Peer Health Navigator Certificate

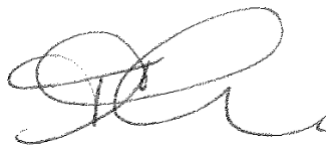
2020

Dear Student/Participants,

Please find the York University copyright statement. This is an annual reminder to all students about the copyright policy of the University.

Access to and use of the course materials is restricted to students enrolled in the Peer Health Navigator course offered by Health Leadership & Learning Network. All materials for this course are provided with the permission of the rights holder, under the terms of a license or other agreement, or under the application of statutory exceptions of the Copyright Act. Copyright and all rights are maintained by the author(s) or by other copyright holder(s). Copying this material for distribution (e.g. uploading material to a commercial third-party website) can lead to a violation of Copyright law. Find out more about copyright here: www.yorku.ca/copyright

If you have any questions, please contact us here in HLLN at 416 736 2100 X22170 or hlln@yorku.ca. Thank you, Tania Xerri



Tania Xerri, Director, Health Leadership and Learning Network
A Leader in Health Continuing Professional Education
Faculty of Health York University
4700 Keele St. HNES 019, Toronto, ON M3J 1P3

Information, Privacy and Copyright | Office of the Counsel
1050 Kaneff Tower | York University | 4700 Keele St., Toronto ON M3J 1P3
Canada

1

Zoom orientation

- I hope you have read the information from HLLN (York University) on how to use Zoom
- At the start, you will be in the Waiting Room. Everyone will be admitted to the main room at the same time
- Your audio (sound) will be automatically muted– but you can unmute using the microphone icon
- Video: Please keep video camera ON during the webinars. It's a way to be connected with each other. Just remember, we can SEE you and what you are doing!
- The Chat function: you can post to me privately or to the whole group. This is a great way to post a comment or question during the session.

2

Webinars x
3 days 1pm-3pm

Course content:

Session 1	•Introductions •History of the role •Role of the Lay Patient Navigator •Scope of Practice •Teamwork/collaboration •Canadian Health System
Session 2	•Stigma/chronicity •Communication Skills •Health Literacy
Session 3	•Cultural competence •Compassion Fatigue/Burnout

Introductions:

- A bit about me, a bit about you...
- Background?
- Goals?

My Objectives for this course:

Provide you with information/tools to develop an appreciation for the role of Patient Navigator:

- History of Patient Navigation
- Components of the role(s)
- the Healthcare environment
- Healthcare issues (stigma/chronicity)
- Communication/cultural understanding
- Health literacy
- Compassion fatigue/burnout

5

Setting the stage:

Patients diagnosed with a serious illness today face a very different environment and situation than did patients facing the same illness just a few decades ago

Medical care is increasingly sophisticated and more complex:

Promise of successful treatment & outcomes for what in the past, were often terminal diseases

Successful treatment often means following complicated care plans, visits to multiple specialists and other challenges

Multiple issues (physical/emotional/social/cultural/financial levels) may make it difficult to follow prescribed plans of care

6

What is patient navigation?

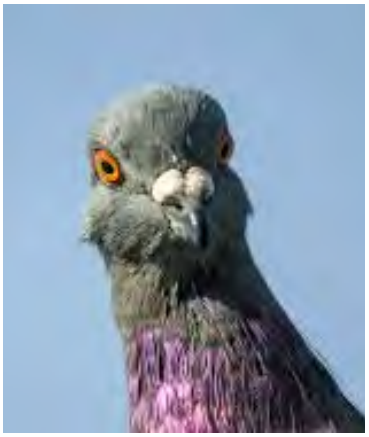
- A healthcare service delivery model built around the patient
- Created to reduce barriers to care through the use of individuals who can provide support as patients move through the continuum of healthcare
- Historically, the focus has been on specific disease (e.g., Cancer care) to ensure that barriers to care are resolved and that each stage of care is as easy for the patient as possible

Role for patient navigators:

As medical care continues to grow more complex, care providers recognize the need for support beyond clinical care to achieve success with their treatment.

Where is a role for a Patient Navigator?

Where do patient navigators work?



