IMPACT

An Innovative Navigator Training Program in Primary Care

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ARC
Access to Resources in the Community
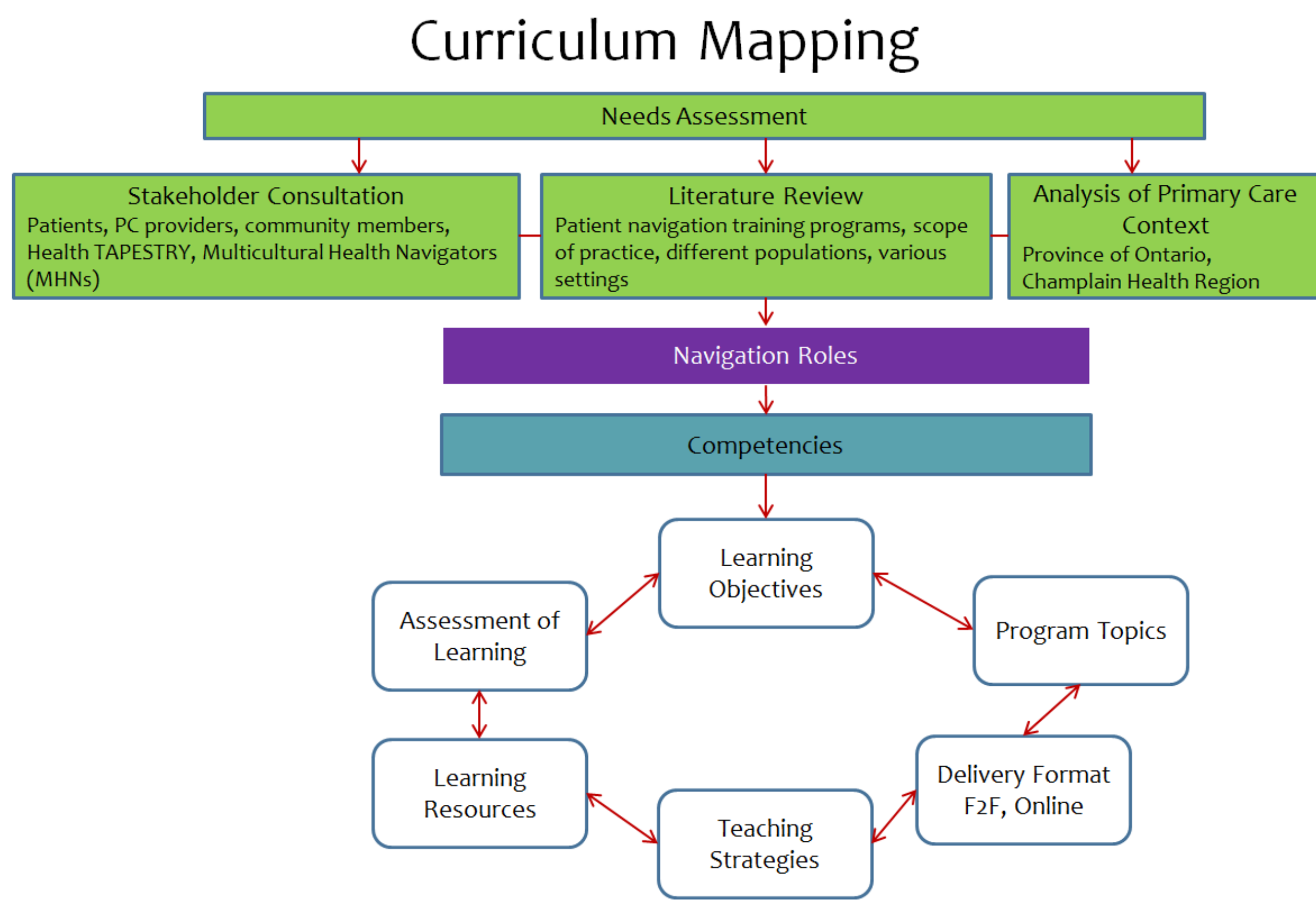Accès aux ressources communautaires

Background

- The Access to Resources in the Community (ARC) project introduced a lay navigator into primary care (PC) practices to support patients with social complexities to overcome barriers to access community health and social resources.[1] This is a new role in PC practices.
- The literature on navigator training reveals variability in learning objectives, teaching strategies, delivery format, and assessment of learning. Educational theory and curricular decisions are often not clearly articulated.
- The ARC team implemented a rigorous approach to the curricular design process based on learning theories and competency-based education (CBE) .

