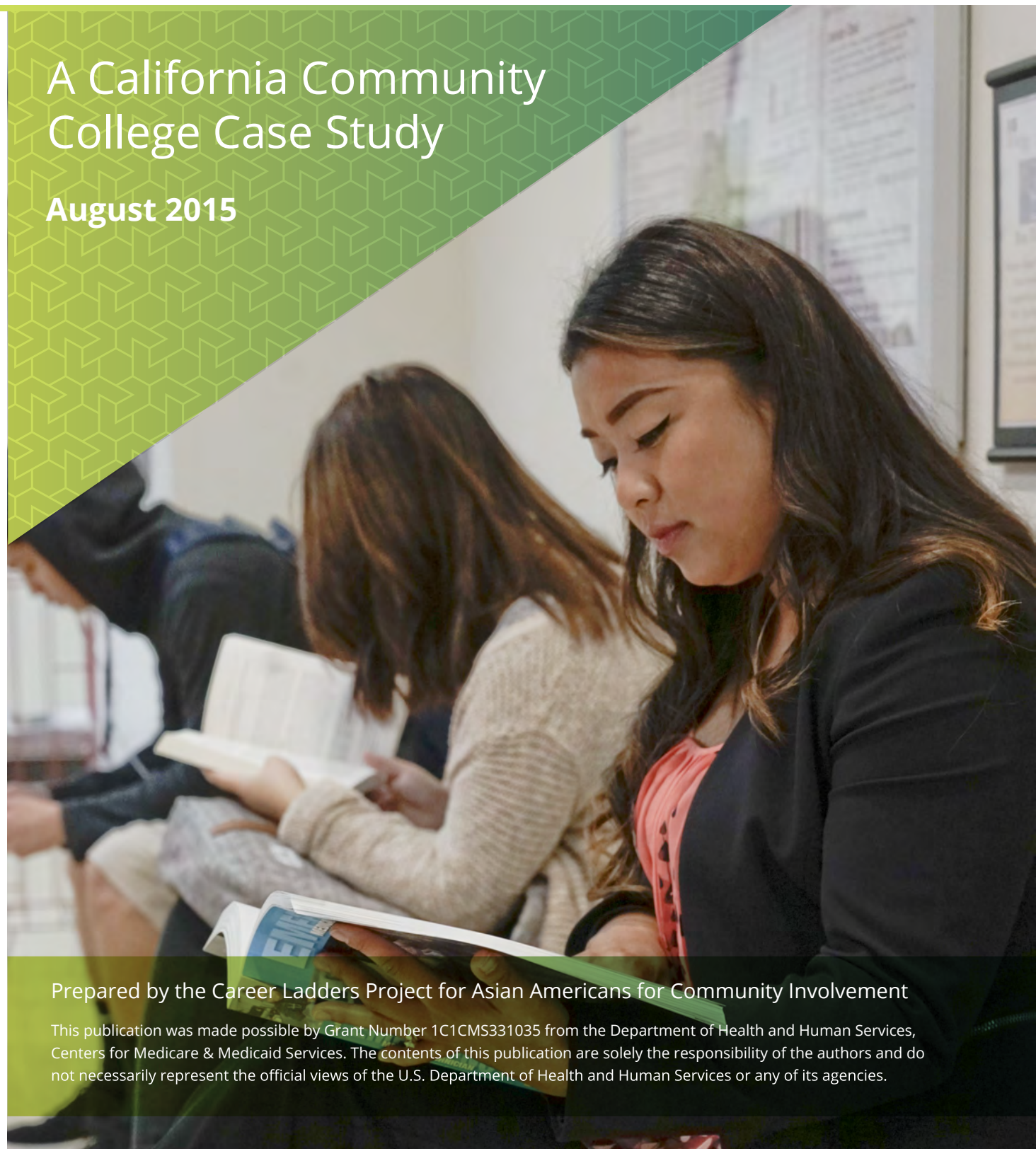


Establishing Patient/Health Navigator Programs for Education, Employment and Career Advancement

A California Community College Case Study

August 2015



Prepared by the Career Ladders Project for Asian Americans for Community Involvement

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INTRODUCTION

The nation's first Patient Navigator program was developed in 1990 for poor and underserved patients receiving treatment for cancer at the Harlem Hospital Center in New York City.¹ Since then, hundreds of patient/health navigation programs have been established to meet a variety of patient needs in settings that include community clinics, outpatient and treatment centers, and schools. In all settings the patient/health navigator identifies, anticipates, and helps to alleviate barriers that patients encounter.

Education and training of navigators has also taken place in a variety of settings. These include employers, training institutes², community based organizations, extended education departments associated with colleges and universities³, and, to a lesser extent, community colleges.

This report and its associated tools are intended for employers of patient/health navigators and community colleges as they partner to meet both workforce needs and training. Tools found in the Attachments of this report were primarily developed by an employer/educator Competency to Curriculum (C2C) workgroup and can be used to create either an entry level program for navigators or additional training in patient health navigation to an existing related program.

Organizational Roles

Asian Americans for Community Involvement (AACI) was awarded a national Healthcare Innovation Award of \$2.7 million from the Centers for Medicare and Medicaid Services in the summer of 2012 to create a Patient Navigator Center (PNC).

AACI operates a Federally Qualified Health Center located in San Jose California. In addition to creating a PNC at AACI, funding also supported an educational pipeline of patient/health navigators through local community colleges. San Jose City College (SJCC) and Evergreen Valley College (EVC) in Santa Clara county and Cañada College and Skyline College in San Mateo county

partnered with AACI to provide education and training for the project.

The Career Ladders Project (CLP)⁴ fosters educational and career advancement through research and educational initiatives, and for this project, served as direct assistance partner to AACI and the participating community colleges. In addition, the California Community College Chancellor's Office Health Workforce Initiative⁵ was included in the Competency to Curriculum (C2C) process.

The report describes the PNC program and the process for the development of the employer and education navigator tools. The C2C process and the attached tools are broad and flexible enough to cover different models for integrating navigators into a health system and training those navigators at the community college.

¹ <http://www.hpfreemanpni.org/>

² <http://www.sonoma.edu/exed/health-navigator/>

³ <http://www.ncbi.nlm.nih.gov/pubmed/1259504>

⁴ <http://www.careerladdersproject.org/>

⁵ <http://ca-hwi.org/>

Project Background

AACI's mission is to improve the health, mental health and well-being of individuals, families and Asian communities through direct services, education and advocacy.

A PNC extends AACI's services further into their community. PNC staff educate patients about health care services and advocate for them on crucial health, public welfare, public housing and transportation issues. Originally developed for cancer care⁶, PNCs were designed to:

1. Be a "barrier-focused intervention" that removes obstacles to care for disadvantaged populations;
2. Help patients tackle the complexity of care.

Both purposes can be applied to managing other long-term and complex conditions – diabetes, hypertension, and heart disease – that are disproportionately prevalent in the low-income first generation communities that AACI serves.

Goals of a Patient Navigator Center:

- 1 Integrated primary care, NOT inpatient care coordination
- 2 Patient focused, NOT provider focused
- 3 Visit enhancement, NOT case management
- 4 Improved outcomes:
 - Improved access to care
 - Better disease screening
 - Decreased diagnosis time
 - Better medication adherence
 - Reduced emergency room visits
 - Reduced anxiety for patients

As an employer AACI developed their expectations of the role navigators would play within their clinics. These

included coordinating referrals and removing cultural barriers for patients.

Expectations of a Patient Navigator:

- 1 Navigate the health care system
 - Coordinate referral appointments
 - Provide checklists and reminders
- 2 Accompany patients to referral visits:
 - Improve communication
 - Anticipate and overcome cultural differences
 - Help patient identify resources
 - Assist patient in developing a self-care plan
 - Document activities accurately and efficiently
 - Participate on the healthcare team

As the grant writer, AACI also developed their "flavor" of how community colleges programs could best meet their expectations. The characteristics of AACI's brand of patient navigation was based on the Career Advancement Academy (CAA) model⁷. This included targeting college-age youth from the Asian and Hispanic communities and enrolling these individuals in a two-semester academic program. The program would be cohort-based, provide contextual education, and would focus on creating a career ladder into the health care sector.

Training of navigators took place simultaneously with the creation of the PNC. This approach made it challenging for the educational providers to design education and training programs before the full scope of the roles and responsibilities of the navigator were realized. The grant called for San Jose City College (SJCC) to offer navigator training in all three years of the grant, Cañada College (CAN) in years two and three, and Skyline College (SKY) in year three only. Evergreen College (EVC) was added as an additional education partner in year two.



