STAFF TRAINING

Setting up a FLU-FIT or FLU-FOBT Program requires training for the staff who will be interacting directly with your patients. The training that you provide will depend on the way you organize your program and the type of staff that are involved. For example, if your clinic site is already experienced in providing FIT and FOBT kits to patients without a doctor’s order, your team may not need very much training at all. However, if your team has never provided FIT or FOBT in the past, more training will be needed.

The 5 key elements to include in your training should include:

1. **Information about the importance of both flu shots and colorectal cancer screening.**

   Your staff should know a few facts about flu shots and colorectal cancer screening:

   **Facts about Flu and Flu Shots:**
   - Flu is often mild, but can be a very serious illness
   - Depending on the season, the CDC estimates that between 3,000 and 49,000 Americans die of complications from the flu each year
   - Flu shots are one of the best tools we have to prevent people from getting flu
   - Flu shots are safe when provided as directed
   - Flu shots do not cause the flu
   - Flu shots are recommended for everyone over the age of 6 months.

   More information about flu and flu shots can be found on the CDC’s seasonal flu website: [http://www.cdc.gov/flu/index.htm](http://www.cdc.gov/flu/index.htm)

   **Facts about colorectal cancer and screening:**
   - 2nd leading cause of cancer in the United States
   - More than 50,000 Americans die of colorectal cancer each year
   - Colorectal cancer is often preventable with screening
   - Early detection and treatment saves lives
   - There are more than 1 million colorectal cancer survivors in the United States
   - Colorectal cancer screening is recommended between the ages of 50 and 75

   More information about colorectal cancer and colorectal cancer screening can be found on the USPSTF website: [http://www.uspreventiveservicestaskforce.org/uspstf08/colo/cancer/colors.htm](http://www.uspreventiveservicestaskforce.org/uspstf08/colo/cancer/colors.htm)
2. **Information about how to organize your workflow efficiently.**

In most clinical settings, it is best to plan to offer FIT or FOBT either immediately before or during administration of flu shots. It is also important to give consideration to how your space is organized so that it will be comfortable for patients and staff.

If you have a busy, high volume setting, you will want to have someone dedicated to managing the flu shot line to keep things running smoothly. You may also want to set up a separate station for FIT/FOBT several feet in front of the station where flu shots are being offered.

If you are in an outpatient clinic that is providing the FLU-FIT or FLU-FOBT Program during primary care visits, or in a lower volume setting with limited space, you will likely want to provide FIT/FOBT and flu shots together at the same clinic station.

Make sure to select all of your patient education materials in advance and have your work stations well stocked with FIT/FOBT kits and flu shots so that your team is well prepared for success.

3. **Assessing eligibility for flu shots and for FIT or FOBT without waiting for a doctor’s order.**

The CDC has developed detailed free training programs for health professionals and clinic staff who provide flu shots. These can be accessed at:

http://www.cdc.gov/flu/index.htm

Patients are eligible for colorectal cancer screening with FIT or FOBT if they are between the ages of 50 and 75 and also have had:

- No FIT or FOBT in the last year
- No colonoscopy in the last 10 years

Patients with other colorectal cancer screening tests, such as flexible sigmoidoscopy or barium enema usually can still benefit from annual FIT/FOBT. Patients with an abnormal FIT/FOBT should be referred for colonoscopy to check for polyps or cancer before considering having FIT/FOBT repeated.

Eligibility for FIT/FOBT may determined by reviewing clinic charts or your electronic health record. One time-saving approach for clinics with electronic health records is to print out a list of patients who are due for FIT/FOBT at the beginning of the flu shot season, and use it as a quick reference to select appropriate patients for FIT/FOBT as they come in for their flu shots.

When clinic charts or electronic health records are not available, the clinic staff can ask the patient about prior FIT/FOBT and colonoscopy procedures. As long as the patient is reasonably certain that he or she has not completed a recent FIT or FOBT kit and that they have not had a colonoscopy for the last several years, it is reasonable to offer a FIT or FOBT kit with their flu shot.
4. Talking to patients about FIT or FOBT and how to complete the test.

Colorectal cancer screening is a serious topic, but patients are usually receptive to hearing about it, especially when the conversation is kept simple and light. What you say to patients will depend on how your FLU-FIT or FLU-FOBT Program is set up and what type of kit you provide to patients. Effective talking points may include phrases like this:

- We have something extra to offer you today!
- It looks like you are due for a home colon test
- Colon cancer screening can save lives
- Just like a flu shot, all our doctors and nurses recommend home colon tests
- It’s very easy -- you can do it in the privacy of your home and mail it in
- We’ll make sure the results get to your doctor

Patients who accept the kit should be given additional written material and instructions. If the patient is unfamiliar with FIT or FOBT, it is can be useful to take a moment to show the patient the kit and offer simple instructions with a visual aid or a brief instructional video. We have provided sample patient education materials in our PROGRAM MATERIALS Page.

5. Information about how to record their work and provide follow-up of FIT or FOBT kits provided to patients.

For tracking purposes, you will want to keep a record of which patients were given FIT or FOBT. This information can be recorded on a log sheet where flu shots are also recorded. This list can be useful to determine test return rates and to provide reminders to patients who have not yet returned kits that have been dispensed. The log sheet can be used to gather information to track and arrange follow-up of abnormal test results. Examples of a log sheet and abnormal test result tracking form is listed in PROGRAM MATERIALS.