphasize that these resources are designed to support implementation rather than add burden, and encourage participants to share relevant tools with colleagues or integrate them into existing workflows. This slide serves as a bridge between learning and action, reinforcing that practical supports are available to help translate today’s content into real clinical practice.

6. Reflection, Q&A, & Action Planning

As you move into the final portion of the session, create intentional space for participants to reflect on what they've learned, surface any remaining questions, and identify one or two concrete actions they can take back to their residency program or clinical setting. This segment shifts the group from learning to implementation—helping participants translate insights into small, achievable steps that strengthen survivorship support for young breast cancer survivors.

Guided Reflection

Invite participants to reflect on the strategies discussed throughout the session, including how to address barriers to positive health outcomes and enhance communication and coordination. Encourage them to consider what stood out most and what feels most relevant to their own context. Prompt them to think about both immediate and longer-term actions—such as integrating SCP workflows, strengthening referral pathways, updating curriculum, or connecting with community partners. Reinforce that small, consistent changes in communication, coordination, and resource navigation can meaningfully improve survivor experiences.

Suggested prompt:

- *"Identify one action you can take immediately and one action you can take over the next 3–6 months to strengthen survivorship support in your program."*

Encourage participants to choose actions that are realistic, measurable, and aligned with their role.

Report-Back & Integration

During the closing reflection, pause to bring voices back into the room and emphasize that participant feedback and shared takeaways are an important part of ending the session. Invite a brief report-back by asking two or three volunteers—or a spokesperson from each table or small group—to share:

- One insight or takeaway from the training
- One small action they plan to try in practice

Normalize brevity and reflection by reminding participants that responses can be short; this moment is about integration, not perfection.

Evaluation

Before transitioning, highlight the importance of completing the evaluation and note that their feedback directly supports the improvement of future trainings. Allow a moment for participants to scan the QR code or access the evaluation link: https://www.surveymonkey.com/r/PM67SKS

Formal Close

Close by thanking participants for their time and thoughtful engagement. Acknowledge the support of the CDC, NACDD, and FMEC, and note that participant feedback helps strengthen FMEC's Supporting Young Breast Cancer Survivors (YBCS), Metastatic Breast Cancer (MBC) Patients, and their Families project.

End with intention by reminding participants that:

- Small, realistic actions in primary care matter
- Survivorship support is an ongoing process, not a one-time intervention
- Their role has a long-term impact across decades of survivorship

Closing Reflection for Facilitators

Supporting young breast cancer survivors, especially young Black women and those living with metastatic disease, requires more than clinical knowledge. It calls for intentional communication, coordinated systems, and a commitment to equitable, patient-centered care. By using this guide to foster reflection, skill-building, and practical action, facilitators help ensure that survivors feel heard, supported, and connected throughout their care journey.

Supporting Implementation & Ongoing Use: Encouraging Ongoing Action

As facilitators conclude the session, consider reinforcing that:

- Survivorship support is an ongoing process, not a single intervention.
- Participants are encouraged to identify one immediate action and one longer-term goal they can realistically pursue.
- Continued learning, through CME, community partnerships, and shared reflection, strengthens both clinician confidence and patient care.

Resources

All supporting materials for this didactic, including participant handouts, reference lists, national resource guides, and a comprehensive provider resource spreadsheet, are available on the FMEC didactic project page: **fmec.net/ybcs-didactic-training**. These materials are designed for both **you** as the facilitator and for **your participants**.

You may share the direct link or use the QR code included in the PowerPoint.

Facilitators are encouraged to review the available resources in advance and supplement them with program-specific or community-specific materials. Consider adding:

- Additional resources on audience-appropriate communication and how assumptions can influence care
- Local referral pathways for financial, psychosocial, and genetic counseling support
- Handouts summarizing psychosocial needs, risk/incidence patterns, and community-based supports

Resources Available on the Didactic Materials Page

- Participant Handout (PDF)
- Supporting Young Breast Cancer Survivors: Reference List (PDF)
- National Breast Cancer Survivor Support Resources (PDF)
- Provider Resource Links File (Excel spreadsheet with downloadable tools and templates, including SCP examples, provider training modules, and clinical resource links)

Facilitator Preparation Checklist

Use this checklist to prepare before delivering the training.

Before the Session

- ☐ Review the full slide deck (including speaker notes) and the session timing option you plan to use (60/90/120 minutes).
- ☐ Review the facilitator guide, including Appendix A (slide overview and action prompts) and Appendix B (sample script).
- ☐ Familiarize yourself with the case studies and the resources folder.
- ☐ Test all technology (projector, audio, clicker, internet connection).
- ☐ Confirm access to EmpowerHER Connections database from your location for activity.
- ☐ Print or prepare:
  - ☐ Participant Handout
  - ☐ Case study handouts
  - ☐ Sample Resource or Resource Lists
  - ☐ Evaluation QR code or link
- ☐ Prepare optional materials:
  - ☐ Toothpicks or tokens for the Five Toothpick Rule
  - ☐ Sticky notes or pens for reflection activities
- ☐ Ensure you have the FMEC data collection requirements ready (date, participant count, audience makeup).

Day of the Session

- ☐ Arrive early to set up the room.
- ☐ Test slides and embedded links.
- ☐ Place materials on tables (case studies, pens, etc.).

Appendix A: Slide Overview and Action Prompts

SECTION 1 — WELCOME & FRAMING

Slide	Purpose	Facilitator Notes	Facilitator Actions
1- Before You Begin This Training	Collect FMEC project data before starting.	This is administrative.	Record the date, participant count, and audience makeup for reporting. Begin slide show on Slide 2.
2- Supporting Young Breast Cancer Survivors	Welcome participants and frame the session.	Set a supportive atmosphere; transition into training.	
3- Training Overview	Provide a quick orientation.	Keep brief; orient participants.	
4- Agenda and Session Flow	Outline session structure and expectations.	Walk through agenda; set expectations.	
5- Who This Training Is For - and Why It Matters	Clarify the audience and the topic's importance.	Help participants see themselves in this work. Frame the audience and the importance.	Set a goal to leave with at least one actionable step.
6- Learning Objectives	Set expectations for learning and practice.	Dense slide—pace yourself; emphasize practicality over mastery.	
7- Setting the Stage	Establish learning norms and psychological safety.	Slow pace; let norms land;	Invite agreement or reflection.
8- Preparing to Examine Experiences	Invite reflective, self-aware learning.	Normalize vulnerability; no “right” reflections. Encourage openness and curiosity.	
9- Tools for Equitable Participation (OPTIONAL)	Introduce optional participation tools.	Emphasize invitations, not requirements. Explain tools lightly and supportively.	
10- Five Toothpick Rule (OPTIONAL)	Support balanced participation.	Awareness tool, not policing; optional tokens.	Distribute tokens or invite mental tracking.
11- Doorknob Check (OPTIONAL)	Provide a simple check-in/check-out tool.	Keep tone light; affirm without probing.	Invite one-word or phrase responses; affirm.
(OPTIONAL) Quick Poll	Surface early insights on psychosocial challenges.	Optional Poll: "What psychosocial challenges or barriers to care have you observed among young breast cancer survivors in your practice?”	Optional Poll Take 2–3 responses; affirm each one.