“ This multi-college, regional approach to creating new programs was a win for employers and students. Using the results of the C2C work group to expand program offerings in patient navigation, we have a real opportunity to make tangible impacts on the local community, to provide employers with skilled workers ready to meet their needs, and to create new, viable career pathways for local students interested in a career in health care. ”

- Linda Collins; Executive Director, CLP

⁶ <http://www.hpfreemanpni.org/>

⁷ <http://www.careerladdersproject.org/initiatives-programs/career-advancement-academies/>

Program Offering Timeline

San Jose City College (SJCC) consulted with AACI and CLP to propose a pilot set of courses for the first cohort of students in January 2013 – six months after the grant was awarded. To not delay the program start, existing SJCC courses were offered since the creation and approval of new curriculum is a more lengthy process in the community college system.

| | |
|----------------|---|
| Spring 2013 | Launched: SJCC Cohort 1 |
| Fall 2013 | Launched: SJCC Cohort 2; CAN Cohort 1 |
| Spring 2014 | Launched: EVC Cohort 1 |
| Fall 2014 | Launched: SJCC Cohort 3; EVC Cohort 2; CAN Cohort 2; SKY Cohort 1 |
| Spring 2015 | Fall 2014 Cohorts Continue |

SJCC: San Jose City College EVC: Evergreen Valley College
CAN: Cañada College SKY: Skyline College

During the summer of 2013, CLP convened ACCI staff and faculty from SJCC, Skyline College and Cañada College to hold key discussions about the job responsibilities of navigators and plan for curriculum. As a result of this work, SJCC made program modifications and Cañada College decided to offer a Health Promoter program in the fall of 2013 to meet the needs of

bilingual Spanish students. Skyline College continued to develop their program informed by the work of the other colleges.

It became evident in the fall of 2013 that more clarity on the roles and responsibilities of navigators was required for the community colleges to respond with appropriate curriculum. Nationally work was being done to define patient/health navigators, but nothing specific to the community college. The work was usually tied to a health provider, such as GW Washington University Cancer Institute⁸ or a private training provider such as, the Patient Navigator Training Collaborative of Colorado⁹. Based on the absence of information that the California community colleges needed, AACI and its educational providers proposed a formal process to determine employer driven navigator competencies and community college relevant materials to develop educational programs. The partners proposed the **Competency to Curriculum (C2C)** process and work group.

Patient Navigator Summit

With approval from the grant monitor, the PNC partners led by CLP proceeded with an action plan to determine navigator competencies and curriculum. CLP organized a one day Patient Navigator Summit on February 20, 2014 for employers and educators to collaborate on navigator roles/responsibilities and curriculum¹⁰. The Summit revealed more extensive efforts were needed to work through the following challenges:

- Lack of consistent patient navigator role and responsibilities, i.e. the job was differently defined depending on the employer
- Lack of clarity surrounding reimbursement of services in the Affordable Care Act leading to unclear competencies
- No standard definition identified within any established medical career cluster
- No existing curriculum or recommendations for community college programs

⁸ <https://smhs.gwu.edu/gwci/survivorship/center-advancement-cancer-survivorship-navigation-and-policy-casnp/patient-navigator>

⁹ <http://patientnavigatortraining.org/>

¹⁰ <http://careerladdersproject.org>

COMPETENCY to CURRICULUM WORK GROUP

In order to respond to the challenges raised at the Patient Navigator Summit, the Competency to Curriculum (C2C) Work Group was created. The composition of the work group included healthcare employers and community college faculty and staff. They worked together to address **three primary patient navigator curriculum development steps**: identify roles and responsibilities, develop competencies, and develop training and education.

Identify Roles & Responsibilities

- Literature and internet review
- Discussion with community and employers
- Discussion with patient navigators

Develop Competencies

- Review existing competencies for patient navigators and related positions
- Create employer driven navigator competencies
- Validate patient navigator competencies

Develop Training & Education

- Create competency-based student learning outcomes
- Create competency-based teaching objectives

The C2C work group collaboratively arrived at a definition of the patient/health navigator and that definition is used throughout this report whenever referring to navigators. The following became the working definition for the PNC grant and enabled essential next steps for the partners including defining Patient/Health Navigator Roles and Responsibilities and Work Competencies.

Patient Navigator Definition

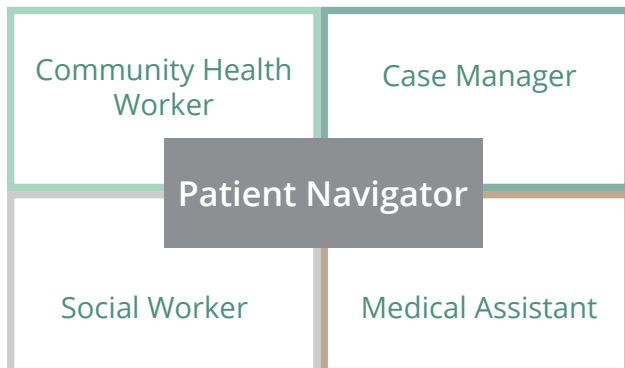
“Patient/Health Navigators provide individualized assistance in a culturally and ethnically competent manner for health consumers, families and caregivers as a means of reducing and overcoming barriers and facilitating timely access to quality healthcare through all phases of the healthcare continuum. As a member of the healthcare team, navigators act as a bridge between the team, patients, family and community to improve health outcomes. Navigators require some level of formal coursework and/or training, including workplace experience”

Patient Navigator Roles & Responsibilities

After approving the definition of a patient/health navigator the next task of the work group was to build out and refine the roles and responsibilities developed at the February Summit. As discussed in the project background, the role and responsibility of the patient/health navigator had also not been entirely fleshed out at the start of the PNC project. Although AACI had determined the roles and responsibilities of the navigator for their organization, it became clear that other employers had different “flavors” of navigators and the final roles and responsibilities needed to include those from other employers. In addition, community colleges develop programs and curriculum that are typically more “general” in nature and applicable to many employers.

The work group defined “role” as positions that navigators assume or the parts that they play within the organization. It was broadly recognized that the

role of navigators overlaps those of other professions, such as community health workers, case managers, medical assistants and social workers, but that their role was uniquely positioned to benefit patients/clients. “Responsibilities” on the other hand are the specific tasks or duties that navigators are expected to complete as a function of their roles.



As an integral member of the care team, the primary function of navigators is to reduce or eliminate barriers for clients/patients in receiving quality health services. Within the identified navigator roles the work group determined their duties and tasks. The duties and tasks were organized into four categories with an understanding that all categories were emphasizing the elimination of barriers for the patient and completed in a culturally relevant manner. The four categories:

- Assisting with Medical Administrative Responsibilities
- Supporting the Care Plan
- Providing Basic Education Under the Supervision of the Healthcare Team
- Acting as a Patient Advocate

Within these four categories the work group determined there were 19 specific duties and tasks assigned to patient/health navigators. These duties and tasks are found on the following page.

