Core Competencies for Oncology Patient Navigators

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Background: Patient navigators have become critical members of the healthcare team; however, a need exists to provide more clarity around roles across navigator types and to develop competencies to help standardize the profession.

Methods: We developed a set of competency statements for oncology patient navigators (ie, those who are not clinically licensed). To validate the 65 competency statements, we conducted a national survey of healthcare professionals who self-identified as working in the field of oncology patient navigation.

Results: Of the 618 individuals who consented to participate in the study, 525 respondents were eligible to participate in the full survey. All competency statements were endorsed by 81% to 98% of participants. Based on qualitative feedback, competencies were edited, combined, and/or deleted for a total of 45 final competencies.

Conclusions: Standardizing oncology patient navigator roles is essential for advancing the field. Role clarification can help clinically licensed oncology navigators (nurses and social workers) to operate at the top of their license while protecting patient navigators and institutions from liability issues.

The profession of patient navigation is fast becoming critical to the delivery of oncology care, particularly for patients from underserved groups.1 Evidence suggests that patient navigators (ie, those who are not clinically licensed) can help improve care. For example, patient navigators have been shown to help diverse populations of patients with cancer to receive faster diagnoses for their disease.2,3 Currently, however, patient navigation suffers from a lack of standardization.4 Because no scope of practice exists, patient navigators are underutilized or are performing services that should be done by other professionals.

To guide standards for the profession, The George Washington University (GW) Cancer Institute led a study to develop competencies for oncology patient navigators. While these team members share some responsibilities with oncology nurse navigators and social workers, many oncology patient navigators have not received any training, and training that does exist is limited. In phase 1 of this study, Willis and colleagues distinguished roles of oncology patient navigators from those of social workers, nurse navigators, and community health workers5; however, these role distinctions have not yet been systematically translated into practice. Identifying competencies for oncology patient navigators is particularly critical given that currently no standards exist and this workforce remains unregulated. The goal of this study was to augment previous research to develop and validate competencies for oncology patient navigators.

Methods

First, the GW Cancer Institute utilized a literature review and Internet search as the foundation to develop a framework of functions performed by oncology patient navigators, community health workers, and clinically licensed nurse and social worker navigators, and to demonstrate commonalities and differences among these professions.5 The framework highlighted 12 major functional domains: (1) professional roles and responsibilities, (2) community resources, (3) patient empowerment, (4) communication, (5) barriers to care/health disparities, (6) education, prevention, and health promotion, (7) ethics and professional conduct, (8) cultural competency, (9) outreach, (10) care coordination, (11) psychosocial support services/assessment, and (12) advocacy. To ensure that the literature review covered all of the core functions of oncology patient navigators, 2 GW Cancer Institute researchers conducted 6 focus groups with 21 oncology patient navigators across the United States and identified major themes in their roles, responsibilities, and functions.

In 2013, the Association of American Medical Colleges (AAMC) endorsed a taxonomy to guide competency development for all health professions, using the Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties model of interrelated domains of competence. ACGME domains included the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based
practice. AAMC added 2 additional competency domains—interprofessional collaboration and personal and professional development—after reviewing other health professional competencies.6

The GW Cancer Institute adopted this taxonomy to develop competency statements for oncology patient navigators. One researcher reviewed the AAMC domains and identified competencies in the model that were relevant to oncology patient navigators. The same researcher reviewed the Oncology Nursing Society (ONS) Oncology Nurse Navigator Core Competencies and identified those that an oncology patient navigator might share with a nurse navigator.7 Using the AAMC and ONS competencies as a guide, the researcher then drafted competency statements by adapting content from both lists and incorporating key findings from the focus group results. A team of 5 additional researchers reviewed and refined the competencies through a consensus-based process that included removing duplicate competencies, linking together concepts that supported an integrated competency, and assigning competencies to relevant competency domains. Competencies that were clearly clinical were eliminated.

