



## MEDICAL FACILITATOR JOB DESCRIPTION AND QUALIFICATIONS

The Medical Facilitator's primary role is to serve as a resource 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.

### THE MEDICAL FACILITATOR should be:

- A medical professional such as an oncology nurse, a physical therapist certified in lymphedema, or an oncologic physician. She should have experience in treating all phases of breast cancer and follow-up.
- Knowledgeable about breast cancer, its treatments, and potential complications (e.g. loss of motion, lymphedema, fatigue, etc.), and knowledgeable about survivorship issues.
- Able and willing to serve as a resource for medical questions at all times throughout the retreat.
- Up to date on CPR certification.

### The Medical Facilitator should:

- Thoroughly review the Medical Aggregate 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 facilitate an hour-long session on the physical (medical) aspects of breast cancer. The topics discussed should be based on the facilitator's area(s) of expertise and the needs of the participants. The session might include a short (15 minute) presentation on a topic related to breast cancer, with the remaining time used for participant questions and discussion of issues of concern to the group. Ideally, the initial 15-minute presentation should be used to update women on recent evidence-based data regarding breast cancer survivorship.
- Base their talk on data, and **not personal anecdote**, 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.
- 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.
- Assist the Psychosocial Facilitator in meeting the emotional needs of the group, including attending the "Evening Circle" 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](http://www.castingforrecovery.org)
2. The national office will send you a Medical Facilitator information packet.
3. A CfR volunteer who is an 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 probably be asked to “shadow” or train with an experienced Medical Facilitator at your first retreat.



## MEDICAL FACILITATOR PROTOCOL

**Prior to the retreat:** All **Medical Facilitators** should review and be familiar with the job description found in the CfR Program Planning Guide.

- Note that the primary responsibility of the facilitator does **not** include direct medical care to the participants (except in case of emergency or accident).  
It is recommended that injured participants be transported to the closest ER if available. In such cases, please notify by phone your representative at CfR and submit an Incident Report (included in the First Aid Kit).
- All Medical Facilitators must be certified in adult CPR.
- All Medical Facilitators should have a working knowledge of emergency first aid.
- Be prepared for the retreat by knowing where the nearest ER/Medical facility is located, including directions and phone number.

A few weeks before the retreat, Medical Facilitators will receive access to a Medical Aggregate with confidential participant medical information. ***Please review the forms carefully and note any potential areas of concern such as allergies, peripheral neuropathies, balance issues, stamina issues, or limited range of motion. Also note any medical issues the participant might like to discuss to make certain these are addressed either individually or in the medical talk later.***

**Group Composition:** 14 participants and as many as 11 volunteer staff will attend each retreat. Participants are selected in a random drawing so the group may consist of women with a wide range of life experiences and a wide range of experiences with cancer. Women in all stages of recovery are eligible to attend.

All retreat staff are present for the entire weekend and participate in all activities except for the Evening Circle, which is attended only by participants and the Wellness Team (Meds and Psychs).

### RETREAT SCHEDULE

#### First Day Activities

**Pre-Retreat Staff Meeting:** The Medical Facilitator should stress with other retreat staff the confidential nature of participant's medical conditions or information. Any concerns that have arisen when reviewing the participant information forms should be discussed at this time. However, only share information that is directly necessary for the retreat staff to perform their role. Also take this time to remind staff that universal precautions, in regards to blood exposure, should be practiced, by the staff and by the river volunteers.

- This is an excellent time for a reminder for all staff that "hovering" is not necessary nor is it helpful to the participants. Some women may have felt "medicalized" throughout their treatment and want to be far away from that feeling. A more empowering approach for the participants is for Medical Facilitators to be aware and available and not overly vigilant.

**Arrival and Introductions:** The Medical Facilitator should meet and greet each participant individually. Since many activities are happening in a short period of time, a separate “medical check-in table and process” is discouraged. A more expedient approach might sound something like this..... “Hi, Sarah. My name is Julie and I’m the medical resource for this weekend. I’m here if you have questions or would like to discuss anything. Do you have any questions now? Again, welcome to CfR!” After check-in there is usually an introductory group gathering in which the staff and participants briefly introduce themselves.

**Welcome reception:** Many programs provide a welcome reception for staff and participants.

**Meals:** Meals provide ample opportunity for group conversation. No other activities should be combined with them. Staff members should pay close attention to sitting with different participants at each meal.

