MEDICAL FACILITATOR JOB DESCRIPTION AND QUALIFICATIONS

The Medical Facilitator’s primary role is to serve as a resource of information about breast cancer and as a reassuring presence to participants. She will work closely with the Psychosocial Facilitator to ensure that the needs of the participants are met.

Qualifications: Medical professionals (i.e. oncology nurse, an oncologic physician, breast surgeon, breast nurse navigator, etc.) who have a working knowledge of current breast cancer treatments and follow-up, including potential complications (e.g. loss of motion, lymphedema, fatigue, etc.), and survivorship issues such as diet and nutrition, reconstructive surgery, risk of recurrence, etc. Current CPR/First Aid certification.

The Medical Facilitator should:

- Be a medical professional such as an oncology nurse, breast nurse navigator, oncologic physician, or breast surgeon.
- Have a working knowledge of current breast cancer treatments and follow-up, including potential complications (e.g. loss of motion, lymphedema, fatigue, etc.), and survivorship issues such as diet and nutrition, reconstructive surgery, risk of recurrence, etc.
- Be able and willing to serve as a resource for medical questions at all times throughout the entire retreat.
- Be up to date on CPR certification.

The Medical Facilitator should:

- Thoroughly review the Medical Aggregate (confidential participant medical information) which will be provided by the national office approximately two weeks prior to the retreat. This information is strictly confidential and will be provided to you via a secure online file-sharing program. You will be given login information. Only information that is directly pertinent to the retreat staff’s responsibilities should be shared with staff.
- Be prepared to lead an informal, hour-long discussion on the physical (medical) aspects of breast cancer. The session typically begins with a short (10-15 minute) introduction to warm up the group and direct their lines of questions. The remaining time is used for participant questions and discussion of issues of concern to the group. Ideally, the short introduction could be used to update women on recent evidence-based data regarding breast cancer survivorship. This is a great way to introduce new data and confirm the benefits of ongoing treatments and managing side effects. It is common to have several participants with Stage IV disease, so be sure to include data affecting them. Review the latest BC research data compiled from ASCO and SABCS here. The introduction could also be based on the facilitator’s area(s) of expertise and the needs of the participants.
- Review the discussion topics each woman checked on her paperwork. These topics are listed on the Medical Aggregate for each participant. If you have 6 women wanting to talk about...
chemo brain, and 8 wanting to discuss fear of recurrence, then say a few things about those topics to get the conversation started.

- Base their comments on data, **not personal anecdotes**, if they are a breast cancer survivor.
- Not go beyond their area of expertise, but be willing to offer to find answers to medical questions to which they don’t have a ready answer.
- Encourage participants to take part in activities at their own level of comfort and ability, balancing their rest and activity as needed.
- Work with the Retreat Leader and Psychosocial Facilitator to assess the participant group and tailor the retreat schedule to the **emotional and physical needs of each group. Some participant groups need more rest and free time while others have the energy to participate in a fuller schedule.**
- Provide relevant materials for participants, such as local breast cancer resources, nutrition, treatment, healing, reconstruction, lymphedema and any other material that might be useful. There is a “resource” table for these materials set up for the duration of the retreat.
- Be prepared to lead 5-10 minute warm-up exercises for everyone before the two casting sessions (see *Warm-Up [Fly Fishing] Stretches*).
- Assist the Psychosocial Facilitator in meeting the emotional needs of the group, including attending the “Evening Gathering” on the second evening. In this group, the Medical Facilitator may be called upon to answer medical questions but she is in a support role and should not function as a co-leader of the group unless previously discussed with the Psychosocial Facilitator.
- Refrain from administering any medications or providing any treatment during the retreat other than first aid; in the case of an emergency, call 911. A first aid kit is available at each retreat, and she should take time to familiarize herself with it. Strict universal precautions, in regards to blood exposure, should be followed. Facilitate appropriate care in case of an accident or an emergency, and complete an Incident Report, found in the first aid kit.
- Refrain from giving second opinions or advice specific to a participant’s situation. She should speak in generalities, but provide evidence based data, so participants can draw their own conclusions, and perhaps discuss further with their own physicians.
- Be physically capable of navigating uneven terrain, stairs and other obstacles frequently found in outdoor retreat settings and be capable of assisting participants with disabilities, if needed.

**Attendance at Outdoor Activities** – The Medical Facilitator should be at a centralized location where participants know that she is available to them. Try to make this area as comfortable as possible so that the participants may sit and rest or talk, if they choose. Some participants may express a need to talk privately, and an effort should be made to accommodate them while being attentive to ensuring that all participants get an equal opportunity for individual attention. The facilitator should be present at all the activities and make an effort to connect with each participant. You are a great resource for these women; encourage them to engage you!

**Time Commitment** – Attend the entire retreat, from the pre-retreat staff meeting held several hours before participants arrive through the follow-up staff meeting held after participants depart (generally from about 1 p.m. on the first day until about 4 p.m. on last day) – see *Sample Retreat Schedule*.

**Payment for Services and Travel Expenses** – In some cases we are able to offer a small stipend for services and/or reimbursement for travel expenses, **OR** you may be asked to donate your services and travel expenses. This varies for each retreat. Lodging and meals are covered while at the retreat.
Application Process: Because of the key role played by the Medical Facilitator, CfR approves volunteers for this position through the following process:

1. Submit your Volunteer Application and resume to the national CfR office. Volunteer applications can be submitted online at www.castingforrecovery.org
2. The national office will send you a Medical Facilitator information packet.
3. A seasoned CfR volunteer who is a medical professional and/or experienced Medical Facilitator will contact you to arrange an informal interview during which you will review guidelines and job description, discuss CfR's mission, and have the opportunity to ask questions about the position.
4. If you and the interviewer determine that you are a good fit for a CfR retreat, the Program Coordinator for the retreat will be notified.
5. You will be asked to “shadow” or train with an experienced Medical Facilitator at your first retreat.

CfR supports a harassment-free environment
CfR prohibits any kind of unlawful harassment of any employee, volunteer or program participant. Sexual harassment is prohibited because it is intimidating, often is the result of an abuse of power, and is wholly inconsistent with CfR’s policies, practices, and management philosophy. Sexual harassment is defined, generally, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, express or implied.

Sexual harassment can take the following forms:

- Sexual conduct that interferes with another’s work performance or creates an intimidating, hostile, uncomfortable, or offensive work environment.

- Personnel decisions (e.g., promotion, raises, scheduling) made by a supervisor based on the employee’s submission to or rejection of sexual advances.

- Submission to a sexual advance used as a condition of keeping or getting a paid or volunteer job, whether expressed in explicit or implicit terms.

Sexual harassment also includes unwelcome sexual flirtations, advances or propositions, verbal abuse of a sexual nature, requests for sexual favors, unnecessary touching of any individual, graphic or verbal commentaries regarding the human body, sexually degrading words used to describe an individual, a display in the workplace of sexually suggestive objects or pictures, sexually explicit or offensive jokes, or physical assault.

Please reach out to the CfR national office if you have questions or need guidance.