Findings From the National Navigation Roundtable: A Call for Competency-Based Patient Navigation Training

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INTRODUCTION

The purpose of this article is to describe the availability of patient navigation training programs in the United States, assess the content of these programs, and report which address the core competencies of patient navigation. According to Harold P. Freeman, the founder of the patient navigation model, "patient navigation is a patient-centric healthcare service delivery model. It is a patient-centric concept that concentrates on the movement of patients along the continuum of medical care … beginning in the community and continuing on through testing, diagnosis, and survivorship to the end of life."[1] The goal of patient navigation is to improve outcomes in underserved populations by eliminating barriers to a timely cancer diagnosis and treatment in a culturally sensitive manner.[2] Patient navigators (PNs) may be employed as community-based navigators addressing screening barriers and helping prepatients access portals to health care, as health system navigators helping patients to overcome structural and psychosocial barriers to quality care, and as survivorship navigators helping patients who are post–active treatment to overcome barriers to ongoing surveillance and supportive care while transitioning from oncology care back to a primary care provider or in the transition to other end-of-life care.

Throughout the research literature, there have been challenges to clearly defining the role of PNs, including overlapping convergence of the PN role with other roles such as care coordinators[3] and community health workers (CHWs).[4] These challenges in large part have been driven and exacerbated by the types of individuals providing patient navigation, who range from PNs without a clinical practitioner license (called lay or nonclinical) to social workers and nurses who have professional licenses and are cross-trained in patient navigation. This inexact scope of work for someone identified as a PN proves problematic when one is outlining the training needed to meet health system navigation needs. Some health systems, particularly those with high patient volumes, use a navigation matrix with navigational tasks assigned across a team. Evidence to date supports the use of individual and team-based navigation (eg, lay and licensed PNs) to improve health outcomes.[5] However, evidence-based research has been limited in assessing the types of training required for PNs. A systematic review of patient navigation programs indicates that training tends to be specific to research protocols rather than public patient navigation programs.[5] Some national associations and state organizations are attempting to standardize competencies for PN knowledge, skills, and performance, but they vary in their strategies for standardizing competencies, certification, and training curricula. Several organizations have identified core PN competencies (Oncology Nursing Society, Academy of Oncology Nurse & Patient Navigators [AONN+], National Accreditation Program for Breast Centers, Patient Navigator Training Collaborative, and George Washington Cancer Center's Online Academy).[6-8]

Because of the blurred scope of the work, the adoption of consistent PN competencies provides an impetus for defining the functions of the role. Training based on a set of competencies ensures that knowledge and skills acquired are relevant and specific to the role of the PN. It also guides performance monitoring and ensures that the expectations of the role are met. The need for training standardization revolves around the basic premise of why patient navigation was created: to save lives from cancer by eliminating barriers to care and ensuring timely delivery of services.[9]

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For some health systems, the justification for creating a patient navigation program evolves out of the requirement of a community health needs assessment for 1) 501c3 hospital organizations, 2) programs accredited under the American College of Surgeons Commission on Cancer standards,[10] and/or 3) the Oncology Care Model, an innovative payment and delivery model of the Centers for Medicare & Medicaid Services that incorporates navigation as an enhanced service.

Therefore, all levels of navigation training, nonlicensed and licensed, should address a set of basic skills applicable to the appropriate level of training and license (if applicable). For example, with care coordination, a nonlicensed navigator can explain the next steps in a care pathway and identify common unmet needs encountered in care. A clinically licensed navigator can apply clinical knowledge and information from national guidelines and collaborate with team or cancer committee members to develop strategies to address common needs identified in the care pathway.