## **Second Day Activities**

**Role During Fly Fishing Activities:** The second day of the retreat schedule includes instruction in casting, knot tying, and other basics of fly fishing. The Medical Facilitator should be present for these activities as it is important for the entire group to attend activities together. This provides another setting for the participants to get comfortable with the medical staff, which will enhance the rest of the weekend. **The Retreat Leader and key staff members should always be aware of the Medical Facilitator's location throughout the retreat weekend in case medical emergencies or other issues arise.**

### **Warm-up Exercises:**

***Please be prepared to conduct a short warm-up prior to both casting sessions.***

Warm-up activities provide two excellent opportunities for the Medical Facilitator.

- The first opportunity is not only to lead the group in gentle exercises, but to review safety issues as well. All participants should be encouraged to participate as they are able, but to stop if the exercise is uncomfortable. “No Pain No Gain” is never an acceptable approach. Encourage sitting and resting if a participant tires easily. It is helpful to start with basics such as obtaining a comfortable, grounded stance. Now would be a good time to mention that they will learn more about wading safely in other sessions. *Remind participants to stay well hydrated as this will improve balance.* Of course, remember to encourage the use of sunscreen and bug spray.
- The warm-up exercises usually last about 5-10 minutes and work best with everyone spread out in a circle. The exercises should focus on gentle upper body stretching to prepare the women for learning to cast a fly rod. The Medical Facilitator may choose the exercises to use, which often include common stretches for the head, neck, arms and torso, such as side-to-side head turns and neck rolls, shoulder lifts and arm rotations. There are many gentle exercises that can be used and the Medical Facilitator should create a warm-up routine that works well for the group. Encourage participants to use their other arm if their affected side/arm tires.
- The second opportunity for the Medical Facilitator is to observe the responses to the warm-ups and other activities as the day progresses. Her observations may be valuable to the team leader especially in making River Helper assignments as well as fishing location assignments on the river.

**The Medical Presentation:** At the scheduled time on the second day of the retreat the Medical Facilitator is responsible for the Medical Talk. It should begin with a casual, informative presentation (15 minutes) on a topic related to breast cancer and in the Medical Facilitator’s area of expertise. This is a great opportunity to provide up-to-date information that the participants will hopefully find useful. Up-to-date information about

breast cancer will be available from the CfR central office that you can draw from. This short presentation is followed by a discussion with participants about medical issues associated with a breast cancer diagnosis. The discussion can be a casual Q&A or simply “opening the floor” to topics the women want to discuss. You can help lead this discussion by bringing up relevant topics.

Attendance at this session may include only participants, Medical Facilitator and Psychosocial Facilitator. Attendance by other staff is optional and at the discretion of the Retreat Leader, but this can be a great opportunity for the fly fishing staff to learn more about breast cancer, and what the participants have been through. Retreat staff who attend the Medical Talk should refrain from asking questions and give the participants full opportunity to ask their questions and share their experiences.

**Opening the discussion:** Sometimes in getting the medical discussion started, a participant may want to discuss issues of an emotional or spiritual nature. *Therefore, it is helpful to preface the medical presentation with an explanation that you will be focusing largely on medical concerns and that emotional and spiritual concerns have their own special time later in the day. Encourage women to save those issues and bring them to Evening Circle which will focus on the emotional aspects of breast cancer.*

**Lymphedema:** Another way to start the discussion is to give a few prepared remarks about or ask if participants know about lymphedema. It is surprising how many women have little or no information about that topic. Relate it to safety on the river and outdoors, i.e. discuss the importance of protecting against bug bites and hook sticks and explain how those should be dealt with if they do happen.

**Use Resources:** Taking the resource table handouts to the medical discussion as examples of medical “issues” may also stimulate discussion. **Suggestion:** On your resource table, try to include information devoted to sexual concerns and cancer. This is often the least discussed issue and one of the most difficult for women to bring up.

**Anonymous questions:** Another useful method is to ask participants to write their medical questions on slips of paper and dropped into a box or bowl. The facilitator can address each one. This allows women the opportunity to ask questions anonymously which may prove beneficial.

### **Important points:**

- It is never appropriate to diagnose or give second opinions. You might use phrases such as “Of course I cannot comment on your specific case, but in general...”
- CfR is about helping women connect so allow plenty of time for discussion by limiting the initial presentation to 15 minutes.