SECTION 2 — PSYCHOSOCIAL NEEDS & RISK OVERVIEW

Slide	Purpose	Facilitator Notes	Facilitator Actions
12- Why Survivorship Support Matters	Ground participants in primary care's central role.	Pause to let significance land. Reinforce long-term primary care involvement.	
13- Survivorship Support Matters Because You are Seeing These Patients	Highlight frequency of primary care encounters.	Connect to real-world primary care workflows.	
14- Patient-Centered Care	Reinforce relational strengths of family medicine.	Highlight trust, continuity, and communication.	
15- What Has This Looked Like in Your Practice?	Surface real-world challenges before solutions.	Reframe self-criticism as system issues; contain early problem-solving.	Take 2–3 responses; affirm; synthesize themes; transition. Keep this brief — the goal is to surface themes, not solve them yet. Capture themes that will be revisited in the Tools & Resources section.
16- Scope & Survivorship Reality	Transition to data slide. Introduce unique context of young survivors.	Emphasize life-stage complexity; multidomain needs.	
17- Scope & Data	Ground discussion in epidemiologic context.	Avoid overwhelming; connect data to practice. Highlight relevance to everyday visits.	
18- Long-Term Survival Patterns	Emphasize decades-long survivorship.	Highlight shift from 5-year survival to 30–50 years.	Optional reflective prompt
19- Psychosocial Domains (Part 1)	Introduce key psychosocial domains.	Normalize indirect presentations; clinicians don't need to solve everything. Encourage noticing + validating.	
20- Psychosocial Domains (Part 2)	Explore financial strain and body image.	Emphasize financial strain as a driver of missed care; body image often invisible. Encourage gentle inquiry.	Optional reflective prompt
21- Variation in Experiences	Highlight a wide variety of backgrounds of survivors and their experiences.	Emphasize structural factors; avoid assumptions.	
22- Reflecting on Resources & Gaps	Invite reflection on clinical environment.	Encourage honesty; no judgment.	**Activity:** (group discussion and sharing or silent reflection). Ask participants to jot down notes. Capture themes that will be revisited in the Tools & Resources section.

SECTION 3 — EDUCATION INITIATIVES & PSE STRATEGIES

Slide	Purpose	Facilitator Notes	Facilitator Actions
23- Education Initiatives & PSE Strategies	Introduce PSE strategies.	Transition to specific strategies. Emphasize reducing reliance on individual effort.	
24- Using PSE Strategies	Explain how PSE improves care.	Highlight role clarity and workflow consistency.	Connect to earlier reflections.
25- Core PSE Strategies	Introduce SCPs, audience-appropriate care, and patient navigation.	Keep high-level; details follow. Emphasize these are practical leverage points, not abstract policy ideas.	Optional reflective prompt
26- Survivorship Care Plans	Clarify follow-up and roles.	Normalize lack of SCPs; emphasize continuity.	Optional reflective prompt
27- Audience-Appropriate Care	Address psychosocial needs respectfully.	Encourage curiosity and individualized care. Avoid assumptions; recognize persistent needs.	
28- Patient Navigation Support	Strengthen access and continuity.	Navigation can be light-touch; reduces missed opportunities.	
29-Applying PSE Strategies	Translate strategies into action.	Encourage small, realistic changes. Redirect discussion away from oncology-specific decision-making and back to coordination, communication, and access.	**Activity:** (optional group discussion and sharing or silent reflection) Ask participants to jot down notes. Capture themes that will be revisited in the Tools & Resources section.

SECTION 4 — INTERACTIVE CASE STUDY & ROLE PLAY

Slide	Purpose	Facilitator Notes	Facilitator Actions
30- Interactive Case Study & Role Play	Introduce interactive practice.	Normalize complexity; low-stakes learning. Prepare participants for group work.	
31- Role Play Structure	Guide communication practice.	Focus on validation, open questions, realistic next steps.	Form small groups; assign roles and set timing expectations.
32- Practicing Communication + Resource Navigation	Integrate communication with resource use.	One or two supports is enough; emphasize empowerment.	Walk participants through the activity.
33- Case Options	Provide detailed scenarios.	Encourage validation, open questions, and realistic next steps.	**Activity:** Support groups in choosing a case, encourage multiple cases per group, and allow participants to bring their own cases into roleplay. Walk around the room. Offer gentle prompts if groups get stuck. Keep an eye on time alert groups with time calls to keep them on track.
34- Debrief: Interactive Case Study and Role Play	Help participants reflect on and consolidate learning from the role play	This is a reflective sense-making moment, not a performance evaluation. There are no “right” or “wrong” responses. The goal is to notice patterns and insights, not to perfect scripts or clinical knowledge.	**Activity:** Invite groups to complete their debrief within their small groups, or facilitate full-group discussion Encourage debrief with 2–3 guiding questions. Listen for themes you can lift up later. Close activity with one or two reflections from the room. If time is limited, focus on: One communication insight / One barrier that stood out / One realistic next step participants could take in practice

SECTION 5 — TOOLS, RESOURCES & ACTION PLANNING

Slide	Purpose	Facilitator Notes	Facilitator Actions
35-Tools, Resources, and Action Planning	Transition out of case study activity	This section is all about turning good intentions into action. Let participants know you want them to think about where these resources are in their practice.	
36- Practical Tools & Resources	Introduce actionable tools.	Clinicians don't need to memorize resources; know where to look. Recap tools- SCP templates, referral pathways, community resources.	Optional reflective prompt
37- Activity: EmpowerHER Connections	Practice finding and introducing resources.	Emphasize respectful, personalized introduction.	**Activity:** Form small groups, set timing expectations and guide participants to platform; Walk around the room. Offer gentle prompts if groups get stuck. Keep an eye on time alert groups with time calls to keep them on track. Invite groups to complete their debrief within their small groups, or facilitate full-group discussion. Encourage debrief with 2–3 guiding questions. Listen for themes you can lift up later. Close activity with one or two reflections from the room.
38- References & Tools	Direct participants to full bibliography and tools.	Encourage post-session exploration.	Encourage participants to open the link from the QR code and save it for later review. Optional: provide a handout with a QR code or follow-up training via email, including links to the resource folder.

SECTION 6 — REFLECTION, Q&A, & ACTION PLANNING

Slide	Purpose	Facilitator Notes	Facilitator Actions
39- Reflection, Q&A, & Action Planning	Transition to session close.		
40- Reflection, Q&A, and Next Steps	Support realistic action planning.	Encourage small, doable commitments. Normalize uncertainty — survivorship care is complex.	Reflective pause: Review questions on the slide and invite participants to write one action. Open Q&A.
41- Your Feedback Supports This Work	Collect evaluation data.	Keep tone appreciative.	Point to QR code. Invite participants to complete evaluation.
41- Thank You for Your Commitment to Survivorship Care	Close with appreciation.	Warm, affirming tone; emphasize long-term impact.	Thank participants and close session.

Appendix B: Sample Script

The script is provided as a resource to help you prepare, build confidence, and understand the flow of the content. It is not intended to be read word-for-word during the presentation. Please use the script in whatever way is most helpful for you—review it in advance, reference it as needed, or adapt portions of it into your own speaking style. We encourage you to bring your own stories, experiences, and expertise to the session. Your personal insights help make the training more engaging, relevant, and meaningful for participants.

SECTION 1 — WELCOME & FRAMING

Slide 1 — Before You Begin This Training

Script: N/A

Facilitator Action:
Pause briefly to record this information so you can report back to FMEC. Start presenting the slide show to your participants on Slide 2.

Slide 2 — Supporting Young Breast Cancer Survivors: A Family Medicine Training

Script:
“Welcome, everyone. Today’s session is part of the Family Medicine Education Consortium’s Supporting Young Breast Cancer Survivors Project, supported by NACDD and the CDC.

Our focus today is on strengthening how we support young breast cancer survivors in real family medicine settings.

This training centers the psychosocial and survivorship needs of young breast cancer survivors. We’re not focusing on oncology treatment — we’re focusing on the long-term role of primary care: continuity, coordination, communication, and trust.

Family medicine teams are often the clinicians survivors see most consistently across decades of survivorship. That makes your role incredibly important.”

Slide 3 — Training Overview

Script:

“Let’s begin with a quick training overview”

Slide 4 — Agenda and Session Flow

Script:
“Before we dive in, I want to take a few minutes to walk through how today’s session is structured, so you know what to expect and how all the pieces fit together.”

Session Introduction

“Next, we’ll briefly orient everyone to the purpose of this training and why supporting young breast cancer survivors is such an important part of family medicine. We’ll ground the session in the reality of primary care—your time constraints, competing priorities, and the long-term relationships you hold with patients.”