The National Navigation Roundtable (NNRT) is a voluntary collective of more than 40 organizations convened to enhance health equity, improve health outcomes, and broaden access to quality care through a focus on patient navigation. It created 3 task group committees focused on the standardization of 1) navigator training and certification (as of January 1, 2019, referred to as workforce development), 2) evidence-based and promising practices, and 3) national and state-level policies that affect the navigator workforce. The NNRT Workforce Development Task Group sought to answer the following questions:

1. Can criteria for a core set of competencies be established that specifically address the role of PNs, regardless of whether they are clinically licensed or not?
2. How available are patient navigation training programs in the United States?
3. What components of patient navigation are included in the training?
4. Which programs base the training content on competencies?

MATERIALS AND METHODS

The task group followed 4 steps to investigate the dissemination of competency-based patient navigation training (Fig. 1). First, the criteria for training competencies were developed after a review of published and established sets of competencies for a sample of known navigation training programs. Each program was selected for review on the basis of the availability of information about the program, the program's size, and the familiarity of the program among task group members. The group acknowledged that there were additional programs that could have been reviewed. The initial programs reviewed included the Harold P. Freeman Patient Navigation Institute, George Washington University Cancer Center's Online Academy, the Patient Navigator Training Collaborative, AONN+, the Colorado Department of Public Health and Environment Health Navigation Workforce Development Initiative, and the Oncology Nursing Society. The task group recognized that many competencies overlapped between these programs, with some unique parameters existing within each program. After vigorous discussion, it was decided that rather than using a single program's patient navigation competencies, the group needed to come to a consensus about the shared domains. Task group members edited the competencies, refined the phrasing of the competencies for consistency, and added evaluation metrics to each competency.

The second step was to identify potential criteria and components for reviewing the training programs. The programs had to have an internet website focused on patient navigation education/training and had to be based on competencies that align with NNRT competencies to be included in the final group of training programs. Program characteristics obtained included courses or topics covered in the training program, the number of hours of education provided, the format of courses (in-person, web-based, or hybrid), the cost of courses, the intended audience, and the optional courses or features.

To test the viability of these criteria, they were applied to 2 programs, one academically based and the other community-based, to determine whether they were sufficiently robust to appropriately assess patient navigation training programs. Task group members also added information collected by direct communication (phone and email) with program contacts.

The third step was an internet review of training programs. Before the NNRT Workforce Development Task Group's in-person meeting in November 2017, the task group cochairs conducted a rapid review[11] to identify existing programs so that the task group would have a clearer understanding about the existence, structure, and content of patient navigation training. A rapid review is a method to synthesize evidence in a time-limited manner and is ideal for emerging topics. In the research literature, patient navigation training was mentioned, but it lacked