### ***If you don't know the answer to a question:***

- It's perfectly fine to say you don't know but will look it up and get the info to her
- Often other participants will be knowledgeable and able to share information

Whatever the approach to the medical discussion, be mindful, respectful, and non-judgmental when answering any question and you have done your job well.

The Medical Facilitator attends Evening Circle, led by the Psychosocial Facilitator, and is there in a supporting role. This gathering is reserved for participants only and no other retreat staff.

### Third Day Activities:

Day three of the retreat is often the most exciting for participants. Many step into running water for the first time. The majority of participants have never caught a fish. Some women may be very nervous about wading in running water due to neuropathy that makes it difficult to maintain balance. Some women may need reassurance that their assigned River Helper is devoted to keeping them safe.

- The Medical Facilitator may participate in the early morning meeting with River Helpers to brief them on some of the medical issues to pay attention to.
- The Retreat Leader may ask for the Medical Facilitator's input when assigning appropriate River Helpers to participants and finding the safest fishing location for those who have disabilities.
- The Medical Facilitator should confer with staff to create a logistical plan for managing emergencies should they arise during fishing time.
- The Medical Facilitator should be stationed at a specified location for the entirety of the fishing day and all staff and river helpers should know how to quickly reach her. Cell phones or walkie talkies should be used to maintain close connection.
- Keep the provided First Aid Kit with you at all outdoor events throughout the weekend. Please familiarize yourself with the kit's contents at the beginning of the retreat, and do not wait for an emergency to do this. Among other things, the kit contains first aid items and over-the-counter medications. The medications are for CfR participants and volunteers to *self-administer*. CfR staff and volunteers cannot dispense medications to anyone. Inside each kit is a list of what is included, as well as a sheet to mark off any items you may have used. When the retreat is over, please place both sheets in the First Aid Kit for return to the national office.
- The Medical Facilitator remains onsite until all participants have departed and until after the end of retreat staff meeting.

**Fish Hook Removal:** Fish hooks are an uncommon but potential injury at CfR retreats. Factors that should be weighed include severity of the location (face, mouth, eye vs. thumb, etc.), whether the barb is pinched down, distance to an ER/medical clinic, and if the hook is embedded in an area where the person is at risk for lymphedema. There is a proper method for removing fishhooks, particularly those that are embedded. If the Medical Facilitator is confident the hook can be easily and safely removed, then the participant should be alerted to the potential risks. Once permission is obtained:

- 1) The fishing line attached to the hook should be cut to eliminate tension on the hook from the weight of the rod.
- 2) Casting for Recovery staff removing the hook should wear gloves, which can be found in the first aid kit, because of potential exposure to the hooked person's blood.
- 3) The surrounding skin should be cleansed with Purell (or similar alcohol based cleanser) which can be found in the first aid kit.
- 4) The hook should be removed. A back-out technique is preferred: a. The shank of the hook is grasped with a hemostat. b. The shank and eye of the fish hook should be firmly depressed to help disengage the barb (or remnant) while the hook is backed out of the wound.
- 5) The wound should be cleansed (with soap and water if available, or Purell if in the field) and covered with antibiotic ointment.
- 6) The wound should be cleansed with soap and water upon return to the lodge.
- 7) The participant should be advised to have a tetanus booster within 48 hours, if not up to date.
- 8) If the Medical Facilitator is concerned, either about hook removal or how the wound looks after removal, a CfR staff member should accompany the person to the nearest ER/medical clinic, with a copy of the participant's current medications.

**Note:** Some teams feel that “Medical Facilitator” seems too formal/stuffy for the CfR retreat environment. Please feel free to rename your Medical Facilitator “Medical Support Person/Staff,” or something else that fits your retreat. Some teams prefer to call their Med/Psych duo the retreat “Wellness Team.”



## ACKNOWLEDGING DIFFERENCES

All of our retreat participants have received a breast cancer diagnosis. Beyond their diagnosis, the women may have many differences including:

- age
- ethnicity or race
- stage of cancer (DCIS, metastatic)
- sexual orientation
- disability
- cancer treatment or reconstruction choices
- income or insurance status
- religious affiliation
- political preferences
- relationship status (single, married, divorced)

CfR retreats are about bringing women together, focusing on what we have in common and supporting one another - regardless of any other differences beyond their breast cancer diagnosis.