Ground Rules and Reflection Tools

“We’ll start by setting some shared ground rules and introducing a couple of simple reflection and participation tools. They’re designed to help create a respectful, inclusive learning space—especially since we’ll be talking about topics that can be complex, emotional, or tied to lived experience. The goal isn’t perfection; it’s awareness, curiosity, and shared learning.”

Breast Cancer in Younger Women: Scope and Survivorship Reality

“We’ll then step back and look at the scope of breast cancer in younger women and what survivorship really looks like over time. This section focuses less on oncology treatment and more on what happens after—the decades of survivorship, late effects, psychosocial challenges, and life transitions that often show up in primary care.”

Education Initiatives & Policy, Systems, and Environmental (PSE) Strategies

“From there, we’ll introduce education initiatives and Policy, Systems, and Environmental—or PSE—strategies. These are approaches that help move survivorship care beyond individual effort and toward more reliable, team based, and system supported care. We’ll focus on practical examples that can realistically fit into family medicine settings.”

Interactive Skill Practice

“A key part of today is interactive skill practice. You’ll have a chance to work through brief, realistic scenarios and practice survivorship conversations in a low stakes way. This is about how we communicate—how we validate concerns, ask better questions, and identify next steps—not about having the ‘right’ answers.”

Tools and Resources Introduction

“We’ll also spend time reviewing tools and resources that can support your work—things like survivorship care plans, referral pathways, and community or national resources. You’re not expected to memorize anything. The goal is to feel more confident knowing where to look and how to introduce supports when needs arise.”

Q&A and Action Planning

“Finally, we’ll close with time for questions, reflection, and action planning. We’ll ask you to identify one small, realistic step you could take—something you could try in your next clinic session or within the next week. Even small changes can make a meaningful difference over the long arc of survivorship.

As we move through the session, I encourage you to participate at a level that feels right for you, reflect honestly on your own setting, and keep your real world context in mind. This training is designed to support you—not add another burden.”

Slide 5 — Who This Training Is For — and Why It Matters

Script:
“This training is designed for family medicine faculty, residents, and clinical teams.

We’re focusing on survivors diagnosed before age 45 — a group with unique psychosocial, developmental, and structural challenges, and one that represents over 33,000 new breast cancer diagnoses each year in the U.S.

We also acknowledge meaningful variation in experiences and outcomes. Young Black women, particularly those in their 20s, have higher breast cancer incidence than white women of the same age, and Black women under 40 experience nearly twice the age-adjusted mortality rate. These differences reflect structural and access factors that shape survivorship long after treatment ends.

We also recognize the ongoing needs of people living with metastatic breast cancer, who may be managing treatment, uncertainty, and cumulative stress over many years.

Our goal is to highlight practical, feasible changes that fit real clinical settings and help reduce missed opportunities for support.”

Slide 6 — Learning Objectives and Expected Outcomes

Script:
"Before we move further, I want to briefly orient us to what this training is designed to help you do."

For learning objectives, we'll build a shared understanding of breast cancer risk and incidence in younger women, and how survivorship looks different when a diagnosis occurs earlier in life. We'll spend time on the psychosocial needs and barriers that shape outcomes for young survivors, including the disproportionate impact on Black women. This context helps ground the rest of the session in real-world experience rather than abstractions.

Second, we'll look closely at the challenges survivors face in accessing ongoing care, psychosocial support, and essential services. Rather than placing responsibility on individual clinicians to fill every gap, we'll introduce Policy, Systems, and Environmental—or PSE—strategies that strengthen clinical and community support structures and make care more consistent and coordinated.

We'll also focus on key clinical processes that intersect with survivorship care in family medicine—things like screening and risk identification, referral to genetic counseling and testing, and survivorship follow-up. This includes understanding practical tools such as Survivorship Care Plans, patient navigation, peer support, and group-based interventions, and how your clinic can help patients access them.

A core part of the training is communication. You'll have opportunities to practice fair, respectful, audience-appropriate, and personalized communication approaches that help ensure patients feel heard, understood, and supported throughout their care journey—especially when conversations are complex or emotionally charged.

Finally, we aim to enhance skills in patient education and resource navigation. We'll introduce practical tools and community resources that support young breast cancer survivors and other cancer survivors, with an emphasis on how to find and introduce these supports during real clinical encounters.

Taken together, these objectives reflect the broader goal of the training: not mastery of everything, but strengthening approach, systems awareness, and practical skills that you can realistically apply in your own practice."

Slide 7 — Setting the Stage for Today's Session

Script:
"Before we dive in, I want to set the tone for how we'll learn together today.

- We're creating a respectful, supportive learning space.
- Engage with curiosity and openness.
- Share at a level that feels comfortable.
- Listen actively and make space for all voices.
- Assume positive intent and honor lived experience.

There are no perfect answers in this training — just opportunities to reflect and grow."

Slide 8 — Preparing to Examine Our Experiences

Script:
"Throughout this session, you'll be invited to reflect on your own clinical experiences — moments that felt uncertain, challenging, or meaningful.

We all bring our own backgrounds, assumptions, and communication habits into the room. This training is a chance to pause and examine those patterns with compassion and curiosity."

Slide 9 — Tools to Support Equitable Participation

Script:
"Before we move further into today's content, I want to introduce a couple of simple facilitation tools we'll be using—or at least offering—as options during the session."

These tools are not rules, and they're not meant to be prescriptive. They're here to help support equitable participation and to make it easier for different voices, communication styles, and comfort levels to coexist in the room."

Why These Tools Matter

"We know that discussions about cancer survivorship, identity, and lived experience can land differently for each person. Some people process out loud, some need more time, and some prefer to listen rather than speak. These tools are designed to create a bit more balance and intention, especially in group conversations."

Introducing the Tools

"Today, we'll reference two tools: the Five Toothpick Rule and the Doorknob Check. You may already be familiar with similar strategies, or you may choose not to use them at all—and that's okay.

The key idea is that participation doesn't look the same for everyone, and meaningful engagement can include speaking, listening, reflecting, or simply noticing what comes up for you."

Emphasizing Choice and Psychological Safety

"I want to emphasize that these tools are invitations, not expectations. You're encouraged to participate at a level that feels comfortable and appropriate for you. There's no pressure to share personal experiences, and listening is always a valid and valuable form of participation.

As we move into more interactive parts of the training, these tools can help us stay mindful of whose voices are being heard, how we're showing up, and how we're making space for one another.

We'll explain each tool briefly before we use it, and you're always welcome to adapt or opt out as needed.

With that in mind, let's take a closer look at the first tool."

Slide 10 — Five Toothpick Rule

Script:
"This first tool is called the Five Toothpick Rule. It's a simple structure to support balanced participation during group discussions.

Each person starts with five toothpicks—or tokens, or even just five mental 'turns.' Each time you speak, you place one toothpick in the center or mentally set one aside.

Once you've used all five, the idea is to shift into listening mode and make space for others to contribute.

The purpose of this tool isn't to limit anyone or police participation. It's really about awareness—helping those of us who tend to speak quickly or often notice how much space we're taking, and helping those who speak less know there's room for their voice.

It can be especially useful in mixed groups or when power dynamics are present, like faculty and residents together, or clinicians with different levels of experience.

You're welcome to use this tool lightly, adapt it, or ignore it altogether. Even just knowing it exists can help us be a bit more intentional about how we show up in conversation."

Slide 11 — Doorknob Check

Script:
"The second tool is called a Doorknob Check. It's a very quick way to check in without requiring anyone to share more than they want to.

For example: *'What are you bringing into the room today?'*

There's no need to explain or justify your answer, and passing is always an option. Listening is just as valuable as speaking.

This tool helps acknowledge that people arrive with different energy levels, experiences, and emotional loads—and that learning doesn't happen in a vacuum.

Even a brief check in like this can help us transition more intentionally, close a session thoughtfully, and recognize that how we're doing matters just as much as what we're learning."