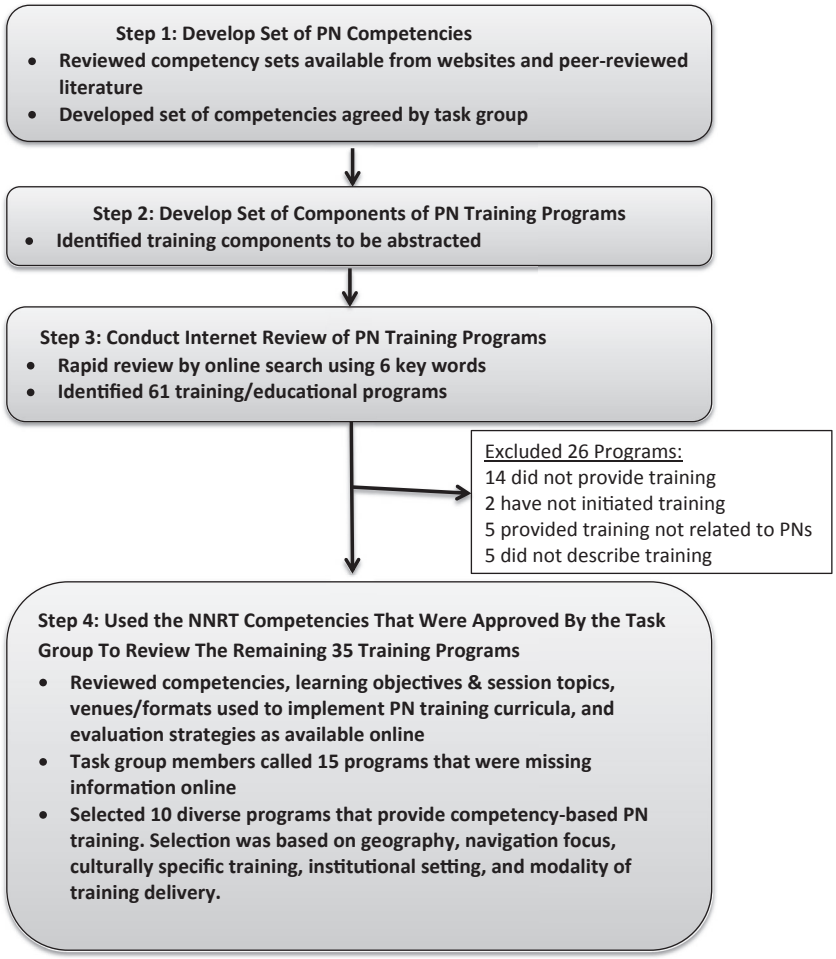

Figure 1. NNRT process. NNRT indicates National Navigation Roundtable; PN, patient navigator.

details about educational components.[5] Subsequently, the cochairs discussed issues with the task group members and used the internet as a source for identifying patient navigation training program details. Search terms included *patient navigation*, *community health worker*, *lay and clinical*, *competencies*, *training*, and *education*.

Training programs identified through this process were included in the final list if the program offered training directly related to patient navigation and was aligned with the NNRT competency list. The final group of training programs was used to abstract program component information. When a program website indicated that the curriculum was based on competencies but the competencies were not accessible through the website or program characteristics described, task group members made up to 5 attempts to contact program staff (email and phone calls) to obtain competency lists. The task group then selected programs to demonstrate the diversity of competency-based patient navigation training programs. The programs were selected to represent the variability of training based on geography, institutional setting, focus of navigation (eg, cancer or general), mode of delivery, and culturally specific training programs. The review of the smaller group of training programs allowed for the identification of unique characteristics such as the type of certification offered (completion of state/national certification) and added features of the program (eg, manual or Spanish-language instruction).

The fourth and final step in the process included an intensive review of 35 training programs (discussed in the Results section). This step reviewed competencies, learning objectives, training formats, and evaluation strategies for the program.

TABLE 1. National Navigation Roundtable Task Group Domains for Training and Certification Competencies

I. Competency Domain: Ethical, Cultural, Legal, and Professional Issues Performance of competency: Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to respecting confidentiality, organizational rules and regulations, ethical principles, and diversity in sex, age, culture, race, ethnicity, religion, abilities, sexual orientation, and geography.
II. Competency Domain: Client and Care Team Interaction Performance of competency: Apply insight and understanding concerning human emotional responses to create and maintain positive interpersonal interactions leading to trust and collaboration between the patient/client/family and the health care team. Patient safety and satisfaction are a priority.
III. Competency Domain: Health Knowledge Performance of competency: Demonstrate knowledge of health, the cancer continuum, psychosocial and spiritual belief systems, and types of patient attitudes and behaviors specific to the patient navigator (clinical/licensed or nonmedical licensure) role.
IV. Competency Domain: Patient Care Coordination Performance of competency: Participate in the development of an evidence-based or promising/best practice patient-centered plan of care, which is inclusive of a client's personal assessment and health provider/system and community resources. The patient navigator acts as a liaison among all team members to advocate for patients to optimize health and wellness with the overall focus of improving access to services for all patients. The patient navigator conducts patient assessments (needs, goals, self-management, behaviors, and strategies for improvement) integrating a client's personal and cultural values.
V. Competency Domain: Practice-Based Learning Performance of competency: Optimize navigator practice through continual professional development and the assimilation of scientific evidence, based on individual patient navigator gaps in knowledge, skills, attitudes, and abilities, to continuously improve patient care.
VI. Competency Domain: Systems-Based Practice Performance of competency: Advocate for quality patient care by acknowledging and monitoring needed (desirable) improvements in systems of care for patients along the cancer care continuum from prevention through end of life. This includes enhancing community relationships and developing skills and knowledge to monitor and evaluate patient care and the effectiveness of the program.
VII. Competency Domain: Communication/Interpersonal Skills Performance of competency: Promote effective communication and interactions with patients in shared decision making based on their needs, goals, strengths, barriers, solutions, and resources. Resolution of conflict among patients, family members, community partners, and members of the oncology care team is demonstrated in professional and culturally acceptable behaviors.