Many of the differences listed above are not obvious. Try to be aware of each group of participants, and notice any unique or differing opinions, or even silence. Sometimes a majority of the women express a similar opinion, such as a fear of recurrence or that faith/religion helped them through their cancer treatment. For the women in the group who feel differently - and are in the minority - there is a potential for them to feel alone or alienated and possibly share less with the group.

We sometimes have one or more women with metastatic breast cancer at CfR retreats. Their cancer is advanced and a "fear of recurrence" does not apply to them. If the medical session or Evening Circle becomes focused on the fear of recurrence, metastatic women may be silent because the discussion doesn't apply to or include them or they don't want to scare others by sharing details of their advanced disease. Similarly, faith and religion are common topics at our retreats, but not everyone is religious or shares the same religious beliefs.

For the medical and psychosocial facilitators, it may be beneficial to simply acknowledge that some women may have differing opinions. This promotes inclusiveness, whether women with differing opinions or experiences choose to verbally express them to the group or not.

All choices, opinions and feelings deserve respect. By supporting and celebrating one another, we promote an environment where women feel comfortable and included.





## POLICIES ON SOLICITATION, DRESS CODE, ETC.

### Solicitation

We ask that there be no solicitation (written or verbal) or self-promotion during a retreat other than approved printed materials, placed on the resource table, offering products or services associated with fly-fishing and/or breast cancer only. Materials should be submitted to the retreat leader, preferably before the retreat, for approval. This applies to all staff, volunteers, participants, and guests of Casting for Recovery for the entire duration of the retreat.

Only CfR banners with **new logo** are to be displayed at the retreat.

Persons or businesses donating items or services for the gift bags or as prizes may have their business card or brochure attached to the item. The items should be submitted to the retreat leader, preferably in advance of retreat. This applies to all persons or businesses donating items to be distributed at the retreat, including all those present at the retreat.

### Alcohol

CfR does not encourage the use of alcohol at retreats even if the facility has a license to sell alcohol. If the facility does not have a license to sell alcohol, CfR shall not supply alcohol at that retreat location.

### Dress Code

Please dress comfortably but appropriately for your retreat role as a representative of your local CfR team. Fishing pants/shirts, capri or khaki pants, nice jeans and a CfR shirt (if you have one) are all fine. Please avoid wearing t-shirts with slogans. Your local team may have additional ideas or suggestions. This applies to all volunteers/staff for the duration of the retreat.

### Pets

All CfR volunteers, including staff and river helpers, are asked to leave pets at home. Participants may be sensitive due to treatment or have allergies, and are not allowed to bring their pets. The only exceptions to this are Seizure Response Dogs (SRD) and Visual Assistance Dogs (Guide Dogs who assist blind and visually impaired people), which will be evaluated on a case by case basis.

### Retreat Staff Composition

An important part of creating a safe, supportive environment in which women feel comfortable to relax and share is ensuring that retreat staff are *exclusively female*. Men are welcomed to attend retreats as River Helpers on the last day. Additionally, no males or females who are not part of the core retreat staff should attend the retreat on the first two days. Exceptions are: (1) men who are part of a special first night entertainment event; (2) female massage therapists, yoga instructors etc. who are not part of core retreat staff may be invited to offer optional sessions during free time only on the second afternoon.

In addition, donors and supporters may be invited to attend on the last day to visit during the fishing session. This should be coordinated with the Program Coordinator and/or Retreat Leader.

Media are only allowed on the last day during the fishing session.

### Confidential Participant Information

Please remember that all participant information is confidential. Due to security issues, please do not download participant information to mobile devices (cell phones, iPads or tablets). **Until the Care to Share form is signed at the retreat, you should not share participant contact info with other participants** (unless they have checked the rideshare option allowing you to share their info with other rideshare participants). Following the retreat, keep your copy of the Care to Share form but shred paper files and delete electronic files containing confidential participant information. If group emails are sent out before and/or after the retreat, be sure to put their email addresses in as Blind Copy (Bcc).



## HEALTH GUIDELINES FOR RETREAT STAFF

CfR recognizes that in order to provide the best possible services to our participants, our retreat staff should be as physically, mentally and emotionally healthy as possible, allowing for full participation in all retreat activities. We suggest that any retreat staff members who have been ill, under extreme stress or who have experienced emotional trauma consider the recommendations below.