- Where-ever there are patients
- Settings can be: community, hospital, home, primary care, and tertiary care, etc.
- Remember, the patient (and the system) may not recognize the specific needs of the individual

What are the benefits?

Evidence demonstrates that patient navigators can:

- increase patient satisfaction,
- reduce no-show rates,
- decrease over-use of healthcare system,
- Provide opportunities for new career paths.

What's in a name?

- A consistent title provides better understanding of the role
  - Both for the public and for those working in the healthcare system.
- There are a variety of job titles to describe the role:
  - "health navigator," "patient navigator," "care navigator," "care coordinator," "health coach", "system navigator"...
- Consider the location and role requirements
- Need to be able to clearly explain your role to avoid confusion.

What do Patient Navigators "do"?

- Patient navigators, **whose main job is to guide patients through the complex medical system and help them overcome any barriers to care,** are being used in growing numbers to ensure patients successfully complete their treatment.
- So, how does a patient navigator guide?
- How does a patient navigator "overcome barriers to care"?

What can Patient Navigators(PNs) provide?

Help in keeping track of diagnoses, appointments, tests and other important information

- Individuals already struggling to manage the physical and emotional aspects of their illness may find these tasks overwhelming
- The navigator provides a consistent point of connection and can work with patients to move around the roadblocks they may encounter
- Having knowledge of the process, but not emotionally (or physically) impacted by the disease means the Patient Navigator is more able to objectively help with problem-solving

A navigator can help with:

- Understanding treatment and care plan
- Follow-up "check-ins"
- Accessing resources

What else?

Who is a Patient Navigator?

Peer (or Lay) Patient Navigators:

- Supportive role; can straddle settings
- Experiential knowledge of specific condition (e.g., cancer)
- Require specific training/coaching
- Clear parameters/limits to the role

- Health Care Professionals:
  - Usually embedded in organizations
  - May have another title/components of the role in place
  - Focus on particular population (e.g., Cancer, Childbirth, Dementia, Substance Abuse, etc)
  - Member of a Regulated Health Care Profession

Healthcare delivery systems:

- Homecare/Community care
  - Combination of public and private services for nursing, Allied Health, Personal Support (Activities of Daily Living and Household supports such as shopping, cooking, cleaning)
- Acute Care
  - Requirement of hospital (24/7) care with specialized healthcare of Doctors, Nurses, Allied Health
  - Complex medical care issues (not safely managed in other settings)

Healthcare delivery systems (continued):

- Long-term Care
  - Individuals who can no longer manage with Activities of Daily Living
  - Frail elderly
  - Cognitive deficits
- Rehabilitation
  - Time-limited with a focus on return to previous state of health
  - Concentrated physiotherapy and occupational therapy

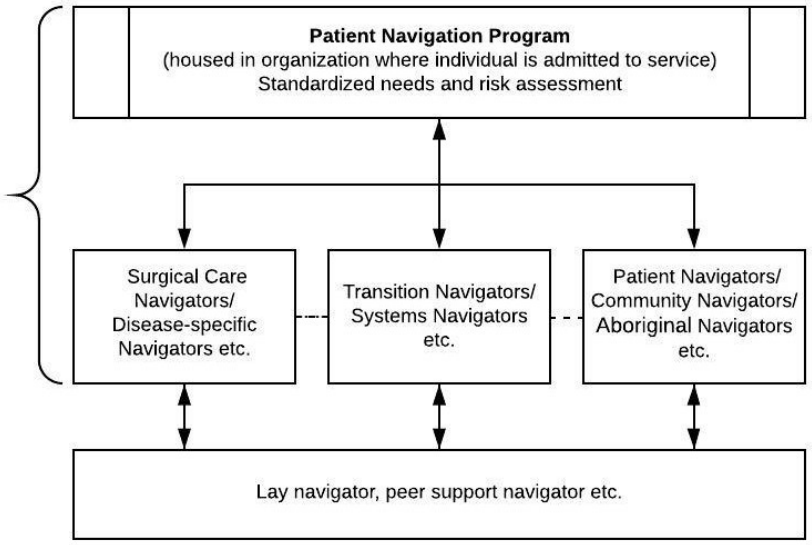
17

Healthcare Systems

- Family Physician/Nurse Practitioner/Family Health Team
  - Initial contact and referral source
  - Links to Specialists for consultation and/or further treatment
  - Often connected with Allied Health
- Clinics:
  - Walk-in
  - Urgent care
  - Specialty services