Optional Quick Poll

Script:
"To get us started, I'd love to hear from a few of you. What psychosocial challenges or barriers to care have you observed among young breast cancer survivors in your practice?"

SECTION 2 — PSYCHOSOCIAL NEEDS & RISK OVERVIEW

Slide 12 — Why Survivorship Support Matters in Family Medicine

Script:
"Let's begin by grounding ourselves in why survivorship support is such an essential part of family medicine.

That means the conversations you have, the questions you ask, and the support you offer play a major role in how survivors navigate the decades after treatment.

Primary care is where survivors bring their fatigue, their pain, their endocrine therapy side effects, their mental health concerns, their chronic disease prevention needs, and their questions about what comes next.

You are the clinicians they trust to help them make sense of it all."

Slide 13 — Survivorship Support Matters Because You Are Seeing These Patients

Script:
"Survivorship issues are not rare or peripheral — they're part of everyday primary care.

Survivors rely on you for help coordinating care, navigating insurance, managing chronic conditions, and addressing the emotional and cognitive challenges that can persist long after treatment ends.

And because primary care visits far outnumber oncology visits after the first one to two years, you're often the first to notice when something isn't going well.

Nearly all cancer survivors—over 90 percent—see a primary care clinician each year, and more than half rely primarily on primary care for their ongoing care. At the same time, many primary care clinicians report limited training in survivorship care, which highlights a real gap between where survivors receive care and how well prepared our systems are to support them.

Large follow-up studies show that by five to ten years after treatment, the majority of survivors are being seen primarily in primary care, not oncology. Survivors continue to see their primary care clinicians for routine health maintenance, chronic disease management, reproductive and sexual health, mental health support, and symptom monitoring.

So the data really reinforce the point: survivorship care isn't separate from primary care — it becomes part of the long-term relationship family medicine clinicians already have with their patients."

Slide 14 — Survivorship Support Matters Because You Provide Patient-Centered Care

Script:
"Family medicine is uniquely positioned to support survivors because of the continuity and trust you build over time.

You're there for the transitions — returning to work, navigating relationships, managing fertility questions, coping with fear of recurrence, or adjusting to life after treatment.

You're also the ones who help survivors make sense of complex systems: referrals, insurance, community resources, and follow-up schedules.

This training is about strengthening those conversations and making sure survivors feel heard, understood, and supported

For young survivors, the period after treatment often overlaps with major life transitions such as career development, parenting, relationship building, and family planning. These transitions can intensify the impact of physical and emotional side effects. Family medicine clinicians are well positioned to notice ongoing fatigue, cognitive changes, anxiety, or challenges with treatment adherence that affect daily functioning and overall well-being.

Positioning survivorship support as part of routine, high-quality primary care reinforces that these needs are central to patient-centered practice. By emphasizing communication, coordination, and connection to support, family medicine teams can help reduce fragmentation and foster a sense of partnership that strengthens both outcomes and care experiences."

Slide 15 — What Has This Looked Like in Your Practice?

Script:
"Before we move forward, I want to pause and ground this session in your real-world experience. I'd love to hear from a few of you.

- When you think about caring for young breast cancer survivors, what has felt hardest or most uncertain?
- Where do gaps in support or coordination tend to show up?
- What conversations feel challenging or easy to miss?"

You might ask one of the following, depending on time and group size:

- "What kinds of conversations tend to feel most challenging or uncomfortable?"
- "Where do you most often feel stuck—whether that's emotionally, clinically, or system-wise?"

Give the group a few seconds of silence. If no one speaks right away, normalize that.

- "I'll name that it's very common for this to feel hard to articulate. Many clinicians carry these challenges quietly."

As participants respond, your role is to listen and reflect, not to fix. You can model validation with brief responses like:

- "That makes sense."
- "I hear that coming up for others too."
- "You're not alone in that experience."

If comments start to sound self-critical, gently reframe them as system-level challenges.

- "I want to pause there and name that what you're describing isn't a personal failure—it reflects gaps in systems, workflows, and supports that many of us are working within."

If the discussion drifts into problem-solving too early, gently contain it.

- "Those are great ideas, and we'll come back to strategies shortly. For now, I want us to stay with the experience itself—what's challenging before we talk about solutions."

As the reflection winds down, help the group synthesize what they've shared.

- "What I'm hearing are recurring themes around care coordination, psychosocial needs that feel hard to address in limited time, and uncertainty about roles and resources."

Then explicitly connect this reflection to what comes next.

- "We're going to keep these challenges in mind as we move into the next section, which focuses on systems-level strategies and practical tools. The goal is to respond to exactly what you've named—not to add more expectations, but to make this work feel more doable."

Slide 16 — Breast Cancer in Younger Women: Scope and Survivorship Reality

Script:
"At this point, I want us to pause and really center on what makes survivorship different for people who are diagnosed with breast cancer at a younger age.

When we say 'young breast cancer survivors,' we're not just talking about age at diagnosis—we're talking about where someone is in their life. Many are navigating education, careers, relationships, parenting, fertility decisions, and identity formation at the same time as cancer treatment and recovery.

As we move forward, we're going to focus on how to recognize these needs in real clinical encounters and how to respond in ways that are practical, compassionate, and sustainable within the realities of primary care."

Slide 17 — Breast Cancer in Younger Women: Scope and Survivorship Reality

Script:
"Let's take a moment to look at the scope of the issue.

About 10% of all breast cancer diagnoses in the U.S. occur in women younger than 45. While that may sound like a small percentage at first, it represents a substantial number of young adults navigating cancer during major life milestones—building careers, forming relationships, parenting young children, and developing a sense of identity and future plans.

In total, several hundred thousand breast cancer survivors in the U.S. were diagnosed before age 45. These are patients who will likely be in our care for decades after treatment ends. Importantly, incidence is not static. Breast cancer incidence increased during the most recent decade of data (2012 -2021) by 1% annually overall, with a steeper increase among women younger than 50 (1.4%)

We also need to acknowledge that more than 150,000 women in the U.S. are living with metastatic breast cancer, and importantly, three out of four were originally diagnosed at an earlier stage. That reminds us that survivorship isn't a single, predictable pathway. For some patients, it includes long periods of stability; for others, it includes ongoing treatment, uncertainty, and evolving care needs.

And this is where family medicine becomes central. These patients aren't just cancer survivors—they're parents, partners, employees, caregivers, and community members who bring the long term effects of cancer into routine primary care visits.

As we move forward, keep these numbers in mind—not just as statistics, but as a reminder of how many patients we're already seeing, and how important it is that survivorship support is woven into everyday primary care.

The next slide helps us think more concretely about what long term survivorship actually looks like over time for younger patients."

Slide 18 — Long-Term Survival Patterns in Young Survivors

Script:
"This slide helps us translate those numbers we just reviewed into what survivorship actually looks like over time for younger patients.

For young women diagnosed with early stage breast cancer, five year disease specific survival rates are very high—often between 90 and 100 percent. That's an important success story, and it reflects major advances in detection and treatment.

But it also means that most survivors diagnosed in their 20s, 30s, or early 40s will live well beyond the five year mark and spend the majority of their lives in survivorship—not in oncology clinics, but in primary care.

When we zoom out, the reality is that many young survivors will spend 30 to 50 years navigating the long term effects of cancer and its treatment. That includes late and chronic effects, changing health risks as they age, reproductive and sexual health concerns, and psychosocial transitions that unfold across adulthood.

This is a really important reframing. The five year survival milestone is meaningful, but it doesn't signal the end of care needs. In many ways, it marks the beginning of a much longer phase—one where family medicine plays a central role.

Over decades, priorities shift. What matters at two years post treatment may look very different at ten, twenty, or thirty years out. Survivorship care has to evolve alongside patients' lives.

So when we think about supporting young breast cancer survivors, we're not talking about a short term follow up task. We're talking about long range, relationship based care—the kind of care family medicine is uniquely positioned to provide.

As we move into the next sections, we'll focus on how to recognize and respond to these long term needs in ways that are realistic, coordinated, and sustainable in everyday primary care."