**Medical Guidelines: All retreat staff should be physically able to navigate uneven terrain and stairs without difficulty and be healthy enough to successfully deal with the other challenges of our outdoor retreat settings, possibly high altitude. Staff should also be physically capable of assisting participants who have a variety of physical disabilities. In addition, staff should consider the following:**

- 1) If a staff member is less than one year out of treatment for breast cancer or any other type of cancer and if that treatment involves surgery, extensive chemotherapy and/or radiation treatment, the staff member should seriously consider whether she is fully prepared to staff a retreat.
- 2) Staff who are suffering from any other physical problems that might prevent them from adequately performing their duties (any mobility issues, upcoming surgery, other physical limitations) should elect not to attend retreats until the problem is fully resolved.
- 3) If there are questions about readiness to attend a retreat, please discuss this with your Program Coordinator or someone from the national office if needed.

### **Psychological Guidelines:**

- 1) Staff who have recently experienced an emotional trauma (death of a family member, divorce, serious accident, cancer diagnosis, etc.) should seriously consider whether they are capable of performing required duties. *This is especially important for the Wellness Team (Psychs and Meds).*
- 2) If post traumatic symptoms are present and are negatively affecting the quality of daily life, then staff should not work at a retreat until those issues have been adequately addressed.
- 3) If **Program Coordinators or Retreat Leaders** are aware of staff members who may be in the process of healing and require more time to heal and who are not fully aware of their limitations, it is the Coordinator or Retreat Leader's responsibility to address that issue. It is often difficult for a person who has serious PTSD to assess their own ability to work effectively.



## OVERVIEW OF RETREAT ACTIVITIES

**Staff Arrival** – No later than 1 p.m. (or 3 hours prior to participant arrival) on first afternoon of retreat.

**Staff Orientation & Set-up** – led by the retreat leader (checklist provided)

- Staff sign-in sheet – must be signed by all retreat staff.
- Prepare for arrival of participants – Set up areas for registration, gear distribution, and resource table
- Review schedule and note where various activities will be held.
- Insert Staff and Participant retreat schedules, as well as updated contact information, in Staff and Participant Folders (if not already done)
- Discuss medical/psychosocial information from the participant registration forms, highlighting special needs or concerns. Reminder to all that this information is *strictly confidential*.
- Review CfR policies on dress, alcohol etc. and *how to appropriately manage confidential patient information*.
- Complete staff assignments worksheet.
- Discuss media attending retreat, if any (*only allowed on fishing day*).
- Note other volunteers/guests who may be attending.
- Hang CfR local program banner and or photo banner in prominent locations (display *only CfR banners*).
- Post a schedule in several convenient locations.

**Participant Arrival** – usually around 4 p.m./All staff assist

- Greet participants and have them check into their rooms. Use “greeters” during this activity.
- Participants sign in, receive a nametag, CfR hat and fly pin.
- Distribute fishing gear including rod, reel, vest, waders, and boots to use for the duration of the retreat.
- Have participants try on waders and boots for fit – a wonderful icebreaker!
- Check to see that the participants have their fishing licenses (if applicable).

**Participant Introductions and Overview of Retreat Activities**

**Distribute Participant Folders and Discuss the following:**

- **Brief history** of CfR (see *About CfR*) and **local involvement** - explanation of how the program was established and is supported locally.
- **Media** – Inform participants about any media coverage that will take place on the last day of the retreat during fishing. Even if there will be no media attending the retreat, the women need to be assured that if they do not wish to be photographed, that we will respect their request.
- **Reminder that this retreat is about the participants** – that they are free to participate at whatever level that they are comfortable and that they are free to break from any activity. Ask that they let a staff person know if they will be absent from a session so we do not become concerned about their whereabouts.
- **Inform participants** about CfR Care to Share sign-up and the resource table – fly fishing and breast cancer resource materials (for display only unless multiple copies are available).

**Introductions**

- **Staff** – Each member makes a short commentary about her role and her experience.
- **Introductions** – Generally, participants are invited to tell us about what made them decide to apply for this retreat, their experience with fly fishing and, if they care to share it, about their breast cancer diagnosis. In some cases, the Psychosocial Facilitator may help lead this portion of the introductions.

**Overview** – Explain items in the participant folders and remind to bring to all sessions.

- Orvis fly-fishing notebook
- Handouts – Why Fly Fishing and Breast Cancer, Lymphedema documents, Stream Etiquette, Handling and Releasing a Fish Properly, and Wading Safely.
- Schedule – Summarize schedule and note where the various activities will be held.