18

Under a Patient Navigator Program, broad or more specific titles could be used. With more attention to function, these specific roles could emerge as part of the collaborative team of patient navigators. For example, a patient navigator embedded in the surgical program could access individuals with a different (and potentially broader) mandate than the surgical program navigator—such as a community navigator.



19

Peer/Lay Patient Navigators:

- Without a Peer or Lay navigator, many of the tasks that would be considered the navigator's domain are simply not done. Unfortunately, **leaving patients to fend for themselves can negatively impact patient experience and may cause patients to fall through the cracks.**
- Or, when a navigator is not available, it is up to the nurses, social workers or physicians to attempt to assist. While they may recognize the importance of navigation, they just don't have the time to spend...and less time providing clinical care or services that require their specialized training.

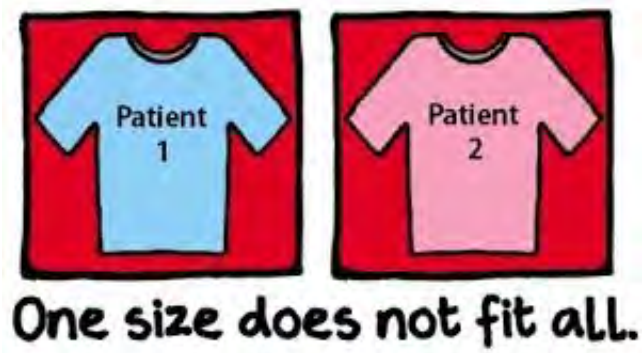
20

Cost effective use of the healthcare team:

- Relying on highly-trained, often costly clinical healthcare providers to assist with non-clinical services is not efficient use of limited health-care resources (e.g. appointment follow-up, etc).
- Lay navigators are equipped to carry out these tasks, letting the clinicians remain focused on the clinical/medical aspects of their role.
- Since Lay Navigators are not required to have a healthcare degree, they are also a less expensive way for hospitals and healthcare providers to ensure their patients are accessing the treatment they need.

21

Identifying Patient Navigation Roles: who needs what, when.



Different Levels of Navigators (start 0:28)

22

Prioritizing Activities:

e.g., streamline patient referrals/appointments

Goal: Assist patients with scheduling appointments

- Ensure referral goes & is received
- Provide patient with info to prepare for the appointment
- Provide education to patient re: screening/other procedure
- Ensure patient has the info they need to get to the appointment location

WHO DOES THE JOB:

Navigator: Health Care Professional

Lay/Peer Navigator activities

Reminders and Follow-up

- For scheduled appointments, phone call (2 days in advance; day of– if needed);
- No appointment date: follow-up with referral and with patient
- Document contacts, interventions and outcomes.

WHO DOES THE JOB:

Navigator: Health Care Professional

Lay/Peer Navigator activities

Each province/territory has its own structure.