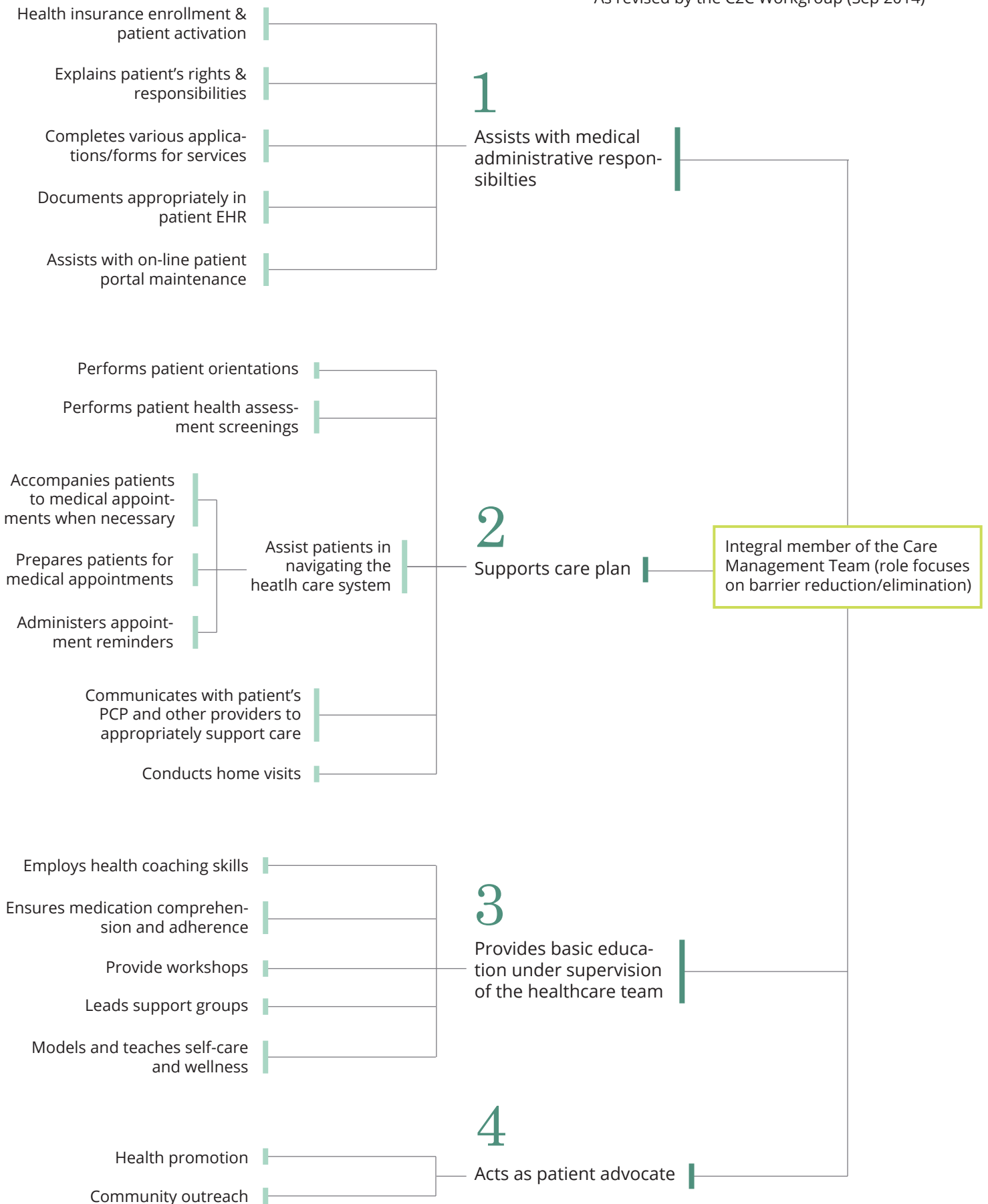


“ The Competency to Curriculum process helped AACI, as an employer, to identify the gaps in the services we provide our clients and helped us determine how entry level workers, like patient navigators, can fill those gaps. We were able to identify the skill set these individuals need to help our patients and to successfully contribute to a care team with other clinic professionals. We found incredible value in learning how educators create curriculum and to participate in designing a new curriculum that prepares students for the future of healthcare. ”

- Elisa Orona; *Patient Navigator Center Project Administrator, AACI*

Patient Navigator Duties & Tasks

As revised by the C2C Workgroup (Sep 2014)



Patient/Health Navigator Work Competencies

Definitions of competency vary between employers and organizations. Generally most contain phrases such as “a cluster of related abilities”, “knowledge and skills that enable a person to act effectively in a job”, and “combination of observable and measurable knowledge, skills, and abilities.” The C2C workgroup defined competency as: measurable knowledge, skills, abilities and attributes directly related to the duties and tasks of a patient/health navigator needed to perform effectively in the job. These competencies were not only developed to assist employers creating a PNC, but to provide a framework for community college patient/health navigator education and training programs.

Following the same process used in determining duties and tasks, the work group first identified categories for core competencies and then within these categories developed specific competencies.

The C2C workgroup continued the development of competencies from the February Summit, completing their work at their September 29, 2014 meeting. The work group developed six competency categories called domains. These six domains are defined and listed below.

The C2C work group developed 54 specific competencies within these six domains. These specific competencies can be found in the Attachments.

Competency Domain #1: Communication

Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with patients/clients, community members, colleagues and other professionals. Effective communication includes a mix of listening, speaking, gathering and sharing information, and resolving conflict. Patient Navigators must communicate effectively with patients/clients about individual needs, concerns and assets. They must convey knowledge of basic health and community resources clearly and in culturally appropriate ways. Navigators must also communicate with other professionals in ways that use appropriate terms and concepts.

Competency Domain #2: Cultural Competency & Ethnic Diversity

Patient Navigators must be able to use relevant languages, respectful attitudes and demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members and colleagues. They must convey standard knowledge of basic health and social concerns in ways that are familiar to clients and their families. Especially when challenging what might be “traditional” patterns of behavior, navigators must be able to discuss the reasons and options for change in a culturally sensitive method.

Competency Domain #3: Healthcare Systems

Patient navigators act as a bridge between patients, healthcare providers and community resources. To effectively provide that bridge the patient navigator must have a basic understanding of the structure and functions of the healthcare system. The patient navigator needs to understand the patient experience, work flow for patient processing and insurance options including the Affordable Care Act and other healthcare insurance options. The navigator will also need to have a basic understanding of ethical and legal issues as they relate to healthcare.

Competency Domain #4: Barriers and Resources

Patient Navigators support individual patients through the continuum of healthcare as it pertains to their specific disease, ensuring that barriers to care are resolved and that each stage of care is as easy for the patient as possible. Essential to the performance of a patient navigator is identifying patient/client barriers to receiving optimal healthcare and individually addressing them. This degree of coordination can help increase access to care and is especially helpful to those with chronic, long-term illness such as cancer, diabetes, HIV, cardiac and respiratory failure, and other conditions that depend on close adherence to a treatment plan in order to be most effective. Understanding and keeping track of diagnoses, appointments, tests and other important information can be overwhelming to someone who is already struggling to manage the physical and emotional aspects of their illness. The navigator provides a consistent point of connection and knows how to help patients move around the roadblocks they may encounter.

Competency Domain #5: Basic Wellness, Health Promotion & Outcomes

Patient Navigators often work within both traditional public health services and the health care system. Understanding the bigger picture of the basic principles of public health allows navigators to assist individuals, families and communities to understand the basic role of prevention, education, advocacy and community participation in their care. Education for healthy behavior change means providing people with information, tools, and encouragement to help them improve their health and stay healthy over time. To successfully address patient/family barriers the navigators must have a basic understanding of wellness and disease prevention. Navigators respect patient/client experiences and their abilities to learn, take advantage of resources, and set priorities for changing their own behavior.

Competency Domain #6: Technology

Although patients/clients have different levels of understanding and proficiency in the use of technology, the patient navigator needs to be proficient in technology to demonstrate competency in the other five domains. Communication within the health care environment is very much technology driven as is the diagnosis and management of many disease conditions. This proficiency though needs to come with an understanding that some patient/clients, for any number of reasons, may need to be supported in a less technological environment.

The project partners furthered this competency work through external validation. AACI contracted with the California Community College Center of Excellence (COE) located at City College of San Francisco to assist with the validation. The initial plan was to have the competencies sent to additional employers for validation. However, the COE and AACI were not able to find a large enough pool of employers to validate the

competencies and chose an alternative, and equally valid, method. The California Community College's Health Workforce Institute had just completed a patient navigator DACUM¹¹ and the George Washington University Cancer Institute had developed core competencies. The complete validation report is found in the Attachments. To summarize, the C2C final competencies highly correlated with both the

¹¹ DACUM is an acronym for developing a curriculum. It is a one or two day storyboarding process that provides a picture of what the worker does in terms of duties, tasks, knowledge, skills, traits and in some cases the tools the worker uses. The information is presented in graphic chart form and can include information on critical and frequently performed tasks and the training needs of workers. For additional information on DACUM, contact the training resource center at: <http://www.trc.eku.edu>.

George Washington University Cancer Institute Core Competencies¹² and the DACUM Duties and Tasks for Health Navigators.¹³ Over 70% of the GW competencies can be closely matched with the C2C competencies, and 70% of the DACUM “tasks” can be closely matched with the C2C competencies.

The validation report did recommend the workgroup add an additional domain for “personal and professional development” and create specific competencies within that domain. The C2C workgroup did create a personal and professional development domain and specific competencies. The final number of domains was seven. The domains and specific competencies can be found in the Attachments.