**Dinner the First Night** – May include greeters (usually past participants), who depart after dinner.

**Evening Activity** – All staff attend icebreaker/connecting activity led by Psychosocial Facilitator.

**Additional First Night Activity** – If time allows, an (optional) additional activity may be included such as a fly-fishing video, fly-tying, puzzles, bonfire, or another “connecting” or fly-fishing-related activity. *Keep in mind participants may be tired from a day’s travel and would rather rest up in preparation for the next day.*

### **First Full Day - short break times between sessions as appropriate**

- **Breakfast** – Make any announcements that are necessary about the activities for the day. Remind participants to bring their folders, vests and CfR hat to the day’s sessions.
- **First fly-fishing session** – Could cover equipment description and then out for first casting session.
- **Warm-up exercises** – All casting sessions begin with light warm-up exercises led by the Medical Facilitator.
- **Casting demonstration** - Beginning Casting Session. See *Casting Instructor Protocol*.
- **Second fly-fishing session** – Could include the bug talk.
- **Lunch**
- **Afternoon** – Medical Facilitator leads discussion of medical issues.
- **Casting demonstration** – Advance Casting Session. See *Casting Instructor Protocol*.
- **Third fly-fishing session** – Could include the knot tying instruction and practice.
- **Free time** – This is very important! An effort should be made to stay on schedule as much as possible, or if necessary, to adjust the schedule to maintain the recommended two (2) hours of free time.
- **Dinner** – After dinner is a good time to mention fishing day preparation such as gearing up, carpooling to fishing site (if needed) and mentioning that River Helpers will be with the participants on fishing day.
- **Evening Circle** – Directly after dinner the participants, Psychosocial and Medical Facilitators only, meet in a private area for discussion of breast cancer issues. See *Psychosocial Protocol*. During Evening Circle, non Med/Psych staff can meet to discuss participant & River Helper pairings for Sunday fishing.

### **Fishing Day**

- **Morning Gathering** – usually led by Psychosocial Facilitator. Attendance by participants and staff is encouraged but is optional.
- **Breakfast reminders**
- **Checkout time** – if before departure, provide participants with a place to store their gear
- **Transportation to river** – where and when to meet, carpooling etc.
  - It may be necessary to drive participants and staff to the fishing location. Please carpool participants to the fishing site in retreat staff vehicles, and have river helpers bring all of the fishing gear. Another option would be for pairs of participants and river helpers to ride together. For comfort and safety, a woman should not be transported one-on-one to the fishing site with her river helper. In an effort to be environmentally conscious, please limit the number of vehicles in transport to the fishing site, and carpool as much as possible.
- **What to bring** – medications, rain coat, extra layers, sunscreen, bug repellent, fishing license, hat, eye protection, etc. and when to suit up for fishing.
- **River helpers** – Sign-in and orientation prior to participants’ arrival at fishing site.
- **Catch and release fishing** – Set up a central location for first aid, beverages and snacks, etc. Assign walkie-talkie coverage (If applicable) and “roaming” staff assignments.
- **Lunch** – Picnic lunch at the fishing location or back at the facility. Lunch may include volunteers such as River Helpers, donors or special guests. River Helpers presented with a Certificate of Appreciation and CfR pin
- **Graduation** – at fishing location or facility.
  - Reminder to sign Care to Share form.
  - Thank you to all the staff and participants.
  - Volunteer certificates distributed to the staff and volunteers.
  - Gift bags (if not handed out prior to this) and Certificate of Completion distributed to the participants by all the staff
  - A few words about continuation in the sport, resource materials, alumnae opportunities, and CfR volunteer opportunities.
  - A few words about the supporters of the program/option to send thank you notes.
  - Short closing activity with core weekend group only (led by Psychosocial Facilitator).
  - Goodbyes are said and the participants depart.