The 72 draft competencies were presented to 22 national experts who were invited to provide qualitative feedback on whether each competency was clear, nonclinical, and in the correct domain. Finally, these 22 experts were asked whether they endorsed each of the competencies, and 13 responded with feedback. After incorporating their feedback, a 272-question online survey was disseminated to oncology patient navigators via e-mail through patient navigation professional organizations; patient navigation networks across the country; the GW Cancer Institute Center for the Advancement of Cancer Survivorship, Navigation, and Policy Listserv; and through personal networks of patient navigation leaders (using the snowball sampling method; ie, a nonprobability sampling technique that identifies eligible respondents for a study and uses these respondents to find additional eligible respondents to increase the sample size). Data were collected over a 4-week period in the summer of 2014. Adopting the same methodology used by ONS for finalizing their Oncology Nurse Navigator Core Competencies,7 survey respondents were asked to complete the following for each of the 65 competency statements:

- The extent to which it represents an essential function of the oncology patient navigator in a wide variety of settings (3-point scale: highly, moderately, minimally)
- The extent to which it is clearly written to facilitate consistent interpretation and implementation across practice settings (3-point scale: highly, moderately, minimally)
- I support inclusion of this competency (Yes/No)
- An open-text field to provide any qualitative feedback about the specific competency.

The survey responses were collected and managed using the web-based Research Electronic Data Capture application hosted at GW.8 Data were analyzed using basic frequencies with subanalyses conducted across participant groups. A visual depiction of the research process is provided (Figure).

**Results**

The original competency statements developed from the functional framework and the focus groups resulted in 72 statements. After review by national experts and elimination of competencies that were identified as clinical in nature, 65 competencies remained and were disseminated via the national survey. Over a 4-week period, 618 individuals consented to participate in the study. A screening question was used to identify eligibility: “Do you work in the field of oncology patient navigation (practice or research)?” Of the respondents, 525 answered “yes” and were eligible to participate in the full survey. Table 1 shows a
breakdown of the professional roles for the 464 respondents who identified their roles.

All competency statements received a high level of endorsement, with the lowest aggregate percentage of endorsement at 81% for 2 competency statements and the highest percentage of endorsement at 98%. The quantitative data supported inclusion of all 65 competency statements. No competencies were eliminated due to lack of endorsement. However, after the research team analyzed qualitative data provided through the survey to identify competencies that were duplicative, vague, or too setting-specific, they omitted 14 competencies due to duplicative intent, 3 because they were too specific to a particular setting, and 1 for being confusing to survey respondents. In addition, 2 competencies were combined with other competencies. This process resulted in the 45 final core competency statements listed in Table 2.