Competency Domain #7: Personal and Professional Development

Continued development, both personally and professionally, is vital for a patient navigator to function in the changing arena of healthcare. The patient navigator needs to demonstrate qualities required to sustain lifelong personal and professional growth including self-reflection to assess self and development needs.

Student Outcomes & Objectives

Community college educators were brought together on March 10, 2015 to develop materials for colleges creating future patient/health navigator programs. At this meeting the workgroup decided to change the term Patient Navigator to Patient/Health Navigator as a more inclusive title going forward. The C2C work group determined that the duties and tasks, competencies, and teaching objectives would be the same for the role of patient navigator or health navigator; the only difference was the work setting. For example, navigators performing similar duties at a school would be called a Health Navigator and those at a medical clinic a Patient Navigator.

To assist community college faculty creating programs of study, the work group created Program Student Learning Outcomes (PSLOs) and teaching objectives. The teaching objectives are based on the employer-developed competencies and allow colleges the flexibility to utilize existing courses or create new courses to meet these objectives. The C2C work group suggests the following PSLOs:

Program Student Learning Outcomes:

Upon completion of the Patient/Health Navigator Program, the student will be able to:

- 1 Demonstrate knowledge appropriate for entry level employment as a Patient/Health Navigator
- 2 Perform skills appropriate for entry level employment as a Patient/Health Navigator
- 3 Demonstrate abilities and attitudes appropriate to entry level employment as a Patient/Health Navigator

The C2C work group created student objectives from the validated competency domains of communication; cultural competency and ethnic diversity; healthcare systems; barriers and resources; basic wellness, health promotion and outcomes; technology; and personal and professional development. The C2C work group felt strongly that to have an appropriate education and training program for patient/health navigators, the college or training agency should incorporate as many of the student objectives as possible. The complete list of student objectives can be found in the Attachments.

¹² <https://smhs.gwu.edu/gwci/survivorship/center-advancement-cancer-survivorship-navigation-and-policy-casnp/patient-navigator>

¹³ <http://ca-hwi.org/files/dacums/Health%20Navigator%20Chart.pdf>

Suggested Program Courses

The C2C workgroup compared and contrasted the suggested student objectives to those that could be found within the curriculum of those colleges participating in the workgroup. This was done with the hope of creating a set of recommended courses that colleges could adopt to meet navigator objectives. Many of the recommended courses are found within community colleges already offering medical assisting

and/or community health worker programs. The one recommended course that may need to be newly developed for navigator programs is Community Information and Referral.

Below are a recommended group of courses that, when found in the community college, typically will meet the competencies and objectives identified by the C2C work group. Together they can meet requirements for a locally or State approved certificate.

Program Core Courses:

Required:

- Health Sciences (Education) survey course (or equivalent) – 3 units – transferable
- Medical Terminology 2-3 units
- Intra-cultural Communication or equivalent (some colleges have a Healthcare Communications course) 3 units transferable
- Computer Applications 1-2 units
- Community Information and Referral 1-2 units
- Intro to Medical Assisting or equivalency for health workers (healthcare systems) 1-3 units (Mission College offers Healthcare Foundations, CCC offers intro to health professions).
- Co-op/Work Experience class (minimum 100 hours) 1-2 units

Total Required Units depending on Course unit values: 12 – 18 units

Other recommended courses could include:

- Life skills for health care students,
- College and/or career success

Career Pathways

The Workgroup also discussed healthcare education pathways for Patient/Health Navigators within the community college system. The recommendation is

to anchor patient/health navigator programs within Medical Administrative Assistant/Medical Assistant or Community Health Worker programs. A sample health care career pathway from the San Mateo Community College District is found in the Attachments.



“The most rewarding thing about working with the students is seeing them complete the program and how they approach the different opportunities that open up for them. Some students receive a job opportunity at the end, while some decide to pursue higher education...Being able to be a part of that process has been so rewarding. ”

- Paul Rueckhuas; Faculty, Health Education, Skyline College

LOOKING AHEAD

Studies have documented the positive impact of utilizing patient navigators in treating cancer patients^{14,15}. This has been particularly relevant in treating patients who are low-income, from underrepresented racial or ethnic communities, or other underserved populations. Patient navigation is a tool that appears to play a significant role in improving individual and community health, particularly among cultural and linguistic sub-groups. With the implementation of the Affordable Care Act, the expansion of Medicaid and other metrics being utilized by both Medicare and private insurance, the potential role and utilization of navigators should increase. “Navigators are uniquely positioned to play an integral role in the changing environment of health care delivery by facilitating access to care, as well as addressing language and cultural barriers ... with the potential to help in delivering better quality and more efficient care and ensuring that access to care is for all.”¹⁶

Questions that will need further research include whether the implementation of a patient navigation center improves patient outcomes, improves quality of care and reduces the cost of services in a variety of healthcare settings. In addition, having a better understanding of the employment outlook of navigators and related positions will be essential.

The California Community College system is the largest higher education system in the nation and reflects the ethnic and cultural diversity of California. Facilitating access to healthcare through the removal of cultural and language barriers is an essential role of the navigator; the community college student population is well positioned to meet this need. Colleges working with

their local employers to develop a navigator program will need to determine if the program works best as a stand-alone entry level program, a pathway within another healthcare program such as medical assisting, or additional training in navigation skills within an existing health program.

Education providers will also need to consider the employment outlook for navigators and work closely with employer partners when creating programs. Integration of patient/health navigation services into patient care has the possibility to transform that experience particularly for the poor and underserved. California community colleges are well positioned to provide the education and training needed for navigators.



“Integrating navigators into AACI’s care model shows our clinical staff the important roles that our non-clinical team members take. As navigators move up at AACI, (becoming front desk and electronic health records support staff), they show everyone how career ladders really work.”

- Pancho Chang J.D.; *Chief Operating Officer, AACI*

¹⁴ <http://www.ncbi.nlm.nih.gov/pubmed/12595043>

¹⁵ <http://www.ncbi.nlm.nih.gov/pubmed/16736372>

¹⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121958/>

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Mike Williamson, Consultant, Career Ladders Project

Linda Zorn, State Sector Navigator, Health Workforce Initiative – CCCCCO

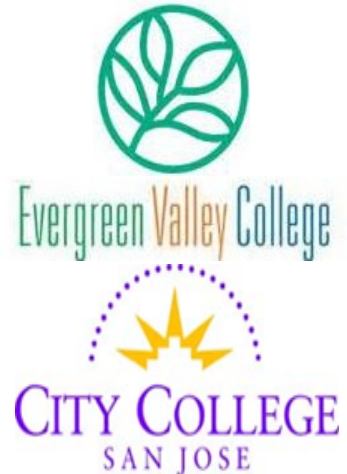


ATTACHMENTS

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Want to get started on a career in healthcare for FREE ?



Become a Patient Navigator!

Patient Navigation Benefits

Participate in a
1-year program for
FREE

Group of 15-20 peers

Support and guidance
on transferring to a 4-
year college

Hands on experience
in working in
healthcare field

Opportunity to work as
a patient navigator
while taking classes
your second semester

Join our FREE 1-year college
program and get hands on training
to work in the health field!

San Jose City College Courses

Guide 85: Blue Print for Success

MA 006: Introduction to Medical
Assisting

HED 11: Dynamic Health
Concepts

CA 5: Computer Literacy

HSCI 008: Medical Terminology

HSCI 138: Work Experience

INTERNSHIP

Evergreen Valley College Courses

BIS 017: Medical Terminology

COMS 010: Interpersonal
Communication

PSYCH 060: Personal Growth and
Adjustment

HED 11: Dynamic Health
Concepts

FCS 138: Work Experience

INTERNSHIP

For more information, contact Anna Ng at

Anna.Ng@aaci.org or 408-975-2730 Ext. 424



Get Started on Your Career in Health & Human Services at the Cañada College Menlo Park Center



Work with people in your community as
a Health Care Navigator or *Promotor*



1-year Patient Navigation Course Schedule

Fall 2014

CBOT 430: Computer Applications

HMSV 262: Introduction to Family Support

HMSV 265: Family Development Portfolio,
Part I

HSCI 100: General Health Science

MEDA 100: Introduction to Medical Assisting

Spring 2015

HSCI 430 & 432: First Aid & CPR

HMSV 161: Information & Referral

HMSV 264: Life Cycle of the Family

HMSV 266: Family Development
Portfolio, Part II

HMSV 672: Cooperative Education Internship

PSYC 100: General Psychology

- Help people in your community navigate the health care system
- Courses taught on Tuesday, Wednesday, Thursday evenings & some Saturdays
- Enrollment and textbooks are free for eligible students
- Get on-the-job experience in the Health & Human Services field while taking courses your 2nd semester
- College counselor on site to assist you with your educational goals
- Program requires a 1-year commitment to the program and schedule
- Courses taught at the Cañada College Menlo Park Center located at 1200 O'Brien Drive in Menlo Park