RESULTS

Criteria for Competencies

The task group came to a consensus on the domains and competencies for patient navigation training. The 7 competency domains include ethical, cultural, legal, and professional issues; client and care team interaction; health knowledge; patient care coordination; practice-based learning; systems-based practice; and communication/interpersonal skills. These competency domains and the performance of the competencies are summarized in Table 1.

Availability of Patient Navigation Training Programs

Sixty-one websites/programs were identified through an initial internet search (Supporting Table 1). Almost half of the programs provided information only on course topics, and many were missing the information on requested criteria. Twenty-six programs were excluded because they described a training or educational program of another institution or did not deliver comprehensive training (ie, only webinars) or because the role or functions taught by the program did not include PN skills (eg, some CHW programs). A final group of 35 training programs were identified to be reviewed by the NNRT Workforce Development Task Group (Supporting Table 2).

Components of Patient Navigation Training Programs

From the internet search, 35 training programs were identified that included elements of patient navigation topics and/or competencies (or learning objectives). The task group members contacted 15 programs to obtain missing data on program characteristics. The programs varied greatly in length (mean, 59.5 hours; range, 8-160 hours), delivery (online, in person, interactive online, or print manual), and cost (range, free to $1500). The programs were distributed across 18 states, and 11 programs had a national reach. The majority of the programs offered content in person (74%), nearly half provided online content (46%), and less than 1% offered training via self-instruction. (Note that percentages do not equal 100% because some programs provided content via more than 1 delivery method.)

Twelve programs were housed at nonprofit organizations, 9 were housed at community colleges, 3 were housed at a government agency, 3 were housed in area health education centers, 2 were housed at for-profit companies, 1 was housed in a cancer center, 2 were housed at universities, 1 was housed at a combination area health education center/university, 1 was housed at a behavioral health center, and 1 was housed in an unknown setting. Twenty-five of the 35 patient navigation training programs provided

general navigation training, 8 focused on cancer navigation, 1 focused on behavioral health, and 1 was unknown. The intended audience for the training programs varied: 10 offered training to both CHWs and nonlicensed individuals, 12 were tailored to CHWs, 11 focused on only nonlicensed individuals, 1 was tailored to peer navigators, and 1 was designed to train adult volunteers older than 55 years.

To illustrate the diversity of patient navigation training programs that met the search criteria and abstraction of program characteristics, the task group selected 10 training programs claiming to base their training on competencies (Table 2). If they were not listed on program websites, task group members requested a list of the competencies, but not all programs complied with the request.

Descriptions of the 10 Selected Training Programs

Harold P. Freeman Patient Navigation Institute

The Harold P. Freeman Patient Navigation Institute was the first national patient navigation cancer training program in the United States.[9,12] The 2-day in-person training is offered monthly in geographically diverse areas of the United States and is presented in person. The curriculum includes the full cancer continuum presented through 5 modules, case studies, and a patient interaction practicum. The intended population includes lay/community PNs, nurse navigators, CHWs, peer advocates, and social workers. Dr. Freeman conducts a one-on-one exit interview to evaluate PN self-reported skills and behaviors. The daily cost is $500. Communication with the agency confirmed competencies, but the list was not provided. Participants are referred to the AONN+ for certification. In addition, the National Consortium of Breast Centers created a certification program based on PN roles, and the Harold P. Freeman Patient Navigation Institute offers this training quarterly.