Optional reflective prompt:

"As you hear '30 to 50 years of survivorship,' what does that bring up for you about your role as a primary care clinician?"

Slide 19 — Core Psychosocial Domains for Young Survivors

Script:
"As we move deeper into survivorship, it's important to recognize that many of the most persistent challenges young breast cancer survivors face are psychosocial, not strictly biomedical.

These domains often overlap and compound one another—and they frequently show up in primary care visits in indirect or unexpected ways."

Mental Health Challenges

"Anxiety, depression, and fear of recurrence are extremely common among young survivors, and they don't always fade with time. In fact, fear of recurrence can resurface years later—often triggered by life events, physical symptoms, or routine screenings.

Patients may not name this directly. Instead, it may show up as insomnia, difficulty concentrating, irritability, or avoidance of follow up care."

Fertility and Relationships

"Fertility concerns are another major domain, even for patients who are not actively planning to have children. Questions about fertility can affect identity, sense of loss, dating, partnerships, and long term life planning.

Intimate relationships can shift as well—changes in sexual health, body image, or energy levels can strain partnerships or make survivors feel isolated at a time when they expected to be 'back to normal.'"

Caregiving Roles

"Many young survivors are also caregivers—parents of young children, partners, or caregivers for aging family members. Cancer often disrupts these roles, creating guilt, exhaustion, or pressure to resume responsibilities before they're ready.

This role strain can be especially invisible in clinical encounters unless we ask about it directly."

Family and Social Support Networks

"Support systems can be both protective and complicated. Family, friends, and community can buffer stress—but they can also introduce new challenges. Survivors may feel pressure to appear strong, minimize symptoms, or meet others' expectations of recovery.

Some patients struggle with needing help after being used to independence, or with navigating shifting family dynamics during and after treatment."

Bringing This Into Primary Care

"What's important to recognize is that these domains rarely exist in isolation. A patient experiencing fatigue may also be navigating work stress, caregiving responsibilities, anxiety about recurrence, and relationship changes—all at once.

As primary care clinicians, we don't need to solve every one of these issues in a single visit. But we do play a critical role in noticing patterns, validating experiences, and opening the door to support.

Sometimes the most meaningful intervention is naming what's happening and signaling that these concerns are common, legitimate, and worth addressing.

The next slide builds on this by highlighting additional psychosocial domains that frequently affect young survivors—and further underscores why survivorship care needs to be broad, flexible, and patient centered."

Slide 20 — Core Psychosocial Domains for Young Survivors

Script:

"The next two domains we want to highlight are financial and employment strain, and body image and social impact. These issues are extremely common among young breast cancer survivors, and they often intersect with the concerns we just discussed."

Financial and Employment Strain

"Cancer treatment frequently disrupts work at a stage of life when many patients are still building financial stability. Young survivors may experience job loss, reduced hours, missed promotions, or the need to change careers entirely because of ongoing symptoms.

Medical bills, insurance changes, and out of pocket costs can create long term financial stress—sometimes years after treatment ends. Even patients who appear 'back to normal' may still be dealing with debt, coverage gaps, or fear of losing insurance.

These pressures often show up indirectly in primary care: missed appointments, delayed follow up, difficulty affording medications, or reluctance to pursue referrals. Patients may feel embarrassed to raise financial concerns, or assume there's nothing we can do.

Simply asking about work, insurance, or financial stress—and knowing when to connect patients to social work, financial counseling, or navigation support—can make a meaningful difference."

Body Image and Social Impact

"Body image changes are another major domain for young survivors. Surgical scars, hair loss, weight changes, early menopause symptoms, or changes in physical functioning can significantly affect self esteem and social confidence.

For younger patients, these changes often intersect with dating, intimacy, and social expectations. Survivors may feel pressure to look 'healthy' or 'grateful,' even when they're struggling internally.

Social interactions can become complicated. Patients may withdraw, feel misunderstood by peers, or struggle with comments that minimize their experience—especially when others expect them to be 'back to normal.'"

Bringing This Into Primary Care

"What's important to remember is that financial stress and body image concerns don't exist in isolation. They often compound mental health symptoms, relationship strain, and challenges with adherence or follow up care.

In primary care, we may not resolve these issues in one visit—but we can normalize them, name them, and help patients feel less alone. Acknowledging that these challenges are common and legitimate is often the first step toward support.

Survivorship care isn't just about monitoring for recurrence. It's about recognizing how cancer continues to shape patients' daily lives—and responding in ways that are compassionate, practical, and realistic."

Optional reflective prompt:

"Which of these concerns—financial strain or body image—do you see most often in your setting, even if patients don't name it directly?"

Slide 21 — Variation in Patient Experiences and Care Needs

Script:
"Young breast cancer survivors do not experience survivorship in the same way. Their needs and realities are shaped by age, identity, structural factors, and the contexts in which they live and seek care.

Young Black women face higher mortality, more aggressive disease at diagnosis, and greater barriers to support. These differences are driven by structural and access factors—such as delayed or fragmented care, financial strain, and limited availability of psychosocial services—not biology alone.

Survivors living with metastatic disease often manage ongoing treatment, uncertainty, and the cumulative stress of long-term illness. Their day-to-day realities can differ significantly from those who have completed active treatment.

Personal, family, community, and historical experiences also influence how survivors build trust, communicate with clinicians, and decide when to seek help. Family roles, caregiving responsibilities, and social support networks can be sources of strength, but they can also introduce role strain or shifting expectations.

Person-centered, audience-appropriate care means avoiding assumptions, asking what matters most to each survivor, and adapting support to their context. Naming these patterns directly helps move us away from a one-size-fits-all approach and toward care that is responsive, respectful, and grounded in each survivor's lived experience."

Slide 22 — Reflecting on Resources and Gaps in Your Setting

Script:
"Now we're going to shift from talking in general terms to looking closely at your own practice setting. This is a chance to think about where strengths already exist and where patients may be falling through the cracks.

Take a moment to think about your own clinic, residency program, or health system. Start by identifying what's already there. That might include mental health referrals, social work support, survivorship care plans, peer support groups, or even informal work-arounds that clinicians rely on.

After you've identified strengths, think about the gaps. Where do things feel less clear or less reliable? Where do patients seem to struggle the most? Where do you feel unsure about next steps or available resources? What feels hardest to address during routine visits?"

If participants drift toward large, systemic issues:

- "Those are very real challenges. For this activity, I'd like you to focus on gaps that show up during everyday visits—things that affect what happens in the room with patients or immediately afterward."

If you choose to debrief:

- "Would anyone be willing to share one resource that works well in your setting, or one gap that comes up frequently?"
- "As I'm listening, I'm hearing themes around unclear referral pathways, limited psychosocial supports, and time constraints during visits."

Close the activity:

"We're going to keep these reflections in mind as we move into the next section, where we'll look at practical PSE strategies—changes to workflows, communication practices, referral pathways, and training—that can respond to exactly these gaps without adding unrealistic expectations."

SECTION 3 — EDUCATION INITIATIVES & PSE STRATEGIES

Slide 23 — Education Initiatives & PSE Strategies

Script:
“Now that we’ve explored the psychosocial and survivorship needs of young breast cancer survivors, we’re going to shift into the ‘what do we do about it?’ part of the training.

This section focuses on Policy, Systems, and Environmental — or PSE — strategies. These are practical, feasible changes that strengthen survivorship care by improving the structures that shape everyday clinical practice.

The goal isn’t to add more work to your plate. It’s to make survivorship support more consistent, coordinated, and reliable by using systems you already touch — workflows, communication practices, referral pathways, and training.”

Slide 24 — Using PSE Strategies to Strengthen Survivorship Care

Script:
“Up to this point, we’ve spent time naming the complexity of survivorship and the many needs young breast cancer survivors carry into primary care. This slide marks an important shift—from what survivors experience to how care systems can better support them.