**Staff Meeting** – All staff members stay for a short meeting to process the events of the retreat and to help pack up gear and supplies. This is a time for discussion of any issues that may have arisen and for closure. *Wish all a safe trip home.*



***Name of Facility***  
***Location***  
***Date of Retreat***

## **SAMPLE RETREAT SCHEDULE**

### **Day 1**

1:00 p.m. Staff arrival, orientation, and set-up  
4:00 Participant arrival, check-in, and gear receipt  
5:30 Introductions and an overview of the program  
6:30 Dinner followed by group “icebreaker” gathering

### **Day 2**

8:00 a.m. Breakfast  
9:15 Overview of equipment and presentation of “What Fish Eat”  
10:30 Break  
10:45 Warm-up exercises followed by introductory casting demonstration and practice  
12:00 Lunch  
Followed by a discussion session led by the medical facilitator on the physical effects of breast cancer  
2:00 p.m. Advanced casting demonstration and more practice casting  
3:00 Demonstration on knot tying with hands on practice by participants  
4:00 Free time  
6:00 Dinner followed by the “Evening Circle,” a discussion session led by the psychosocial facilitator on the emotional effects of breast cancer

### **Day 3**

7:30 a.m. Morning gathering  
8:00 Breakfast  
9:00 Demonstration of fishing methods (if the location allows) followed by guided catch and-release fly fishing  
1:00 p.m. Lunch  
2:00 Graduation  
3:00 Participant departure followed by staff meeting  
4:00 Staff departure and safe trip home

***Snacks and beverages are available at all times during the retreat.***



## BREAST CANCER RESOURCE MATERIALS

***The Wellness Team (meds and psychs should collect information about local breast cancer resources and display them on the retreat resource table.***

CfR believes that local resource information and a local support network are important to quality of life for our participants. We ask Medical Facilitators and Psychosocial Facilitators to collect brochures and pamphlets from local breast cancer organizations, support groups, and treatment facilities and make the information available on the resource table throughout the retreat. Encourage participants to take this information with them.

***Limited breast cancer resource materials for the resource table are sent in your retreat box. Optional Cancer Care resources are available for download and printing [HERE](#).***

***Additional materials may be sourced from the following list:***

### American Cancer Society

[www.cancer.org](http://www.cancer.org) - (Please let participants know to click on "Get Involved" and enter zip code to find the ACS closest to them)

800-ACS-2345

- A nationwide, community-based, voluntary health organization focused on cancer research, education, advocacy, and service.
- Brochure: ABCs of Breast Health

### American College of Surgeons - Commission on Cancer

<https://www.facs.org/education/patient-education/patient-resources>

800-621-4111

- A scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice
- Offers educational information to help patients and their families become informed about operations and surgical care

### Association of Oncology Social Workers (AOSW)

<http://www.aosw.org/patients-caregivers/resources>

847-686-2233

- AOSW members practice in hospitals, outpatient clinics, home care and hospice agencies, community wellness programs, patient advocacy organizations and other settings
- Connect persons diagnosed with cancer, and their families, with essential community, state, national, and international resources

American Psychosocial Oncology Society (APOS)

<https://apos-society.org/people-affected-by-cancer/resources-links>

- Committed to ensuring patients and caregivers have access to resources, programs and support that may ease the cancer journey
- **APOS' Toll-Free HELPLINE – 1-866-276-7443 (1-866-APOS-4-HELP)** - a national referral program to help people with cancer and their caregivers find emotional support in their own communities

CancerCare

[www.cancercare.org](http://www.cancercare.org)

800-813-HOPE (4673)

- A national organization providing free, professional support services and information to help people manage the emotional, practical and financial challenges of cancer
- Services include counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance

National Comprehensive Cancer Network (NCCN)

<https://www.nccn.org/patients/about/resources/default.aspx>

- A not-for-profit alliance of 27 leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives
- Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system

National Lymphedema Network

[www.lymphnet.org](http://www.lymphnet.org) (You do not have to join to get most information on this site)

800-541-3259

- An extensive network of resources and information on lymphedema and lymphatic massage.

Susan G. Komen for the Cure

[www.komen.org](http://www.komen.org)

877-465-6636

(Please let participants know to click on “Get Involved” to find the Komen affiliate in their area)

- A nationwide network of breast cancer survivors and activists, and a foundation that provides grants to fund research, treatment, and recovery.

***Additional resources that may be given to participants:***

ABCD after Breast Cancer Diagnosis

<http://www.abcdbreastcancersupport.org/>

800-977-4121

- Provides free information and support to anyone touched by breast cancer.