George Washington University Cancer Center's Online Academy

George Washington University Cancer Center's Online Academy[13,14] offers online oncology patient navigation training with a companion guide. This 20-hour curriculum includes a 7-module training course comprising 20 lessons. Each competency includes measurable behaviors and skills. This online program is designed for lay navigators but has proven helpful to any navigator seeking fundamental skills. Each lesson includes a pre-assessment, an interactive presentation, a brief, and a knowledge-based quiz and post-assessment. The curriculum is based on 8 domains and 45 competencies.[15] Upon completion of all required training elements, the participant receives a certificate of completion. This online course is free. For certification, participants are referred to AONN+.

Patient Navigator Training Collaborative

The Patient Navigator Training Collaborative created a collaboration among several programs and institutions in 2008[12,16] to provide training on fundamental competencies. The training is conducted both in person and via the internet and includes 40 hours of core instruction, case studies, and practical exercises. Training topics include barrier reduction, advanced motivational interviewing, advanced behavior change, and care coordination. The program is designed for lay, nonlicensed staff to provide navigation within various settings and health conditions. The Patient Navigator Training Collaborative uses several modes of competency evaluation, including quizzes and examinations to check knowledge, attitudes, confidence, and self-efficacy and performance-based activities such as competency-based scenarios. The length of the core curriculum is 40 hours over online tutorials and individual courses. Individual courses vary in cost from $550 for Colorado PNs to $750 for out-of-state navigators. Advanced courses are available for an additional cost of $150 to $250. The Patient Navigator Training Collaborative curriculum is based on skills identified with 16 competencies. Workshop activities prepare participants for the Colorado PN competency examination, which uses a standardized patient scenario with a competency performance checklist.

Native American Cancer Research Corporation

The Native American Cancer Research Corporation offers community-based and culturally focused in-person training programs. A total of 80 hours is presented through a series of 2.5-day sessions conducted in diverse geographic regions in the United States. Cultural topic examples include creating and maintaining trust in the health care system and navigating health care systems (oncology care and Indian Health Service Purchased/Referred Care). Participants take part in multiple interactive activities and case studies (eg, cultural healing and identifying personal goals). This training works in collaboration with other well-established patient navigation training programs for select topics such as motivational interviewing from the Patient Navigator Training Collaborative. The target population is nonlicensed (community) indigenous PNs. Each workshop uses an audience response system to collect evaluation data.[17,18] The daily cost of training is $230. The workshops are based on 6 competencies and include participant interactive activities. Participants receive a certificate for hours completed.

TABLE 2. Summary of Diverse Patient Navigation Training Programs

Patient Navigation Training Program	Completion Assessment				Intended Audience						Option Courses/Features
	None	Test	Based on Hours Completed	Academic Units	Nonlicensed Navigators	Nurse Navigators	CHWs	Peer Advocates	Social Workers	Unknown	
1. Harold P. Freeman Patient Navigation Institute (http://www.hpfreemanpni.org/)			X		X	X	X	X	X		Patient navigator/NCBC training Customized training and consultation at different sites around the country In person only
2. GW Cancer Center's Online Academy (https://cancercenter.gwu.edu/for-health-professionals/training-education)			X								Includes tools and *Guide for Patient Navigators* Online only
3. Patient Navigator Training Collaborative (https://patientnavigatortraining.org/)		X	X		X		X				Spanish language, online, in person, hybrid, and coalition of ~6 organizations
4. Native American Cancer Research Corporation (http://natamcancer.org/)			X		X	X			X		Culturally tailored to American Indians and Alaska Natives In person only
5. AONN+ (https://aonnonline.org/login?return=L3Byb2ZpbGU=)		X			X	X	X	X	X	X	Certification offered to both clinical and patient navigators: ONN-CG & OPN-CG Online and in person
6. Otero Junior College (https://www.ojc.edu/academics/academicprograms/ctehealthnav.aspx)				~60	X						AS degree Online and in person
7. National Community Health Worker Training Center (https://nchwtc.tamhsc.edu/)			X				X				Online with computer meetings; prepares CHWs for state certification
8. Cancer Navigator Program: Northwest Georgia Regional Cancer Coalition and Blue Ridge AHEC Cancer (https://cancernavigatorprogram.org/)			X		X	X	X		X		Two separate training modules for nurse navigator certification and cancer services navigator certification
9. Smith Center for Healing and the Arts (https://smithcenter.org/)			X		X	X	X	X	X		Integrative cancer care; experiential, interdisciplinary In person only
10. Health Navigator Certification Training Program: PCTI in collaboration with USC School of Social Work (http://www.healthnavigation.org/)			X					X			Behavioral health focus In person only