Dr. R. Kohr Lay Patient Navigator 2020

25

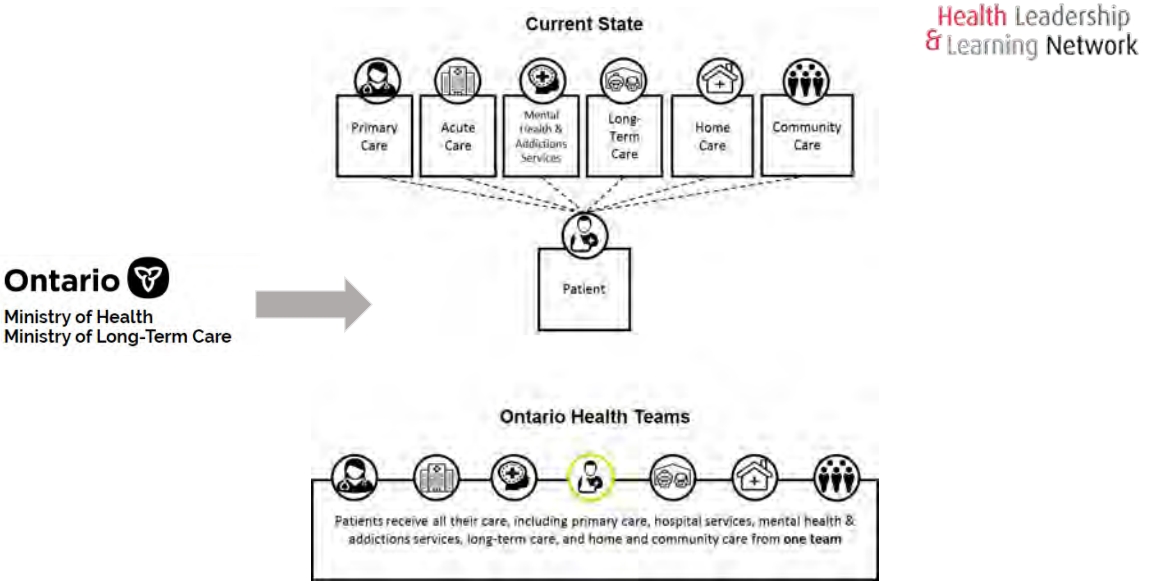
An example of a provincial healthcare system: New Brunswick

- Bilingual province: regions divided up by majority language (Fr/Eng)
- Both Regional systems (Horizon Health and Vitalité) provide:
  - Hospitals
  - Health centres
  - Public health
  - Mental health
  - Provincial programs (some only offered in one location, but bilingual care)
- Homecare/community, Ambulance Service and Telecare provided as "Extra-mural" programs:
  - Run by Medavie Health Services (private, not-for-profit organization)

Dr. R. Kohr Lay Patient Navigator 2020

26

Health Leadership & Learning Network



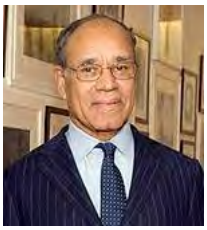
Source: Ontario Ministry of Health and Ministry of Long-Term Care website

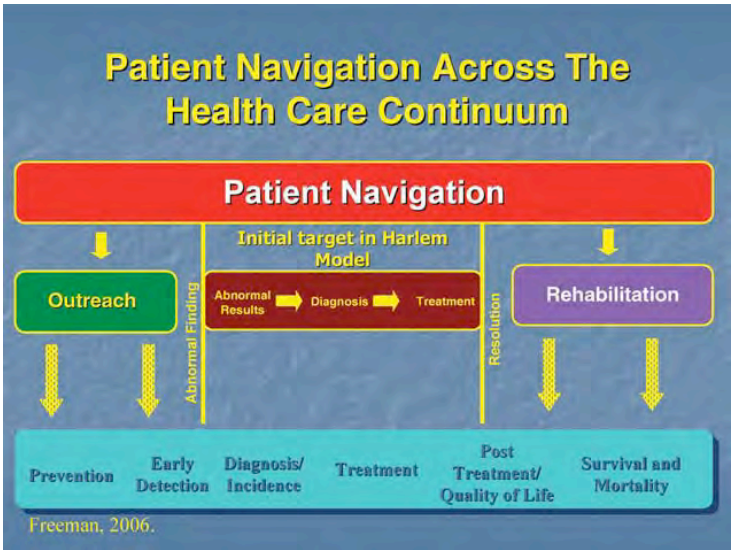
Health disparities in Canada

- Socioeconomic status, Aboriginal identity, gender (female) and geography (rural and northern communities)
- Most affected: lowest 20% on the socioeconomic scale and Aboriginal peoples, including First Nations and Inuit populations.
- Needs of the chronically ill and an aging population, especially at a time of fiscal constraint.

History of Patient Navigation: The Harlem Model

History: The Harlem Model, 1990: "No patient should spend more time fighting their way through the cancer care system than fighting the cancer itself" Dr. Harold Freeman





Freeman, H. P. & Rodriguez, R. L. (2011). History and principles of patient navigation. *Cancer, 117*(15), 3539-3542.