Policy, Systems, and Environmental—or PSE—strategies focus on improving the structures that shape everyday clinical care, rather than relying on individual clinicians to remember, manage, or compensate for gaps on their own. PSE strategies operate across three levels — written policies that guide how care is organized, systems changes that restructure workflows and roles, and environmental changes to the physical and informational context of care — all working together to make survivorship support a reliable feature of the practice rather than an individual effort.

In other words, this is about moving away from a model where survivorship support depends on one motivated clinician, one long visit, or one extra effort—and toward care that is more consistent, coordinated, and reliable.

PSE strategies help clarify roles, workflows, and referral pathways, so that survivorship care doesn’t feel fragmented or dependent on who happens to be in the room that day.

They also help reduce missed opportunities—like unaddressed psychosocial needs, unclear follow up responsibility, or patients falling through the cracks during transitions between oncology and primary care.

One important thing to emphasize is that PSE strategies are not about adding more work. They’re about shared responsibility and small, practical changes that fit within real family medicine settings—things that can be built into existing workflows rather than layered on top.

When these structures are in place, they support both patients and care teams. They make it easier for clinicians to do the right thing, and easier for survivors to understand what care to expect and where to turn for support.

In the next few slides, we’ll look at specific examples of PSE strategies—like survivorship care plans, audience appropriate communication, and patient navigation—and talk through how these can realistically show up in primary care.

As we go through these examples, I invite you to think less about what should happen in an ideal system, and more about what could happen in your setting with small, intentional changes.

Slide 25 — Core PSE Strategies for Family Medicine

Script:
“Now that we’ve talked about PSE strategies at a high level, this slide highlights three core approaches that are especially relevant—and realistic—for family medicine settings.

These strategies don’t require building entirely new programs. Instead, they focus on strengthening structures and workflows that many practices already touch in some way.”

<u>Survivorship Care Plans</u>

“The first is Survivorship Care Plans, or SCPs. At their core, these are tools for clarity. They help summarize a patient’s cancer history, outline follow up needs, and clarify who is responsible for what moving forward.

Even when SCPs are imperfect or incomplete, having a standardized approach to documenting and reviewing survivorship information can significantly improve continuity.”

Audience Appropriate Care Training

“The second strategy is audience appropriate care training. This is about recognizing that young breast cancer survivors are not a single group—and that assumptions, even well intended ones, can shape how care is received.

This kind of training supports more respectful, effective conversations—especially around sensitive topics like mental health, fertility, finances, or family risk.”

Patient Navigation Support

“The third strategy is patient navigation support. Navigation doesn’t have to mean a full time navigator or a new role. Even light touch navigation—clear referral pathways, warm handoffs, or curated resource lists—can make a real difference.

Importantly, navigation shifts some of the burden off patients, who are often already managing fatigue, stress, and competing responsibilities.”

Bringing This Into Primary Care

“What these three strategies share is a focus on shared responsibility. They help move survivorship care out of the realm of ‘extra effort’ and into the fabric of routine care.

You don’t need to implement all of these at once. Even strengthening one piece—like improving how SCPs are shared, or clarifying referral pathways—can reduce missed opportunities and improve the survivor experience.

In the next few slides, we’ll take a closer look at each of these strategies and talk through what they can look like in real family medicine settings.”

Optional reflective prompt:

“As you look at these three strategies, which one feels most achievable—or already partially in place—in your setting?”

Slide 26 —Survivorship Care Plans: Clarifying Follow Up and Roles

Script:
“This slide focuses on Survivorship Care Plans, or SCPs, which are one of the most concrete tools we have for improving coordination between oncology and primary care.

At their most basic level, survivorship care plans are about clarity—for patients and for clinicians. They summarize a patient’s cancer history, treatments received, potential late effects, recommended surveillance, and who is responsible for what going forward.

For many young breast cancer survivors, that clarity is missing. Patients may finish treatment without a clear understanding of what follow up looks like, which symptoms are expected, or which clinician to call when something comes up.

From the primary care perspective, SCPs can help reduce uncertainty about surveillance schedules, long term risks, and how to coordinate care with oncology—especially as time passes and details fade from memory or records become harder to track.

When follow up responsibilities aren’t clearly outlined, important care can be delayed or missed—not because anyone isn’t trying, but because the system isn’t clearly structured.

For survivors, having an SCP is associated with better understanding of their treatment history, long term effects, and what care to expect moving forward. That understanding can reduce anxiety and make it easier for patients to engage in their own care.

In family medicine, SCPs work best when they’re treated as living documents—something that can be revisited, clarified, and updated over time as patients’ needs change.

The goal isn’t to turn primary care into oncology. The goal is to make survivorship care more coordinated, predictable, and patient centered, so patients aren’t left trying to navigate long term follow up on their own.

Next, we'll shift from tools like care plans to the communication skills that help us address the psychosocial needs that often persist long after treatment ends."

Optional reflective prompt: Invite participants to reflect silently:

- Do SCPs exist in your system?
- Do survivors know they exist?
- Do clinicians know where to find them?

Slide 27 — Audience Appropriate Care: Addressing Psychosocial Needs

Script:
"This slide is really about how we show up in survivorship conversations—not having perfect answers, but creating space for what young survivors are carrying.

When we talk about audience-appropriate care, we're talking about avoiding assumptions and recognizing that each survivor's experience is shaped by their age, family roles, work, cultural background, access to resources, and prior interactions with the healthcare system.

For young breast cancer survivors, survivorship often overlaps with major life transitions—building careers, raising children, figuring out fertility plans, and negotiating relationships. These topics don't always come up unless we intentionally open the door. One of the most helpful things we can do in primary care is normalize and validate these conversations. That might sound like:

'A lot of people your age tell me that work, fatigue, or anxiety after cancer can be harder than they expected—how has it been for you?'

Using open-ended, anticipatory questions helps patients feel invited rather than interrogated. Ask about work or school, energy levels, intimacy, body image, fertility concerns, or fear of recurrence—even if the visit is focused on something else.

It's also important to normalize sensitive topics. Many survivors worry they'll seem ungrateful or difficult if they bring up ongoing struggles. When we name those issues first, it signals that these concerns are legitimate and expected.

Permission-based language can be especially powerful here. Saying something like,

'Would it be okay if we talked a bit about how treatment has affected your day-to-day life?' helps maintain trust and gives patients control.

And finally, setting clear expectations matters. Explaining that some side effects or emotional reactions can persist long after treatment helps survivors understand that they're not failing or doing something wrong.

Small shifts in language and approach can make a big difference—especially for patients who've felt rushed, dismissed, or unsure where to bring these concerns. This is where family medicine's long-term relationships really shine."

Slide 28 — Patient Navigation Support: Connecting Survivors to Care

Script:
"This slide focuses on patient navigation, which is another key PSE strategy for strengthening survivorship care—especially for young breast cancer survivors who are often juggling complex systems alongside work, family, and ongoing symptoms.

At its core, patient navigation is about reducing friction. It helps survivors move through follow up care, referrals, and support services without having to figure everything out on their own.

Many young survivors are managing fatigue, anxiety, financial stress, or caregiving responsibilities at the same time they're expected to coordinate appointments, insurance issues, and multiple specialists. Navigation helps prevent people from falling through the cracks—not because they don't care, but because the system is hard to navigate.

It's important to say clearly: navigation does not have to mean a dedicated navigator or a new role. Even light touch navigation can make a meaningful difference.

That might look like clear referral pathways, warm handoffs to behavioral health or social work, a short list of trusted community resources, or simply helping a patient understand the next step and who will help them take it.

Navigation also helps address common barriers—insurance confusion, scheduling challenges, transportation issues, or uncertainty about where to turn for psychosocial or financial support.

From the patient's perspective, navigation reinforces that primary care is a trusted hub. It sends the message: you don't have to manage survivorship alone, and you don't have to know the system to get support.

For care teams, navigation supports consistency. It shifts some of the burden off individual clinicians and helps ensure that when needs are identified, there's a clearer path forward.