Abbreviations: AHEC, Area Health Education Center; AONN+, Academy of Oncology Nurse & Patient Navigators; AS, associate of science; CHW, community health worker; GW, George Washington; NCBC, National Consortium of Breast Centers; ONN-CG, Oncology Nurse Navigator–Certified Generalist; OPN-CG, Oncology Patient Navigator-Certified Generalist; PCTI, Pacific Clinics Training Institute; USC, University of Southern California.

The information is based on internet descriptions and responses to queries from task force members and was accurate at the time of this article's submission for publication.

Academy of Oncology Nurse & Patient Navigators

AONN+ is the largest specialty organization dedicated to defining, enhancing, and promoting the role of oncology nurse navigators and PNs[19] and identifying baseline metrics to evaluate and track the success of patient navigation programs.[20] AONN+ offers continuing education through conferences, webinars, and *Journal of Navigation & Survivorship* articles with continuing education units. In-person training is offered at midyear and national conferences. More than 43 hours of training core curricula exists on the AONN+ website at this time, with more coming in the near future, and it includes diverse topics such as care coordination, the roles of oncology navigators, financial toxicity, and survivorship care. The Certified Generalist content covers 8 domains, and the Certified Nurse Navigator has 9 webinars that cover 8 knowledge domains. The target populations are nurse navigators and PNs, social workers, stakeholders, and administrators. The cost for the education modules is free for AONN+ members, and the cost is $150 to complete the certified test. The curricula and tests are based on competencies. The Oncology Nurse Navigator–Certified Generalist requires an active RN license in good standing, 3 years of direct navigation experience and 15 continuing education units from the previous 12 months, and passing the certified examination that covers the 8 domains. The Oncology Patient Navigator–Certified Generalist requires 1 year or 2000 hours of active navigation experience and is based on the 8 domains. AONN+ is in the process of obtaining American National Standards Institute accreditation for the Oncology Nurse Navigator–Certified Generalist and Oncology Patient Navigator–Certified Generalist certification examinations.

Otero Junior College, Colorado

In 2015, Otero Junior College[21] started offering a 2-year health navigator associate of applied science degree (60.5 or 61.5 credits). The courses are available on multiple campuses and through distance learning. The first year (30 credits) focuses on CHW skills; at successful completion, graduates receive a CHW certificate. The second year (31 credits) builds on this foundation and focuses on health navigation–level knowledge, skills, and abilities. Examples of courses include Health Communication, Basic Anatomy and Physiology, and General Psychology. The students are individuals who want to become lay/community PNs. Multiple methods are used to assess competencies, including quantitative tests, course discussions and projects, and observations by faculty and field supervisors during internships. Students enroll in the junior college and pay fees per credit ($176.15 per in-state credit in 2018-2019). Each course syllabus has a section that identifies assessments for each of the course learning outcomes, which have been cross-referenced to the health navigator competencies. Rather than a certificate, participants earn an academic degree.