Objective

Establish and evaluate a training program for lay navigators working in primary care.
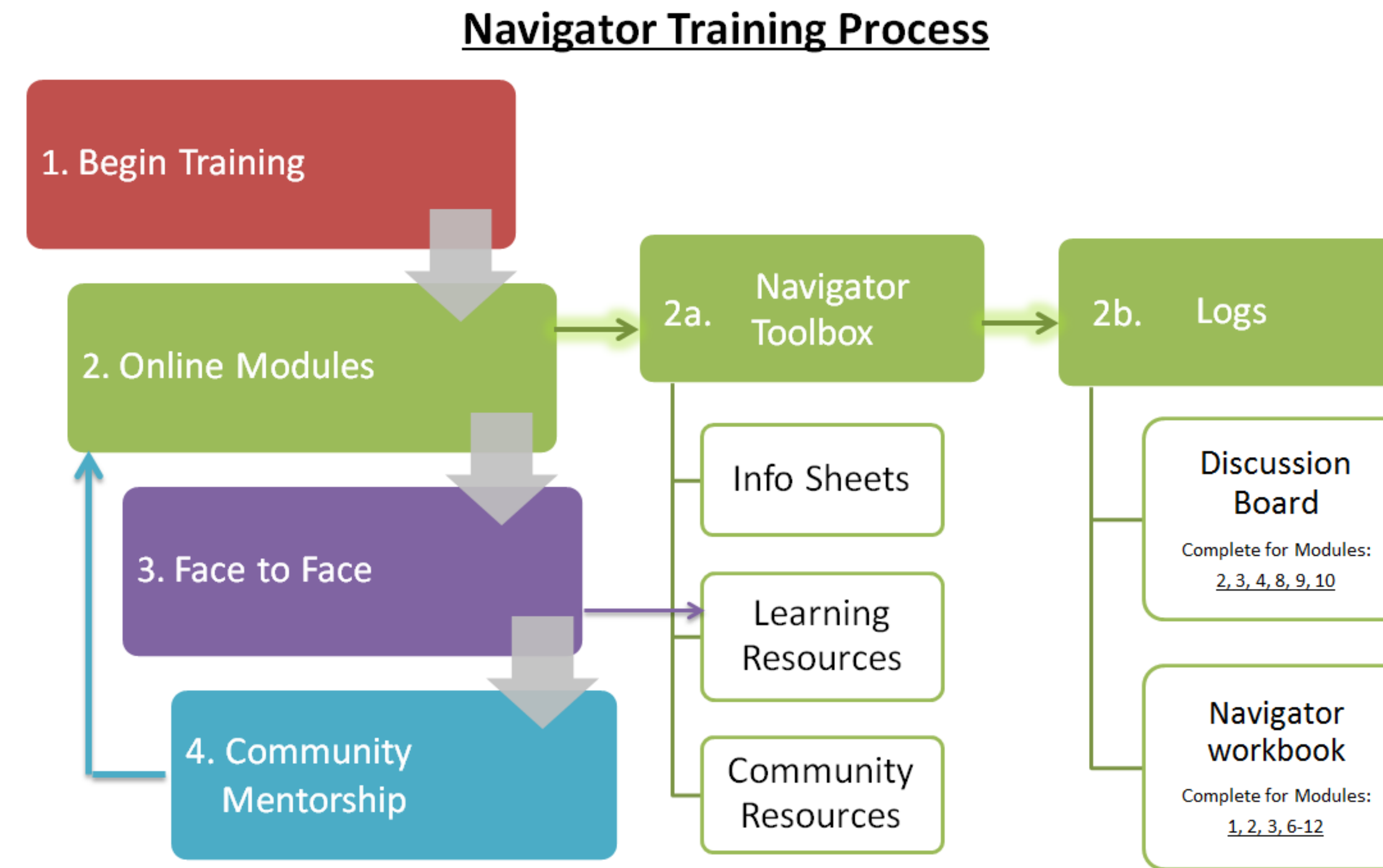
Methods

Curriculum Mapping

- Content was developed by the ARC project team. Some modules were sourced from McMaster University Department of Family Medicine Health TAPESTRY and the Colorado Patient Navigator Training Collaborative. An ARC Patient Navigator Training website was also created.
- The learner-centred curriculum is founded in humanistic and sociocultural theories of learning: authentic problem-centred practice, learner agency, experiential and collaborative learning, critical thinking and peer mentorship.

[1] Community resources include falls prevention, healthy eating, smoking cessation, and counseling as well as social programs such as caregiver support, transportation, financial support.

Intervention

Navigator Training Process

12 Online Modules and 5 F2F sessions
- Addresses knowledge, skill, and affective domains of learning
- Includes the following topics: Patient Navigation in PC; Patient Navigation and Health Disparities, Active Offer of French Language Services, Introduction to Chronic Disease, Preventive Healthcare, Helping Clients with Lifestyle Change, Motivational Interviewing, Effective Communication, Intercultural Communications, Patient Advocacy and Empowerment, Learning from Multicultural Health Navigators in the Field; Privacy and Confidentiality, Health and Safety, Documentation and Record-Keeping

Community Mentorship
- Biweekly meetings with experienced MHNs

Estimated Training Time = 25 hours

Main Outcome

Navigators' attainment of training program learning objectives based on core competencies.

Evaluation

- 14 program participants
  - Navigators, research team members, and medical students working with vulnerable populations
- Formative and summative assessment strategies were used
  - F2F role play and case studies; post-training survey (immediate, 3 month, 6 month); navigator journal entries, online discussion board and quizzes
- Participants demonstrated basic knowledge and skills in patient navigation
  - Cultural humility, effective communication skills, identifying patients' health priorities, addressing barriers to access community resources, and documenting navigation activities and project data
- Areas for curricular improvement
  - More time required for practical learning activities: case studies, communication skills
  - Additional self-assessment tools e.g. cultural competency
  - Educational session on self-care for navigators
  - More information on patient empowerment

Conclusion

- Curriculum mapping enabled the development of a comprehensive educational program, consistent with CBE
- Core aspects of patient navigation grounded the program. Development of content particular to the complexity of PC, and community resources was needed to prepare navigators to work in this setting.
- Collaboration with McMaster University Department of Family Medicine Health TAPESTRY was integral to the development of training content and learning resources.
- Mentorship is essential to ongoing professional development and learning in the field
- The training program is an iterative process; further development and plans for scalability are currently underway.

Acknowledgements

Funders

Partners

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