For more information

**Attend our Information Meeting
May 1st at 6:30 p.m. in Room 52.**

- Visit our website at:
canadacollege.edu/humanservices
- Email: canPEEPpcn@smccd.edu
- Martha Chavez, Bilingual
650.325.0164 chavezm@smccd.edu
- Kathy Smith 650.325.6936
smithkathy@smccd.edu
- Stop by Room 54 at the Cañada Menlo Park Center located in the JobTrain building at 1200 O'Brien Drive in Menlo Park

Hurry!
**Enrollment begins in early
Spring and is limited.**

Course descriptions on back

FREE TRAINING OPPORTUNITY IN PATIENT NAVIGATION

TRAINING PROGRAM STARTS MONDAY, AUGUST 18, 2014

In the coming years, patient navigation will grow and evolve as more providers realize the value navigators bring to the healthcare team. - The Center for Health Affairs, Issue Brief: The Emerging Field of Patient Navigation, December 2012

WHAT IS A PATIENT NAVIGATOR?

Patient navigators are health care professionals who guide patients through the complex health care system and help patients overcome obstacles faced in accessing and receiving treatment.

Typical positions include community health workers, medical assistants, medical office specialists, medical records technicians, office supervisors, and patient navigators—and these six positions are projected to add over 2 million new job openings this decade, with growth rates ranging from roughly 20 to 40%. – *College for America, Workforce Strategy Report: Rise of the Medical Assistant and Five Other Frontline and Nonclinical Healthcare Jobs That Are Growing In Number, Complexity, and Importance*, November 2013

ABOUT THE PROGRAM

In collaboration with Asian Americans for Community Involvement (AACI), Skyline College is offering a one-year Patient Navigator Certificate program to train students in entry-level, non-clinical patient navigation with a pathway to Medical Assisting.

The Fall 2014 semester provides students a baseline of skills in:

- ✓ Health education (HSCI 100);
- ✓ Medical terminology (MEDA 484);
- ✓ computer applications (BCM 200); and
- ✓ CPR and First Aid (HSCI 665).

In the Spring 2015 semester, students are introduced to:

- ✓ intercultural communication (COMM 150);
- ✓ public benefits related to healthcare (HSCI 161);
- ✓ medical assisting (MEDA 460); and
- ✓ a 60-hour internship with a community health provider (MEDA 672).

For more information about the program, attend our information session on Tuesday, August 12 from 4:00 – 5:00 pm in Building 7, Room 215 (second floor).

Or Contact:

Anna.Ng@aaci.org or 408-975-2730 Ext. 424
gullir@smccd.edu or 650-738-4491



Patient navigator discusses options with cancer patients.



A patient navigator goes over health documents with a caregiver and patient.



Visit: <http://skylinecollege.edu/meda/>

Appendix B: Participating Organizations

The following is a complete list of organizations participating in the Summit

Employers

Asian Americans for Community Involvement (AACI)

Cancer Care Point

Contra Costa Community College

El Camino Hospital

Gardner Family Health Center

Hospital Council of Northern California

Indian Health Center

Kaiser Permanente

Northern California Hospital Council

Ravenswood Family Health Center

SCC Public Health Department

Valley Medical Center

Vision y Compromiso

Other

Community Health Partnership Santa Clara Family Health Plan

SEIU

Office of Congressman Mike Honda

Educators/Trainers

Cabrillo College

Cañada College

Career Ladders Project

Centers of Excellence, City College of San Francisco

Health Workforce Initiative, California Community College Chancellor's Office, Workforce and Economic Development Division

Health Workforce Initiative, Bay Region, Mission College

Health Workforce Initiative, Interior Bay Region, Solano College

Job Train

Nuestra Casa

San Jose City College

Skyline College

Stanford University

West Valley/Mission CCD

Workforce Institute SJCCD

DACUM Research Chart for Health Navigator

Produced for



Health Workforce Initiative

DACUM Panel

Sayed Ahmed, Patient Navigator
Asian Americans for Community Involvement
San Jose, CA

Alvin Chan, Program Specialist
Highland Health Advocates
Elk Grove, CA

Laura Combs, Program Intern
Highland Health Advocates
San Leandro, CA

Belinda Hernandez, Project Administrator
Asian Americans for Community Involvement
Newark, CA

Juan Hurtado-Rodriguez, Program Intern
Highland Health Advocates
Berkeley, CA

Donna Matthews, Social Worker - Supervised
Pal Navigators
Manzanita Services
Fortuna, CA

Paul Rueckhaus, Instructor
Skyline College
San Bruno, CA

DACUM Facilitators

Cynthia Harrison
Shari Herzfeld
Trudy Old
Dawn Snyder, Team Leader

December 11-12, 2014

Produced by



THE OHIO STATE UNIVERSITY

COLLEGE OF
EDUCATION AND HUMAN ECOLOGY

DACUM Research Chart for Health Navigator

| DUTIES | TASKS | | | |
|---|---|---|---|--|
| A. Perform Community Outreach | A.1 Identify community outreach opportunities | A.2 Plan outreach activity (e.g., space, schedule) | A.3 Develop outreach materials | A.4 Perform outreach activity |
| B. Assess Client Health and Wellness Needs | B.1 Establish safe welcoming environment | B.2 Perform client intake | B.3 Identify client concerns and health goals | B.4 Refer client to qualified provider |
| C. Provide Resources to Clients | C.1 Assist client with application for public benefits (e.g., SSI, MediCal) | C.2 Provide client housing resources | C.3 Connect client to emergency housing | C.4 Provide client food resources |
| | C.10 Connect client to material support (e.g., clothes, medication) | C.11 Inform clients of educational and employment opportunities | C.12 Contact clients for follow-up | |
| D. Troubleshoot Resource Barriers | D.1 Assist client with public benefits appeal process | D.2 Mediate housing conflicts | D.3 Address health coverage complications | D.4 Support resolution of economic barriers to care |
| E. Provide Community Health Education | E.1 Conduct educational needs analysis | E.2 Prepare education materials | E.3 Facilitate public workshops | E.4 Facilitate inter-agency workshops |
| F. Develop External Partnerships | F.1 Identify community stakeholders (e.g., agencies, cultural brokers) | F.2 Exchange service information | F.3 Maintain community resource database | F.4 Collaborate on inter-agency projects (e.g., client services, system improvement) |
| G. Perform Administrative Tasks | G.1 Maintain workspace | G.2 Process communications (e.g., email, phone) | G.3 Maintain client charts | G.4 Research health and wellness resources |
| H. Maintain Professional Development | H.1 Set professional goals and objectives | H.2 Review professional literature | H.3 Participate in professional training | H.4 Participate in peer reflection sessions |
| | | | | |

| | | | | |
|--|---|---|--|--|
| A.5 Explain client services | A.6 Conduct outreach follow-up | | | |
| B.5 Accompany client to service(s) | B.6 Provide client information to provider | | | |
| C.5 Support client enrollment in health insurance | C.6 Connect client to healthcare provider (e.g., dental, vision, PCP) | C.7 Connect client to behavioral healthcare (e.g., AOD, mental health) | C.8 Connect client to community supports (e.g., arts, faith, cultural) | C.9 Connect client to legal resources (e.g., immigration, VOC) |
| | | | | |
| D.5 Support resolution of language and cultural barriers to care | D.6 Collaborate in discharge planning for general client population | D.7 Collaborate in discharge planning for clients with behavioral health issues | | |
| E.5 Facilitate intra-agency workshops | E.6 Provide individualized health education | | | |
| F.5 Host networking opportunities | F.6 Participate in networking activities | | | |
| G.5 Complete clerical documents (e.g., timesheet, reimbursement) | G.6 Complete periodic summary of activities | | | |
| H.5 Participate in organizational meetings | H.6 Participate in on-the-job training and supervision | H.7 Participate in performance review process | | |
| | | | | |