History and role of navigators...

- Initially, patient navigators were introduced to assist cancer patients and their families deal with the complexity of the cancer care system.
- Research in the US and in Canada demonstrated that cancer patients five-year survival rate **increased from 39% to 70%** when patient navigators were involved in care.

Expectations of a Patient Navigator: *HCP or Lay Navigator– who does what/when?

1. <u>Navigate the health care system</u>
   - See the "big picture" for the patient
   - Coordinate referral appointments
   - Provide checklists and reminders

2. <u>Navigate interactions/referral visits</u>
   - 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

*HCP= Health Care Professional

Scope of Practice: Who Does What/When?

- Integrated as member of the healthcare team.
- Defined role and responsibilities of the navigator.
- Who should navigate: should be determined by the level of skills required at a given phase of navigation (e.g., lay navigators or nurse/social worker).
- Team roles need to be clearly articulated and understood by all members of the team.
- **Management must have a good understanding of expectations – and support for the Patient Navigation role.**

Patient-centred Integrative Care:

Going from:

- Fear
- Anxiety
- Mistrust
- Immobility
- Concerns
- Despair
- Passive Acceptance

Going to:

- Strength
- Courage
- Empowerment
- Engagement
- Confidence
- Ownership
- Hope

Smith Center for Healing and the Arts . (n.d.). *Our integrative navigation model*. Retrieved from http://www.smithcenter.org/integrative-patient-navigation/our-integrative-navigation-model.html

End of Session 1

Please review the recorded lecture on the Canadian Healthcare System before our next class

And video: *Different Levels of Navigators*

Session 2:

Stigma and chronicity

Clinical examples for discussion

Effective Communication

Health Literacy

Stigma and chronicity:

Under the bridge: lost in plain sight.

The need to recognize our changing envrionment.

- Those “under the bridge”: marginalized by poverty, frailty, culture, literacy, depression/mental health and other chronic conditions;
- On-going barriers in accessing appropriate healthcare support;
- Healthcare professionals and systems have challenges in understanding and addressing the needs of these individuals/groups;
- Costly (and often unsatisfactory) resource utilization.

- "Chronicity" implies an on-going condition based on a medical model of disease state.
- The individual with a chronic condition becomes connected to the identity of the condition.

- The result can be a loss of personal identity, sense of isolation, powerlessness, depression, etc.
- Marginalized individuals may experience more significant losses as they are not only connected to the identity of the chronic condition, but also to the stigma of their marginalized state.

Our patient population crosses over acute care, community and long-term care and all those cracks in between:

- Recognition of the impact of marginalization
  - For patient, family, community
  - For healthcare providers/systems

Important to recognize, before offering services:

- Individuals who have been marginalized through the stigma of chronicity are less likely to successfully interact with healthcare providers/system to achieve healthy outcomes.
- Improved understanding and acceptance of marginalized individuals as collaborators in care planning and delivery will help drive system-change to ensure improved engagement and access to healthcare.

Living with multiple chronic conditions

Health Outcomes & health seeking behaviours

Affected by:

- cultural beliefs,
- language,
- acculturation, and
- health beliefs

- Distrust in health care services and providers
- Stigma/lack of respect creates environment where individuals are less likely to be compliant with treatment and are more likely to put off getting medical services.
- **Patient navigation services are ideal to address many of the disparities associated with diversity and culture because they foster trust and empowerment within the communities they serve.**

"Being there" for the patient...

- In a study of patients' perception of Navigator roles, the providing of emotional support ("being there") and providing helpful information were described as the most important services received.
- These findings highlight the importance of trust in the patient/navigator relationship. In the study, patients recognized the navigator as existing in two worlds, one as an **insider** to the health care system and the other as a **caring** companion.
- As an insider, the navigator is able to provide patients useful information to assist in accessing and navigating the health care system. In their other role, the patient navigator is a supportive ally to the patient

Developing Trust, decreasing anxiety:

- Patient navigators are the link that will help to extend the **trust** from the patient/navigator relationship to the larger health care system.
- Patient navigator services have demonstrated decrease in anxiety re: medical treatment and have increased patient satisfaction with services received by underserved populations.
- These individuals with patient navigation services have fewer disruptions in care and are more likely to complete required treatment.