As we think about patient navigation in your setting, the goal isn't to do everything—it's to identify one or two realistic ways to make follow up and support easier for survivors.

Next, we'll spend time thinking about how these strategies—care plans, communication, and navigation—could realistically show up in your own clinical environment.

Slide 29 — Applying PSE Strategies in Your Setting

Script:
"Now that we've outlined some core PSE strategies, I want to bring this back to your own setting. This slide is about translation rather than implementation. The goal isn't to design a full program or solve every system-level issue, but to start noticing where survivorship support could be strengthened through small, practical changes.

Take a moment to think about your clinic, residency program, or health system.

As you think about survivorship care plans, communication training, navigation support, and referral processes, ask yourself: where do these already exist, even informally? And where do things tend to break down? Which of these strategies feels most feasible right now? Where do you see the biggest gaps?

For some of you, this might include clarifying how survivorship risk is identified, how referrals—like genetic counseling or specialized follow-up—are triggered, or how information is handed off between clinicians."

If participants focus on constraints:

- "Limited time, staffing, and resources are real. The purpose of this activity isn't to ignore those constraints, but to work within them."

Gently steer toward feasibility:

- "Rather than thinking about major policy changes, focus on adjustments that could realistically fit into existing workflows—clearer handoffs, shared documentation, more explicit referral processes, or one improved communication step that reduces missed opportunities."

If you choose to debrief:

- "Would anyone be willing to share one place where a small system change could make survivorship care feel more consistent or less fragmented?"

Reflect themes without judgment:

- "What I'm hearing are common opportunities around documentation, communication, and knowing where to send patients for support."

Close the activity:

"These reflections will help guide the rest of our session as we look at practical tools and strategies that respond directly to the gaps you're identifying—without adding unrealistic expectations."

SECTION 4 — INTERACTIVE CASE STUDY & ROLE PLAY

Slide 30 — Interactive Case Study and Role Play

Script:
"Now that we've explored practical strategies to strengthen survivorship care, we're going to shift into applying these approaches through realistic case scenarios.

These cases reflect common challenges young survivors face — emotional needs, treatment effects, navigation barriers, and moments where survivors have felt dismissed or unsupported.

This is where we get to practice communication skills in a low-stakes, supportive environment."

Slide 31 — Role Play — Practicing Survivorship Conversations

Script:
"We're now going to shift into the most hands-on part of the training — practicing survivorship conversations through realistic case scenarios.

These cases reflect the kinds of situations young breast cancer survivors bring to primary care: emotional needs, treatment effects, navigation challenges, and moments where they've felt dismissed or unsupported.

This is a low-stakes, supportive space. The goal is not to be perfect — the goal is to practice communication skills that center empathy, curiosity, and partnership.

Before we begin, I want to set us up for success.

This activity is about practicing audience-appropriate, survivor-centered communication. It's not about medical decision-making or oncology management. It's about how we show up in the room — how we listen, how we validate, how we explore what matters most to the patient.

We're going to work in small groups. Each group will choose one case. You'll assign roles: one clinician, one patient, and observers."

Slide 32 — Practicing Communication + Resource Navigation

Script:
"Here's what we're focusing on during the role play:

- Validating emotions
- Asking open questions
- Exploring psychosocial needs
- Addressing navigation challenges
- Identifying one or two realistic supports

Observers, your job is to notice communication strategies, emotional cues, and opportunities for support.

You don't need to rotate roles unless you want to — depth is more important than speed."

Timing Cue Example:
"Here's our timing:
• 2 minutes to get organized
• 5–7 minutes for the role play
• 10 minutes for your small-group debrief
• Then we'll come back together."

Slide 33 — Activity: Interactive Case Study and Role Play

Script:
"Let's walk through the four cases. You'll choose one that feels most relevant or interesting to your group."

Case One — Treatment Effects, Work Stress, and Adherence

Script:
"Case One is a 34-year-old woman, two years post-treatment for Stage II breast cancer. She's on endocrine therapy and reports ongoing fatigue, joint pain, and cognitive fog that are affecting her job performance.

She recently received a warning at work. She's been skipping doses because of side effects and uncertainty about how important the medication is. She also shares anxiety about recurrence, difficulty navigating specialists, confusion about who coordinates her care, and the fact that she's never seen a Survivorship Care Plan.

Time and financial barriers make it hard for her to attend appointments."

Case Two — Anxiety, Intrusive Thoughts, and Caregiving Strain

Script:
"Case Two is a 36-year-old mother of two, one year post-treatment. She reports ongoing anxiety, intrusive thoughts about recurrence, and guilt about not having the energy she used to.

She's juggling caregiving, work, and her own health needs. She hasn't been screened for emotional or mental health concerns since treatment and doesn't know what survivorship or mental-health supports exist."

Case Three — Early Menopause, Fertility, and Feeling Minimized

Script:
"Case Three is a 33-year-old woman, three years post-treatment for HER2-positive breast cancer. She's experiencing early menopause symptoms, body image concerns, and uncertainty about future fertility.

She feels isolated because friends expect her to be 'back to normal.' She's had difficulty accessing a specialist for survivorship-related reproductive questions and feels her concerns are minimized during routine visits."

Case Four — Family Risk Communication and Genetic Counseling

Script:
"Case Four is a 31-year-old woman, one year post-treatment. She recently learned she may have a hereditary breast cancer risk.

She feels anxious about sharing this information with her sisters and teenage daughter. Health issues aren't openly discussed in her family, and she worries about causing fear or burdening relatives who already face financial and access barriers.

She hasn't met with a genetic counselor and doesn't know how to guide her family toward testing or support."

Facilitator Instructions for Role Play

Script:
"Go ahead and choose one case for your group. Assign roles — clinician, patient, observers. Take a moment to skim the case and think about how you want to approach the conversation.

Remember:
- Focus on communication, not clinical decision-making
- Validate emotions
- Ask open questions
- Explore what matters most
- Identify one or two realistic supports

I'll be walking around the room and keeping an eye on the time. I'll let you know when we're getting close to wrapping up the role-play and will pause everyone when it's time to debrief. These cases are provided as examples, and you're welcome to use brief case examples from your own experience if that helps the role play feel more natural and relevant to your practice. If time allows, feel free to try more than one scenario within your group."

Slide 34 — Debrief: Interactive Case Study and Role Play

Script:
"Let's move into our debrief for this activity. Keep in mind this debrief is about what you noticed—not what you 'should' have done."

Small-Group Debrief

Use these questions to guide your discussion:

- What moments felt most authentic or impactful?
- How did you create space for the patient's story and emotions?
- What barriers surfaced — emotional, logistical, financial, or communication-related?
- Where did you tailor communication to the patient's context or lived experience?
- What systems-level challenges did you notice?
- What resources or supports would you connect this patient to?
- What insight or skill will you carry forward?"

If discussion slows, try:

- "What felt most familiar from real visits?"
- "What surprised you?"
- "What would be hardest to sustain in a busy clinic day?"

Large-Group Share-Out

Script:
"Let's hear one or two reflections from the room. What stood out to you during the role play or debrief?
What did you learn about communication, navigation, or survivor needs?"

SECTION 5 — TOOLS & RESOURCES

Slide 35 — Tools, Resources, and Action Planning

Script:
"We're now moving into the tools and resources portion of the training.

This section is all about turning good intentions into action. Survivorship care often breaks down not because clinicians don't care, but because survivors struggle to access navigation support, psychosocial services, financial resources, and clear follow-up pathways.

Our goal here is not to memorize resources — it's to build confidence in knowing where to look and how to introduce support options in a respectful, personalized way."

Slide 36 — Practical Tools and Community Resources

Script:
"Let's recap some of the tools that can strengthen survivorship support in family medicine.

These include:
- Survivorship Care Plan templates
- Referral pathways for mental health, financial counseling, social work, and genetic counseling
- Peer support and community organizations
- National resource platforms

Many of these tools already exist in your system — the challenge is knowing where they live, how to access them, and how to introduce them in a way that feels empowering rather than overwhelming."