Dr. Susan Love Research Foundation  
<https://www.drSusanLoveResearch.org/>

866-569-0388

- Dr. Susan Love's Breast Book (4<sup>th</sup> edition) - Called "the bible for women with breast cancer" by the *New York Times*.
- Dr. Susan Love is a former member of CfR's advisory board

Heal in Comfort

<https://www.healincomfort.com/free-stuff-breast-cancer-patients>

- Founded in 2010 by breast cancer survivor Cherie B. Mathews, Heal in Comfort's mission is to help women heal in comfort and dignity after surgery in their battle against breast cancer.
- Offers a comprehensive list of helpful resources and free stuff for women with breast cancer

LIVESTRONG Foundation

<https://www.livestrong.org>

855-220-7777

- Offers tools, resources, community programs and direct services to help cancer survivors and their loved ones to help ease the challenges of a cancer diagnosis

Living Beyond Breast Cancer

[www.lbbc.org](http://www.lbbc.org)

610-645-4567

- A national education and support organization for women at all stages of diagnosis, treatment, and recovery

MedlinePlus

<http://medlineplus.gov>

- A service of the National Library of Medicine (NLM) and the National Institutes of Health (NIH)
- Extensive and authoritative health information, in English and Spanish, from the National Library of Medicine on over 650 diseases and conditions, updated daily

METAvivor

<http://www.metavivor.org/>

818-860-1226

- Metastatic Breast Cancer Awareness, Research and Support: A non-profit organization dedicated to increasing awareness of advanced breast cancer and equity in research and patient support

National Cancer Institute

[www.cancer.gov](http://www.cancer.gov)

800-4-CANCER

- The federal government's principal agency for cancer research



### National LGBT Cancer Project

<http://lgbtcancer.org>

212-673-4920

- Provides cancer-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse people and communities

### Stupid Cancer

<http://stupidcancer.org>

877-735-4673

- Founded in 2007 by Matthew Zachary, a young adult brain cancer survivor, Stupid Cancer has become the largest US-based charity that comprehensively addresses young adult cancer through advocacy, research, support, outreach, awareness, mobile health and social media
- Offers help linking those with cancer to support groups, community forums, insurance/financial/legal resources and more

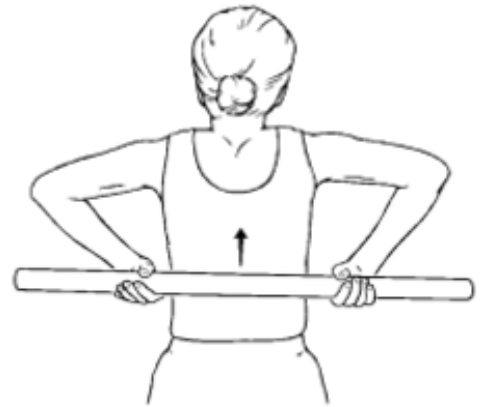
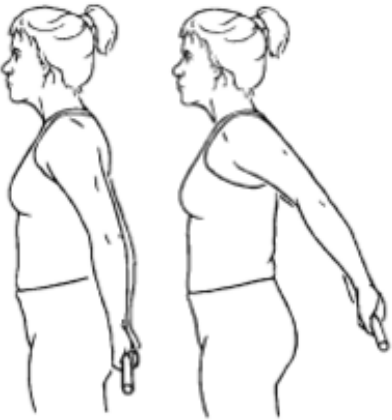
### Young Survival Coalition

<https://www.youngsurvival.org>

877.972.1011

- Founded by 3 young women who were under the age of 35 when diagnosed and discouraged by the lack of resources available and under-representation of young women in breast cancer research, YSC is dedicated to the critical issues unique to young women who are diagnosed with breast cancer
- Offers resources, connections and outreach so women feel supported, empowered and hopeful

# FIELD EXERCISES



**BACK • 86 Thoracolumbar Side-Bend: Single Arm (Standing)**

Reach over head to other side with **right** arm until stretch is felt.  
Hold \_\_\_\_\_ seconds.  
Relax.

Repeat \_\_\_\_\_ times per set.  
Do \_\_\_\_\_ sets per session.  
Do \_\_\_\_\_ sessions per day.



**HIP OBLIQUE • 2 Iliotibial Band / Abductors**

Cross left leg over right leg. Bend left knee slightly. Lean to left until stretch is felt over outside of right hip. Hold \_\_\_\_\_ seconds. Repeat to other side, with right leg over left.

Repeat \_\_\_\_\_ times.  
Do \_\_\_\_\_ sessions per day.