National Community Health Worker Training Center

Texas A&M's Center for Community Health Development houses the Community Health Worker Training Center.[22-24] The Community Health Worker Training Center provides a 160-hour course over 26 weeks with 2.5 hours of weekly online class time plus homework and practice. Content includes teaching, communication, advocacy, service coordination, interpersonal skills, capacity building, and organizational skills. Additional courses are available for CHW continuing education credit on topics such as fall prevention, cancer navigation, and tobacco cessation. The target population is PNs as well as CHWs who want to function as PNs. Competency assessment methods were not provided. The daily cost of training is $100. Communication referred to competencies, but the list was not provided. The training program prepares individuals for certification in Texas.

Cancer Navigation Program: Blue Ridge Area Health Education Center and Northwest Georgia Regional Cancer Coalition

The Northwest Georgia Regional Cancer Coalition and the Blue Ridge Area Health Education Center provide 2 modular online cancer navigation education programs: one for nurses (11 modules) and another for social workers and nonclinical navigators (8 modules).[12,25] The courses cover the cancer continuum, common cancer care and support services, cancer patient education, advocacy, and resource utilization. Additional topic areas include the role of the cancer navigator, screening and assessment tools, and risk assessment. The training serves nurses and social workers and uses an online test to assess knowledge. The course costs $550. Communication referred to competencies, but the list was not provided. It is unclear what type of certification is provided.

Smith Center for Healing and the Arts

The Smith Center for Healing and the Arts in Massachusetts[12,26] conducts in-person training only. The course is 5 days and includes a self-directed module.

Training includes topics such as client assessment, difficult conversations, survivorship issues, application of complementary modalities, and building trust. The content is providing integrative cancer care navigation, which involves the appropriate use of adjunctive, evidence-based complementary therapies in the care and support of patients with cancer. The course is designed for nurse navigators, nonlicensed navigators, social workers, other health care providers, and cancer survivors/caregivers. Trainees are assessed via daily evaluations throughout the training. The daily cost is $199. The curriculum is guided by a comprehensive list of learning objectives. Upon completion, participants are awarded a certificate of completion. Social workers and nurses also are eligible to receive continuing education credits.

Health Navigator Certification Training Program: Pacific Clinics Training Institute in collaboration with the University of Southern California School of Social Work

The Pacific Clinics Training Institute educates peer health navigators in collaboration with the University of Southern California School of Social Work. The course is 40 hours with 4 coaching sessions and is in person only. This health navigator behavioral workforce assists consumers in navigating the health care system by using self-management skills.[27] The course focuses on peer health navigator clients with a behavioral health focus. The daily cost and the method of evaluation are unknown. The competencies include screening, engagement, assessment, goal setting and goal achievement, health navigation, monitoring progress, documentation, and integration. A certificate in health navigation is provided.

DISCUSSION

Competency-based training is the delivery of knowledge and skills required to meet a level of mastery required by a specific position or role.[28] Similar to the rapid review, a recent review of patient navigation research found that nationwide, training content is inconsistent, with considerable differences noted in training components, duration, location, format, learning strategies, trainers' skills and knowledge, and program content.[5] To ensure that individuals acquire the knowledge and skills relevant to patient navigation, it is imperative that training be based on a consensus set of minimum core competencies connected to quality standards and that metrics be established. Such core competencies should articulate a patient navigation skill set that transcends the degree or type of clinical training. At a minimum, those conducting patient navigation should be competent in the assessment and surmounting of barriers to quality care because this is a fundamental principle of patient navigation.[29]

Contributing to the heterogeneity of navigation training programs is the challenge of the economics and sustainability of navigation. Early navigation programs received grant funding, which created a very narrow focus of training of the navigation workforce toward a particular group of patients or a specific disease. However, patient navigation programs cannot be sustained through grant funding and require more rigorous forms of long-term, integrated support. Stop-gap approaches have dramatically diverged as a function of the available resources, geographic setting, patient volume, catchment area demographics, and both community and institutional needs assessments. Where financial resources are scarce, innovative programs have integrated trained volunteers and "peers" as lay navigators to provide additional emotional and nonclinical support. This includes linking patients with available community, state, and national resources. Long-term sustaining strategies are needed to support community, nonlicensed, and clinically based PNs, and patient navigation training programs must adjust to the developing reimbursement and sustainability mechanisms for this workforce.