General Knowledge and Skills

Knowledge

Health behavior theory
Health care system
Life domains
Cultural competency
Chronic diseases
Mental health conditions
Community resources
HIPPA
Client rights and confidentiality
State rules and regulations
Agency policies and procedures
Community hospitals
Different ethnicities
Health information technology
Local geography
Person-centered care
Recovery
Mental health first aid
WRAP facilitation
Whole health care
Appropriate dress
Social determinants of health
Environmental health

Future Trends and Concerns

Trends

Increasing workload
Mobile health and applications
Certification
Specialization
Integration within hospital and healthcare models
Expansion throughout states
Regional collaboration

Concerns

Worker low pay/wages
Billable services
Soft unstable funding
Overlap with other jobs or workers
Inconsistent roles across counties and/or agencies
Ill-defined roles
Lack of training programs
How to market the position
Lack of standardized curriculum
Lack of professional association
Stigmas

Skills

Collaboration
Interviewing
Interpersonal
Multiple language
Communication
 written
 oral
 presentation
 non-verbal
Computer literacy
Active listening
Conflict resolution
Multitasking
Time management
Communicative flexibility
De-escalation
English language writing at XX grade level
Persuasion
Data interpretation
Presentation
Public speaking
Telephone
Driving
Lifting
CPR
First aid
Facilitation
Math
Leadership
Critical thinking
Customer service
Patient relations

Tools, Equipment, Supplies and Materials

Copier
Shredder
iPad
Projector
Office supplies
Personal protective equipment
Laptop/computer
Car
Fax machine
Clock
Pagers
Smartphone/cell phone
Land line
Language line
Intake forms
Referral forms
Resource applications
Sphygmomanometer
Desk and chair
ADA accessibility (e.g., elevator)
Confidential meeting space
Reference materials (physical and digital; in threshold languages)
Computer programs
 Microsoft Office Suite
 Desktop publishing software
 Google Drive
 DropBox
 Electronic medical records
Locked briefcase and keys
Spending account
Clerical forms
Clip boards
Tabling supplies for outreach
 Brochure holders
 Folding table
 Banner
Refreshments

Acronyms

| | |
|-------|---|
| CPR | Cardiopulmonary Resuscitation |
| ADA | Americans with Disabilities Act |
| HIPPA | Healthcare Information Privacy Protection Act |
| AOD | Alcohol and Other Drugs |
| PCP | Personal Care Physician |
| SSI | Supplemental Security Income |
| VOC | Victim of Crime |
| WRAP | Wellness Recovery Action Plan |

Behaviors

Honest
Team player
Assertive
Patient
Flexible
Resourceful
Empathetic
Respectful
Professional
Confident
Detail-oriented
Critical thinker
Integrity
Problem solver
Courteous
Inquisitive
Reliable
Helpful
Responsible
Determined
Inspirational
Well-groomed
Nonjudgmental
Cultural humility
Accountable
Hopeful

Competency to Curriculum (C2C) Patient Navigator Work Group

Work Place Competencies

Competency Domain #1: Communication

Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with patients/clients, community members, colleagues and other professionals. Effective communication includes a mix of listening, speaking, gathering and sharing information, and resolving conflict. Patient Navigators must communicate effectively with patients/clients about individual needs, concerns and assets. They must convey knowledge of basic health and community resources clearly and in culturally appropriate ways. Navigators must also communicate with other professionals in ways that use appropriate terms and concepts.

Competency includes the ability to:

1. Be respectful and culturally aware during interactions with patients/clients.
2. Listen carefully by employing active listening techniques, parroting, paraphrasing, reframing, reflecting and repeating back important information as necessary to confirm mutual understanding.
3. Continually work to improve communication and revisit past topics as trust develops with patient/client.
4. Communicate patient/client information with other members of healthcare team.
5. Pay attention to expressive (non-verbal) behavior.
6. Ask neutral, open-ended questions to request relevant information.
7. Speak clearly and honestly. No false reassurance. Use right tone, right sound level
8. Use language that conveys caring, empathy, and is professional and appropriate for the situation/interaction/place
9. Explain terms or concepts whose meanings may not be obvious to patients/clients, community members or to professional colleagues.
10. Protect patient/client privacy and confidentiality
11. Use written and visual materials to convey information clearly and accurately and share materials verbally with individuals or groups
12. Perform motivational interviewing.
13. Effectively communicate via telephone and alternate technologies.

14. Prevent situations involving conflict. Address conflicts that may arise in a professional and safe manner.
15. Comply with reporting, record keeping, and documentation requirements in one's work.
16. Seek assistance from supervisors as necessary to address language barriers, personal relationships, or other challenges.

Competency Domain #2: Cultural Competency and Ethnic Diversity

Patient Navigators must be able to use relevant languages, respectful attitudes and demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members and colleagues. They must convey standard knowledge of basic health and social concerns in ways that are familiar to clients and their families. Especially when challenging what might be "traditional" patterns of behavior, navigators must be able to discuss the reasons and options for change in a culturally sensitive method.

Competency includes the ability to:

1. Understand how one's own culture and life experience influence one's work with patients, community members, and professional colleagues from diverse backgrounds.
2. Recognize and define cultural and social differences (such as differing understandings of family unity, religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, socioeconomic system, refugee and immigration status and government systems).
3. Demonstrate understanding that health beliefs and practices vary across distinct cultures and communities and seek assistance from supervisors if there are communication difficulties.
4. Employ techniques for interacting sensitively and effectively with people from cultures or communities that differ from one's own.
5. Employ an understanding of how people's health may be affected by social, economic, or political injustice in working with and advocating for patients and communities.
6. Make accommodations to address communication needs accurately and sensitively with people whose language(s) one cannot understand.
7. Participate in on-going public and agency efforts to promote awareness and respect for differing cultural groups in the community.

Competency Domain #3: Healthcare Systems

Patient navigators act as a bridge between patients, healthcare providers and community resources. To effectively provide that bridge the patient navigator must have a basic understanding of the structure and functions of the healthcare system. The patient navigator needs to understand the patient experience, work flow for patient processing and insurance options including the Affordable Care Act and other healthcare insurance options. The navigator will also need to have a basic understanding of ethical and legal issues as they relate to healthcare.

Competency includes the ability to:

1. Perform tasks and responsibilities of a patient navigator within their scope of practice.
2. Effectively perform navigation tasks in a health care setting that may include a community clinic, outpatient facility, acute care hospital or specialized care center.
3. Perform tasks of a navigator within the ethical and legal parameters of the healthcare system.
4. Utilize HIPPA regulations in conversations and written communication.
5. Obtain and explain current information about health insurance programs and eligibility, including the Covered California Marketplace, financial aspects of obtaining care, and public health and social service programs that can assist with the financial costs of healthcare.
6. Explain and guide a patient/client through the healthcare system pertaining to and relevant to the patient/client health condition and needs.
7. Perform navigation tasks safely and prevent adverse events from occurring.
8. Perform patient/client documentation and access health information on a need to know basis.
9. Multitask when having more than one patient/client without compromising any job quality

Competency Domain #4: Barriers and Resources

Patient Navigators support individual patients through the continuum of healthcare as it pertains to their specific disease, ensuring that barriers to care are resolved and that each stage of care is as easy for the patient as possible. Essential to the performance of a patient navigator is identifying patient/client barriers to receiving optimal healthcare and individually addressing them.

This degree of coordination can help increase access to care and is especially helpful to those with chronic, long-term illness such as cancer, diabetes, HIV, cardiac and respiratory failure, and other conditions that depend on close adherence to a treatment plan in order to be most effective.

Understanding and keeping track of diagnoses, appointments, tests and other important information can be overwhelming to someone who is already struggling to manage the physical and emotional aspects of their illness. The navigator provides a consistent point of connection and knows how to help patients move around the roadblocks they may encounter.

Competency includes the ability to:

1. Demonstrate a basic understanding of continuity of care and follow-up to ensure clients are connected to referrals and services.
2. Assess personal and family needs in the context of receiving optimal health care services.
3. Identify and address structural, cultural, social, emotional, and administrative barriers to care including but not limited to: transportation, housing, language, literacy/communication, childcare, eldercare, distance, insurance, work schedule, fear, disability and attitude of the healthcare system.
4. Demonstrate knowledge of resources specific to the local/regional community to address identified barriers.
5. Provide patient/client self-management and goal setting, recognizing that the patient is resourceful.
6. Build and maintain networks, and collaborate with appropriate community partners to build a portfolio of community resources.
7. Inform care providers about challenges that limit the ability of clients to follow care plans and navigate the health care system.