Limitations

Limitations to this study included use of a convenience

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Oncology Patient Navigator Core Competencies</th>
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<tbody>
<tr>
<td><strong>Domain 1: Patient Care</strong></td>
<td>Facilitate patient-centered care that is compassionate, appropriate, and effective for the treatment of cancer and the promotion of health.</td>
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<tr>
<td>1.1 Assist patients in accessing cancer care and navigating healthcare systems. Assess barriers to care and engage patients and families in creating potential solutions to financial, practical, and social challenges.</td>
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<tr>
<td>1.2 Identify appropriate and credible resources responsive to patient needs (practical, social, physical, emotional, spiritual), taking into consideration reading level, health literacy, culture, language, and amount of information desired. For physical concerns, emotional needs, or clinical information, refer to licensed clinicians.</td>
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<tr>
<td>1.3 Educate patients and caregivers on the multidisciplinary nature of cancer treatment, the roles of team members, and what to expect from the healthcare system. Provide patients and caregivers evidence-based information and refer to clinical staff to answer questions about clinical information, treatment choices, and potential outcomes.</td>
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<tr>
<td>1.4 Empower patients to communicate their preferences and priorities for treatment to their healthcare team; facilitate shared decision-making in the patient’s healthcare.</td>
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<td>1.5 Empower patients to participate in their wellness by providing self-management and health-promotion resources and referrals.</td>
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<td>1.6 Follow up with patients to support adherence to agreed-upon treatment plan through continued nonclinical barrier assessment and referrals to supportive resources in collaboration with the clinical team.</td>
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<td><strong>Domain 2: Knowledge for Practice</strong></td>
<td>Demonstrate basic understanding of cancer, healthcare systems, and how patients access care and services across the cancer continuum to support and assist patients.</td>
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<td>NOTE: This domain refers to foundational knowledge applied across other domains.</td>
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<tr>
<td>2.1 Demonstrate basic knowledge of medical and cancer terminology.</td>
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<td>2.2 Demonstrate familiarity with and know how to access and reference evidence-based information regarding cancer screening, diagnosis, treatment, and survivorship.</td>
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<tr>
<td>2.3 Demonstrate basic knowledge of cancer, cancer treatment, and supportive care options, including risks and benefits of clinical trials and integrative therapies.</td>
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<tr>
<td>2.4 Demonstrate basic knowledge of health system operations.</td>
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<td>2.5 Identify potential physical, psychological, social, and spiritual impacts of cancer and its treatment.</td>
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<td>2.6 Demonstrate general understanding of healthcare payment structure, financing, and where to refer patients for answers regarding insurance coverage and financial assistance.</td>
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<tr>
<td><strong>Domain 3: Practice-Based Learning and Improvement</strong></td>
<td>Improve patient navigation process through continual self-evaluation and quality improvement. Promote and advance the profession.</td>
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<td>3.1 Contribute to patient navigation program development, implementation, and evaluation.</td>
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<td>3.2 Use evaluation data (barriers to care, patient encounters, resource provision, population health disparities data, and quality indicators) to collaboratively improve navigation process and participate in quality improvement.</td>
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<td>3.3 Incorporate feedback on performance to improve daily work.</td>
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<td>3.4 Use information technology to maximize efficiency of patient navigator’s time.</td>
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<td>3.5 Continually identify, analyze, and use new knowledge to mitigate barriers to care.</td>
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<td>3.6 Maintain comprehensive, timely, and legible records capturing ongoing patient barriers, patient interactions, barrier resolution, and other evaluation metrics, and report data to show value to administrators and funders.</td>
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<tr>
<td>3.7 Promote navigation role, responsibilities, and value to patients, providers, and the larger community.</td>
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Domain 4: Interpersonal and Communication Skills
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

4.1 Assess patient capacity to self-advocate; help patients optimize time with their doctors and treatment team (eg, prioritize questions, clarify information with treatment team).
4.2 Communicate effectively with patients, families, and the public to build trusting relationships across a broad range of socioeconomic and cultural backgrounds.
4.3 Employ active listening and remain solutions-oriented in interactions with patients, families, and members of the healthcare team.
4.4 Encourage active communication between patients/families and healthcare providers to optimize patient outcomes.
4.5 Communicate effectively with navigator colleagues, health professionals, and health-related agencies to promote patient navigation services and leverage community resources to assist patients.
4.6 Demonstrate empathy, integrity, honesty, and compassion in difficult conversations.
4.7 Know and support National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to advance health equity, improve quality, and reduce health disparities.
4.8 Apply insight and understanding about emotions and human responses to emotions to create and maintain positive interpersonal interactions.

Domain 5: Professionalism
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

5.1 Apply knowledge of the difference in roles between clinically licensed and nonlicensed professionals and act within professional boundaries.
5.2 Build trust by being accessible, accurate, supportive, and acting within scope of practice.
5.3 Use organization, time management, problem-solving, and critical thinking to assist patients efficiently and effectively.
5.4 Demonstrate responsiveness to patient needs within scope of practice and professional boundaries.
5.5 Know and support patient rights.
5.6 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, abilities, and sexual orientation.
5.7 Demonstrate a commitment to ethical principles pertaining to confidentiality, informed consent, business practices, and compliance with relevant laws, policies, and regulations (eg, HIPAA, agency abuse reporting rules, Duty to Warn, safety contracting).
5.8 Perform administrative duties accurately and efficiently.