Limitations

The task group took many steps to ensure widespread representation of educational and training programs across the United States. However, there are several issues that limited the group's ability to capture all training programs offering patient navigation content. First, only training programs with an internet presence were included. Program websites often offered limited information on competencies or learning objectives, which limited the group's ability to assess their relevance. Similarly, academic training programs were not readily identifiable and were likely missed. The task group found that some academic organizations conduct only 1 or 2 individual classes, and they provided insufficient information for inclusion in the review. The task group was unable to capture organizations that hire and train their own PNs (eg, the American Cancer Society). Finally, information from programs that have not updated their websites likely contributed to errors or incomplete information.

CONCLUSIONS AND RECOMMENDATIONS

This review illustrates the proliferation of patient navigation training programs created since navigation was first recognized as a health care delivery innovation with

the capacity to benefit all patients and, in particular, those with the highest barriers to care. It underscores the importance of patient navigation as a health care occupation and as a set of activities and skills worthy of recognition by governmental agencies, health systems, and health care payers.

The field of patient navigation requires a standardized core set of competencies. The lack of a clearly defined set of minimum core competencies and the vast variability between how training programs address skill sets and the evaluation thereof contribute to confusion in understanding the potentially high-impact role of patient navigation in local and national health care systems. Table 1 shares the core competencies agreed upon by the NNRT Workforce Development Task Group with the intent of normalizing core competencies to contribute to patient-centered care, health-system quality and value-based care, and the alleviation of health disparities. Training needs to be based on competencies. This does not mean that every training program has to be identical; in fact, the task group would discourage that approach. Each training program should have its own "flavor" and ability to emphasize particular aspects of patient navigation and/or particular populations. However, it does mean that every training program should both teach and evaluate competency in a set of skills that are deemed the minimum necessary to perform the duties of and carry the title of a PN. The task group suggests that a necessary step in the evolution of patient navigation would be the normalization of a minimum set of core competencies across all training programs that prepare individuals to enter the patient navigation workforce.

Creating a convening body to ensure minimum standards for training is recommended. Other health care–associated groups have imposed self-regulation in the form of nationally accredited test taking (eg, certified health education specialist or tobacco cessation specialist) and through national membership associations that monitor licensure and continuing education. The NNRT can serve in the role of identifying and addressing gaps in patient navigation workforce development. This effort is not to monitor individual PNs but to provide objective evidence to future trainees that a given training program fulfills the minimum requirements to award a certificate in patient navigation.

The NNRT could foster opportunities to collaborate across training programs. Nationally, there are programs that provide very specific, tailored patient navigation training. These programs often focus on PNs who deliver navigational services for a specific population, disease, community, or setting. However, many employers seek fundamental patient navigation core competency training that serves as a foundation for practice. Linking to programs that teach to the core competencies provides a dedicated opportunity for navigators to gain a fundamental understanding of the PN role and expand their education with on-the-job training or specific tailored training. Minimum standards for quality training programs provide a great opportunity for navigators and employers to seek out competency-based programs.

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CONFLICT OF INTEREST DISCLOSURES

Sharon Gentry has served as a speaker at Academy of Oncology Nurse & Patient Navigators conferences. Karla Wysocki is employed by the American Cancer Society, which receives grants from private and corporate foundations, including foundations associated with companies in the health sector, for research outside the submitted work. At the time this work was completed, Wysocki neither was funded by nor was key personnel for any of these grants, and her salary was solely funded through American Cancer Society funds. The other authors made no disclosures.

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