Competency Domain #5: Basic Wellness, Health Promotion and Outcomes

Patient Navigators often work within both traditional public health services and the health care system. Understanding the bigger picture of the basic principles of public health allows navigators to assist individuals, families and communities to understand the basic role of prevention, education, advocacy and community participation in their care. Education for healthy behavior change means providing people with information, tools, and encouragement to help them improve their health and stay healthy over time. To successfully address patient/family barriers the navigators must have a basic understanding of wellness and disease prevention. Navigators respect patient/client experiences and their abilities to learn, take advantage of resources, and set priorities for changing their own behavior.

Competency includes the ability to:

1. Communicate a basic understanding of wellness and disease prevention including: hygiene, physical activity, diet and nutrition, mental health, and social interaction.
2. Communicate a basic understanding of chronic disease conditions and their general diagnosis and treatment, including complementary, alternative, and Integrative health techniques.
3. Demonstrate an understanding of psychosocial impacts on health.
4. Describe and communicate health disparities in relation to barriers and barrier reduction.
5. Perform and/or demonstrate an understanding of safety, CPR, First Aid, Community Emergency Response Team (CERT), Basic Life Support and Mental Health First Aid.
6. Communicate end of life issues, grief and loss.
7. Perform Health Promotion and prevention activities at the personal and community level.

Competency Domain #6: Technology

Although patients/clients have different levels of understanding and proficiency in the use of technology, the patient navigator needs to be proficient in technology to demonstrate competency in the other five domains. Communication within the health care environment is very much technology driven as is the diagnosis and management of many disease conditions. This proficiency though needs to come with an understanding that some patient/clients, for any number of reasons, may need to be supported in a less technological environment.

Competency includes the ability to:

1. Use appropriate technology, such as computers, for work-based communication, according to employer requirements.
2. Create documents in Microsoft Office: Word, Excel, PowerPoint, or a similar product
3. Use personal devices and applications, create and/or populate social media sites, and use electronic security
4. Utilize emerging tele-health models /practices, and patient portals
5. Utilize technical ethics and etiquette
6. Utilize an electronic health record as appropriate for an patient navigator
7. Use patient registries and tracking systems as appropriate for a patient navigator

Competency Domain #7: Personal and Professional Development

Continued development both personally and professionally is vital for a patient navigator to function in the changing arena of healthcare. The patient navigator needs to demonstrate qualities required to sustain lifelong personal and professional growth including self- reflection to asses self and development needs.

Competency includes the ability to:

1. Set learning and improvement goals. Identify and perform learning activities that address one's gaps in knowledge, skills, attitudes and abilities.
2. Understand and negotiate boundaries in the scope of practice for a patient navigator

Competency to Curriculum (C2C) Patient Navigator Work Place Competencies: Validation Exercise

Conducted by John Carrese, Director, San Francisco Bay Center of Excellence

Background:

Asian Americans for Community Involvement, Career Ladders Project and the CCCC Health Workforce initiative initiated a process to determine patient navigator employer competencies and community college curriculum in the Spring of 2014. After an initial summit, a Competency to Curriculum (C2C) work group was formed. This work group created a list of duties and responsibilities and followed that with a list of employer directed competencies. The work group consisted of four employers. After the completion of these competencies, the original plan was to survey additional healthcare organizations who employ Patient Navigators, asking them to review and validate the C2C competencies. Because it was difficult to accomplish this (it was not possible to find enough willing employers in the Bay Area), an alternate method was devised to validate the C2C competencies. Competencies developed by George Washington University Cancer Institute, a large employer who has been employing Patient Navigators for a number of years, were compared to the C2C competencies. In addition, A DACUM Chart for Health Navigators was compared to the C2C competencies for validation purposes. The methodology for this validation exercise is outlined in the following section.

Validation Method:

The C2C Patient Navigator final work place competencies were cross referenced with two related documents for the purpose of validating the C2C competencies. The first document was the George Washington University (GW) Cancer Institute “Core Competencies for Non-Clinically Licensed Patient Navigators” (2014). The second document was the “DACUM Research Chart for Health Navigator” produced by The Ohio State University, College of Education and Human Ecology for the Health Workforce Initiative (HWI) of the California Community Colleges.

First, the GW competencies were compared one by one to the C2C competencies. When there was a “match” between a specific GW competency and a C2C competency, the “Domain” and “competency number” from the GW competency (i.e. Patient Care, 1.4) was recorded next to the matching C2C “Domain” and “competency number”. This allowed for an overall analysis of how closely the two documents were aligned.

This method was then repeated with the DACUM Research Chart for Health Navigator. It is important to note that the DACUM Chart is a “product” that records the “Duties” and “Tasks” of Health Navigators/Patient Navigators, based on expert input from Patient Navigators working in the field. Although not exactly the same, the “duties” in the DACUM chart are closely related to “domains”, and are therefore useful for this validation exercise. Similarly, although not exactly the same, the “tasks” in the DACUM are closely related to “competencies”, and are useful for this validation exercise.

Summary of Findings:

The C2C final competencies are highly correlated with both the GW Core Competencies and the DACUM Duties and Tasks for Health Navigators.

- Over 70% of the GW competencies can be closely matched with the C2C competencies.
- 70% of the DACUM “tasks” can be closely matched with the C2C competencies.

The correlation between the GW and C2C competencies would be even higher if both documents had all of the same “domains.” However there are three domains in the C2C document that are not found in the GW document – Domain #2: Cultural Competency and Ethnic Diversity, Domain #5: Basic Wellness, Health Promotion and Outcomes and Domain #6: Technology. As a result, there are 21 competencies in these three domains and only 10 of them are found in the available GW domains, which lowers the overall degree of correlation.

In addition, there are three domains in the GW competencies that are not found in the C2C competencies: Domain 3: Practice-Based Learning and Improvement, Domain 7: Interprofessional Collaboration and Domain 8: Personal and Professional Development. As a result, there are 14 competencies in these three domains and only 4 of them are found in the available C2C domains, which again lowers the overall degree of correlation.

The correlation between the DACUM Chart and C2C competencies would be even higher if there was closer alignment between the DACUM “Duties” and the C2C Domains. For example, in the DACUM there is a “Maintain Professional Development” Duty on the chart, which is not one of the C2C Domains. As a result, there are 7 “tasks” in the DACUM that do not match to any of the C2C competencies. Another example is in the C2C document there is a “Cultural Competency and Ethnic Diversity” Domain, but there is no Duty for this area in the DACUM and only one related task statement.

One important clarification regarding the comparison of the DACUM and C2C documents is that in several cases there is not a perfectly clear way to compare the two. This occurs when there are Duties in the DACUM that correspond to a competency in the C2C document. As an example, “Develop External Partnerships” is a DACUM Duty with six separate “tasks” that are identified within that duty. However, the Duty most closely matches to just one competency in the C2C document within Domain #4 (4.6), but not the entire Domain. In this example, all six tasks were determined to be a “match” with the C2C document, but it should be noted that the tasks are at a specific level of detail about how to accomplish the duty of “Develop External Partnerships.”

Recommendations:

1. Consider adding a “Personal and Professional Development” domain and related competencies to the C2C document. Both the GW Competencies and DACUM Chart have this domain/category.
2. Review the attached “Validation Version” of the C2C Competencies that references which competencies/tasks from the GW and DACUM documents align with the C2C competencies, noting where there are “gaps” and therefore opportunities to refine the C2C competencies.

Competency to Curriculum (C2C) Patient Navigator Work Group

California Community College Recommended Program Student Learning Outcomes and Student Learning Objectives

Patient/Health Navigator Program Student Learning Outcomes

Upon Completion of this program the student will be able to:

1. Demonstrate knowledge appropriate for entry level employment as a Patient/Health Navigator (could be: for employment as an entry level Patient/Health Navigator)
2. Perform skills appropriate for entry level employment as a Patient/Health Navigator
3. Demonstrate abilities and attitudes appropriate to entry level employment as a Patient/Health Navigator

Patient/Health Navigator Education Program Student Objectives by Competency Domain

I. Communication

- Distinguish and employ the principles of a communication model as it applies to understanding or misunderstanding a message
- Explore theories of interpersonal communication
- Recognize, evaluate and analyze non-verbal and verbal messaging
- Evaluate and describe the components of active listening
- Identify barriers to effective communication
- Analyze the causes and effects of defensive and supportive behaviors in interpersonal communication
- Develop problem-solving techniques for conflict management in interpersonal communication
- Recognize and describe interviewing skills
- Communicate assertively and collaboratively
- Employ rhetorical flexibility (ability to take medical jargon and translate to layman's terms and vice versa in the context of the clinic setting)
- Demonstrate skills that build trust, show compassion and caring, and establish rapport

II. Cultural Competency and Ethnic Diversity

- Recognize and articulate how core values, worldview and communication patterns shape cultural and individual identity.
- Identify the components and interrelationship of culture and communication.
- Explain how culture influences verbal and nonverbal communication.
- Comprehend the social and psychological variables of culture and its expression.
- Discuss the diverse ways of thinking, perceptions and interpretations.
- Compare and contrast cultural communication strategies in various contexts.