Domain 6: Systems-Based Practice
Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.

6.1 Support a smooth transition of patients across screening, diagnosis, active treatment, survivorship, and/or end-of-life care, working with the patient’s clinical care team.
6.2 Advocate for quality patient care and optimal patient care systems.
6.3 Organize and prioritize resources to optimize access to care across the cancer continuum for the most vulnerable patients.

Domain 7: Interprofessional Collaboration
Demonstrate ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
7.2 Use knowledge of one’s role and the roles of other health professionals to appropriately assess and address the needs of patients and populations served to optimize health and wellness.
7.3 Participate in interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

Domain 8: Personal and Professional Development
Demonstrate qualities required to sustain lifelong personal and professional growth.

8.1 Set learning and improvement goals. Identify and perform learning activities that address one’s gaps in knowledge, skills, attitudes, and abilities.
8.2 Demonstrate healthy coping mechanisms to respond to stress; employ self-care strategies.
8.3 Manage possible and actual conflicts between personal and professional responsibilities.
8.4 Recognize that ambiguity is part of patient care and respond by utilizing appropriate resources in dealing with uncertainty.

HIPAA indicates Health Insurance Portability and Accountability Act.
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PATIENT NAVIGATOR COMPETENCIES

sample and a limited time frame for recruitment of survey participants. The professional role distribution of survey participants might also be perceived as a limitation; however, the researchers aimed to recruit at least 100 oncology patient navigators for participation, and this goal was exceeded. In addition, the research team believes that, given the relatively new role of the oncology patient navigator within the healthcare team, it was important to include the input of those with similar roles (such as nurse navigators) as well as supervisors of navigation programs. A significant limitation of the project is the unknown number of oncology patient navigators employed in the United States, which makes it impossible to know what percentage of the overall workforce was sampled.

These competencies can be incorporated into training programs to ensure consistency of standards across the profession.

Conclusions

In 2015, the American College of Surgeons Commission on Cancer (CoC) Standard 3.1 Patient Navigation Process will be required by all CoC-accredited institutions. Many programs have employed oncology nurse navigators, social workers, and patient navigators to fulfill this new standard. Clarifying the role of the oncology patient navigator and how it is distinguished from clinical roles can support interdisciplinary patient-centered teams. Furthermore, standardization and reinforcement of the oncology patient navigator role can help social workers, nurses, and nurse navigators to perform at the top of their license. This is critical, given the diverse needs of many oncology patients and oncology workforce constraints. Finally, clarifying the roles of oncology patient navigators can protect them as well as institutions from legal risks and patient safety concerns by ensuring that they understand role boundaries and refer appropriately to clinical team members for clinical assessment, psychosocial care, and symptom management concerns.

Next Steps: Becoming Competent as an Oncology Patient Navigator

These competencies can be incorporated into training programs to ensure consistency of standards across the profession. The GW Cancer Institute is currently developing a free, online training funded by the Centers for Disease Control and Prevention to provide oncology patient navigators with a solid foundation for meeting these core competencies. The training will be available via the following website: tinyurl.com/GWOnlineAcademy.

It is important to note that no nationally recognized credential for oncology patient navigators currently exists. While many programs offer certificates to show completion of a course, this is not the same as certification or credentialing. Since 2008, a certification program specific to breast imaging and breast cancer nurse navigators has been offered through the National Consortium of Breast Centers, and it has since been expanded to provide certification for varying levels of breast patient navigation.9 However, there is no nationally recognized certification program for oncology patient navigators who serve patients with other types of cancer. The Academy of Oncology Nurse & Patient Navigators is working to remedy this by providing certification for nurse navigators and patient navigators in the near future. ✶

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References

A forum for nurse and patient navigators to discuss the day-to-day operations of navigating patients with cancer. The goal is to share ideas and practices and to provide a resource to help navigate patients and improve care.