Optional reflective prompt:
Invite participants to think about which tools they already use and which they wish they had.

Slide 37 — Activity: Using EmpowerHER Connections

Script:
"We're going to do a short activity using EmpowerHER Connections — a national resource platform developed by NACDD. Before we start, I want to bring back one of the communication tools we discussed earlier: using a warm handoff to encourage survivor acceptance of a referral.

I'll walk through a quick example of what that sounds like — for instance, connecting a patient to a support group or a financial navigator. The key is to keep the introduction simple and supportive. Something like: 'I'd like to connect you with someone who can help you navigate this — would that be okay?'

Keep those communication tools in mind as you move into this activity.

Now, in your small groups, choose a brief survivor scenario based on something you've encountered in your own practice or a topic area you want to explore further.

Then use EmpowerHER Connections to identify at least one relevant resource.

Be ready to share:

- What resource you found
- How you would introduce it to a patient in a respectful, personalized, and empowering way"

Small-Group Debrief

Script:
"Let's take a moment to reflect in your small groups.

What did you learn about available resources?
How could you integrate this tool into your workflow?
Where do you see opportunities to strengthen resource navigation for young survivors?"

Large-Group Share-Out

Script:
"Would anyone like to share a resource they found or a way they might introduce it to a patient?"

Slide 38 — References, Tools & Resources

Script:

"As we start to wrap up, I want to briefly highlight the resources linked on this slide, because they're meant to support you beyond today—not add more to your mental load.

If you scan the QR code on the screen, you'll be taken to a shared folder that includes the full bibliography for this training and a spreadsheet with downloadable tools and templates, including survivorship care plan examples and other practical resources we discussed today. These are not meant to be 'perfect' or one-size-fits-all—they're starting points you can adapt to your own clinic workflows, documentation systems, or teaching settings.

We also encourage you to use this spreadsheet as a foundation for your own program. Add your local and community resources, and—if your team already has a resource list—make sure everyone knows where it lives and how to use it. A shared, accessible location makes it easier for the whole team to support survivors consistently.

If you notice resources that should be added or updated, FMEC welcomes your suggestions. This list is meant to grow with your needs and your communities.

You are not expected to memorize these resources or use all of them. The goal is simply to know where to look—and to feel more confident saying to a patient, 'I don't have everything figured out, but I know where we can start.'

These tools are here to support the thoughtful, patient-centered survivorship care you're already providing—especially in busy, real-world family medicine settings."

SECTION 6 — REFLECTION, Q&A, & ACTION PLANNING

Slide 39 — Reflection, Q&A, and Next Steps

Script:
"We're going to start moving into the close of our session. As we shift into this final segment, feel free to jot down any remaining thoughts or think about anything you'd like to ask or clarify."

Slide 40 — Reflection, Q&A, and Next Steps

Reflection
Script:

"As we wrap up, I'd like to invite you to reflect on what you're taking from today's session.

What's one need you hear most often from young breast cancer survivors in your setting?
What's one resource or tool you could introduce more consistently?
What's one small workflow change that would reduce missed opportunities?"

Now, write down one step you will try in the next week or your next clinic session.

And write down one action you can take in the next three to six months to strengthen survivorship support in your program.

Choose something realistic and aligned with your role. Small steps matter."

Q&A

Script:
"We have a few minutes for questions. Feel free to ask about communication strategies, workflow challenges, resource navigation, or how to adapt this training for your residency program."

Slide 41 — Your Feedback Supports This Work

Script:
"Before we close, please take a moment to scan the QR code and complete the brief evaluation.

Your feedback helps FMEC strengthen survivorship education and ensure this training meets the needs of family medicine teams."

Final Slide — Thank You for Your Commitment to Survivorship Care

Script:
"Thank you for your engagement, your insights, and your commitment to supporting young breast cancer survivors and their families.

Your role in family medicine places you at the heart of survivorship care. Small, intentional actions in communication, coordination, and resource navigation can make a lasting difference across decades of survivorship.

Thank you for the care you provide."

Appendix C: Participant Handouts

Participant handouts have been created for use during and after the training session. These materials are available for printing or digital distribution and are already included as PDF files in the training resource folder, so participants can access them at any time.

Participant Handout: Supporting Young Breast Cancer Survivors

A Family Medicine Training

This training is part of the Family Medicine Education Consortium (FMEC) Young Breast Cancer Survivors (YBCS) Project. This training is designed to equip family medicine faculty, residents, and care teams with practical approaches to strengthen survivorship support for young breast cancer survivors. The focus is on psychosocial needs, communication, care coordination, and connecting survivors to resources.

Key takeaways

- **Risk and incidence inform care.** Understand the risk and incidence of breast cancer in young women to guide timely screening, referral, and survivorship conversations.
- **Psychosocial needs are clinical needs.** Screen, name, and normalize concerns (e.g., anxiety, fatigue, fertility/sexual wellness, financial strain, body image, caregiving stress).
- **Small systems changes matter.** Use Policy, Systems, and Environmental (PSE) strategies to make support more consistent (e.g., clear referral pathways, reliable follow-up workflows).
- **Clarity reduces distress.** Survivorship Care Plans (SCPs) help patients and teams understand follow-up, roles, and what to expect.
- **Navigation is a care intervention.** Help survivors find and use supports (peer groups, financial counseling, behavioral health, genetic counseling/testing, clinical trials when appropriate).
- **Communication builds trust.** Practice fair, respectful, audience-appropriate, and personalized conversations.

Important Links for this Training		
1) Training resources	2) EmpowerHER Connections	3) Evaluation / Feedback
What it includes: bibliography and spreadsheet with downloadable tools/templates (e.g., SCP examples), and healthcare provider resources and training	Resource Database: Use to identify psychosocial supports, peer support, and community resources.	Please complete the brief evaluation to support the improvement of future trainings.

Notes/action plan (1–2 ideas you will try)

National Breast Cancer Survivor Support Resources

This handout is designed for use in primary care and survivorship education settings to support clinicians and care teams in connecting patients with national resources. *

- After Breast Cancer Diagnosis (ABCD) — National one-to-one peer mentoring.

- American Cancer Society (ACS) — Reach to Recovery peer support, transportation assistance, and survivorship resources.
- Cancer Support Community (CSC) — Free nationwide counseling, support groups, and survivorship navigation.
- CancerCare — National counseling, support groups, and financial assistance.
- FORCE (Facing Our Risk of Cancer Empowered) — Support for hereditary breast and ovarian cancer (BRCA and related genes).
- Living Beyond Breast Cancer (LBBC) — Education, conferences, helplines, young survivor programs, and MBC-specific support.
- Metastatic Breast Cancer Alliance (MBC Alliance) — A collaborative alliance of leading nonprofit organizations, industry partners, and advocates focused on metastatic breast cancer, providing resources, education, advocacy, and research coordination to improve outcomes and accelerate progress toward cures.
- METAvivor — Support, advocacy, and research funding dedicated to metastatic breast cancer.
- SHARE Cancer Support — National helpline and support groups for breast and ovarian cancer survivors.
- SurvivingBreastCancer.org (SBC) — Free virtual programs, weekly support groups, wellness classes, and survivor community.
- Susan G. Komen® - The Komen Patient Care Center— Helpline, patient navigation, financial assistance, and national support groups.
- The Breasties — Community for young survivors, previvors, and caregivers; retreats and peer support.
- The Pink Fund — Short-term financial assistance during active treatment.
- TOUCH, The Black Breast Cancer Alliance — Advocacy and support centering Black breast cancer survivors and thrivers.
- Ulman Foundation - National organization dedicated to helping young cancer survivors through patient navigation, housing, support groups, and resources.
- Young Survival Coalition (YSC) — National support for young adults diagnosed with breast cancer; peer mentoring, meetups, and education.

*Please note, this list is by no means exhaustive and serves as a starting point to guide patients and clinicians toward valuable support resources. Users are encouraged to explore additional organizations and services that may best meet individual needs.