- Recognize barriers to effective intercultural competencies such as stereotyping, prejudice and ethnocentrism.
- Identify elements of common ground among diverse cultures.
- Explain how studying intercultural communication can lead to an increased understanding of self and others.
- identify and explain how oppression and prejudice negatively impact health and wellness
- Articulate how race, class, sexuality, and gender play roles in health status.
- Discuss implications of regional cultures
- Identify cross-cultural implications and explanations of illness

III. Healthcare Systems

- Spell, pronounce, define and use medical terms.
- Utilize common medical abbreviations
- Differentiate, compare, and contrast prefixes, suffixes, and roots common to the formation of words used in medical terminology.
- Describe the content of history and physical examinations, discharge summaries, and laboratory values as used in the medical profession.
- Distinguish and prioritize patient situations that occur in the office or when patients or doctors present requests by phone or in person.
- Understand ethical and legal issues of the medical profession.
- Apply health care settings mission and goals to effective practice as a Patient Navigator
- Organize and demonstrate in sequence the steps necessary for the performance of basic life support for adults, children, and infants.
- Analyze and discuss safety concerns for health care workers in regards to universal precautions, Occupational Safety and Health Act (OSHA) and Health Insurance Portability and Accountability Act (HIPPA).
- Discuss healthcare systems, the healthcare team, trends and workplace settings.
- Describe insurance coverage and healthcare payment options available for clients including the Affordable Care Act

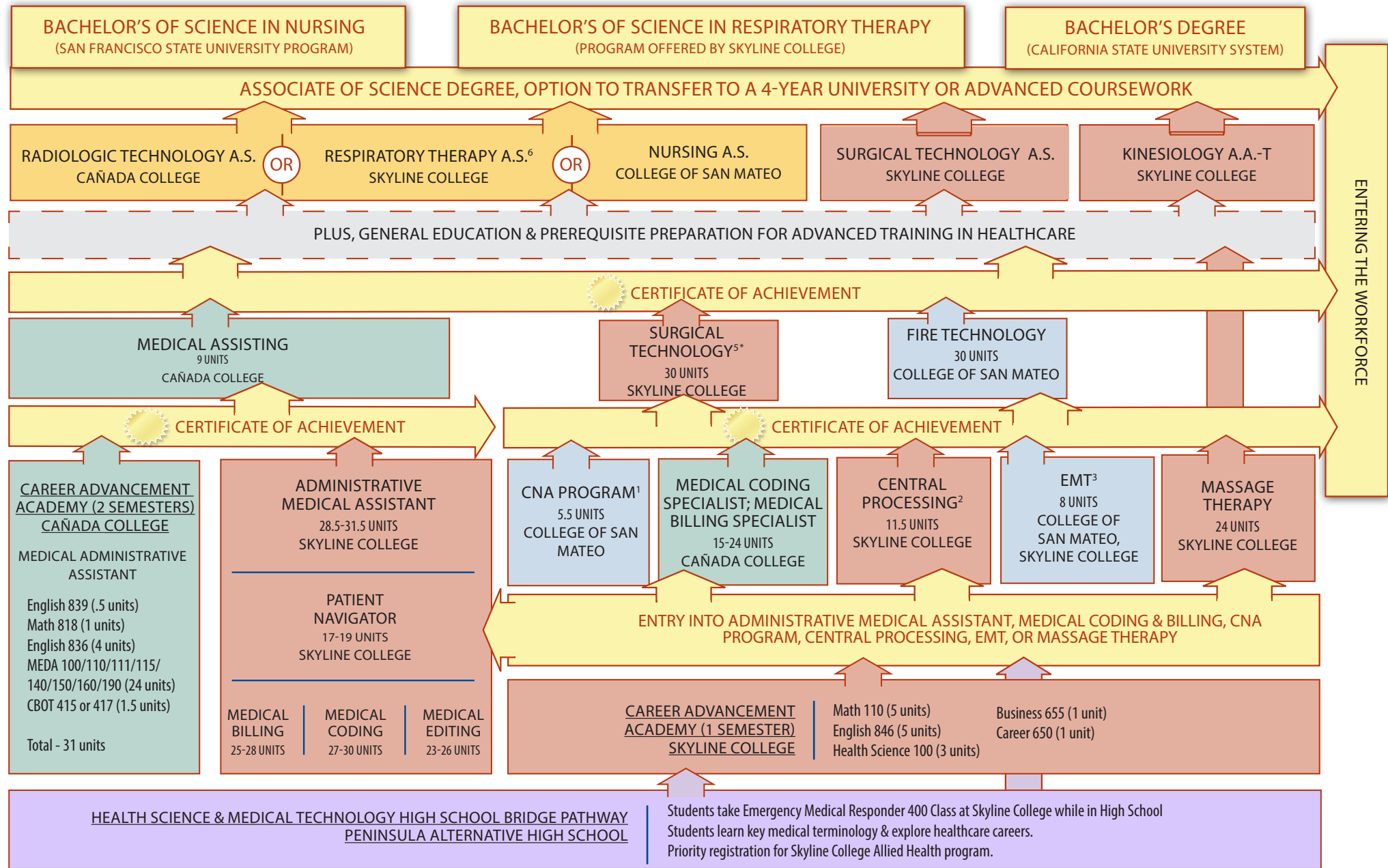
IV. Barriers and Resources

- Demonstrate a familiarity with Human Services Agencies in the student's local area, their funding sources and services they provide.
- Identify private and public resources that may benefit clients including Legal Aid and Social Security
- Demonstrate a working knowledge of the eligibility and referral procedures required to access county resources.
- Demonstrate an understanding of effective assessment and referral techniques.
- Assemble an organized Human Services resource file.
- Demonstrate the ability to make appropriate client referrals.
- Demonstrate effective assessment, referral and follow up techniques
- Identify methods to cultivate relationships with community resource providers

- V. Basic Wellness, Health Promotion and Outcomes
- identify and list salient definitions of health and wellness
 - Describe and discuss common management of chronic conditions
 - demonstrate knowledge of good consumer skills in terms of acquiring health information and using health-care services & products
 - explain how to acquire and maintain health and wellness on the physical, emotional mental, social, and spiritual levels
 - outline and apply theories of behavior change to real-life scenarios
 - initiate a plan of action to make individual, environmental or social health change(s)
 - analyze and utilize knowledge gleaned about health to create healthy lifestyles and practices on the individual and social levels
 - Discuss cultural management in illness conditions
 - Describe common complementary (alternative) medicine techniques
- VI. Technology
- Demonstrate ability to use the word processing, spreadsheet and presentation software in creating effective professional-quality documents, worksheets, presentations and databases to include:
 - Review, analyze and apply formatting techniques to produce professional documents.
 - Plan and determine layout to achieve desired formatting and calculations for accurate workbook design.
 - Determine and develop presentation content to create presentation slides by entering text, data, and graphics
 - Comprehend and define MS Office software terminology
 - Demonstrate how to open, save and print existing file
 - Create documents, worksheets, presentations and databases by entering text, data, graphics, and charts.
 - Distinguish reliable health internet sources (technology)
 - Demonstrate general knowledge of electronic health records and practice management systems,
 - Describe a patient registry and panel management
 - Navigate a patient portal
- VII. Professional and Personal Development
- Identify learning and improvement goals.
 - Identify and perform learning activities that address one's gaps in knowledge, skills, attitudes and abilities.
 - Describe healthy coping mechanisms to respond to stress; employ self-care strategies.
 - Describe mechanisms for managing possible and actual conflicts between personal and professional responsibilities.

Career Advancement Academies - Allied Health

San Mateo County Community College District: Skyline College, Cañada College, College of San Mateo



www.gointohealthcare.org

*Surgical Technology program requires prerequisites.