Patient Navigators in the community:

- Many of the studies attribute these positive findings to the use of **representative community members** as patient navigators.
- Community member (Lay) navigators can be a resource:
  - addressing issues related to language
  - instrumental in communicating and promoting acceptance of cultural differences to service providers.




Complex/high-risk patients: what's the story?









Ashook and Hida Bezharian

- Mother and son Ashook(age 8)
- Live with extended family
- Hida: Diagnosis of Stage 2 Breast Cancer

47

Indira Chandra

- 42 year old teacher
- Married with 8 year old daughter
- Dx: breast cancer; now post mastectomy

48

Ari Abul-Azziz

- Identifies as Non-binary
- 27 year old web-designer
- Recent diagnosis of Leukemia
- Lives with 2 housemates and a dog
- Estranged from parents
- Close to older sibling who lives in the same city

Mr. Noel Parsons

- 42 years old
- First Nations
- Diabetes Type 2, recently diagnosed

Mrs. Doreen Armstrong

- 86 years old
- Living in LTC, Alzheimer Unit
- Medical Dx: Breast Ca
- Husband visited 3-5 times/week
  - Was living in Retirement complex
  - Died 1 month ago
- 1 daughter lives in town
- 2 other children live in other cities

Dr. R. Kohr Lay Patient Navigator 2020

51

Jean and Pat LeDouceur & baby Angeline

- Second child
- Baby has cleft palate & heart defect requiring surgery
- Remaining in the NICU
- Mum had post-partum depression after 1st baby (who is now 5 years old)

Dr. R. Kohr Lay Patient Navigator 2020

52

Courtney Anderson

- 10 year- old, struggling in school
- ? Autism/Aspergers' syndrome
- Lives with mom & 2 siblings (parents divorced)

Dr. Joseph Lagacé

- 84 years old, widower
- Lives with his daughter (widow) & her 11 year old son
- Medical dx: Dementia
- Daughter is a Breast Cancer survivor x 5 years
- Her husband died last year (lung cancer)

Joey B

- mid-30s
- Homeless
- Substance abuse
- Medical DX: Pancreatitis

Dr. R. Kohr Lay Patient Navigator 2020

55

Patient navigator attributes:

Ethical/Legal/Organizational/ Personal

- Respect
- Patient Safety
- Confidentiality
- Compassion
- Patient Empowerment
- Cultural competence

(Code of Ethics handout)

Dr. R. Kohr Lay Patient Navigator 2020

56

Patient Navigation Boundaries

- **Always work within the treatment recommendations of the provider.** The patient navigator should never give any recommendations contrary to the recommendations of the provider.
- Boundaries are important because the patient navigator is in a position of influence and the patient is in a vulnerable position.
- Over-involvement with a patient can be draining on the patient navigator and can interfere with the important tasks of the job.
- Assess cultural ideas and prejudices. Know your community.

BEHAVIOURS TO AVOID:

Some behaviors that can lead to blurry boundaries and should be avoided are:

- Self-disclosure
- Giving or receiving gifts
- Developing friendships
- Physical contact.

BOUNDARIES TO CONSIDER:

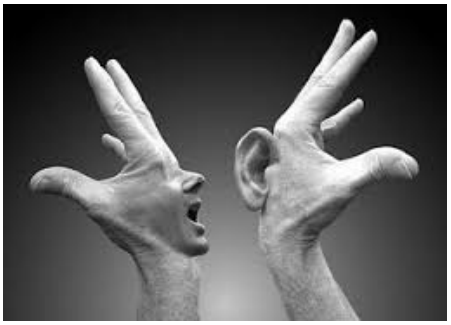
- Set limits on patient interactions (Remember that your involvement is temporary)
- Encourage self-reliance/independence
- Use your supervisor to check yourself
- Address the problem as soon as you recognize it.

Communication is the cornerstone of care.

Effective communication:

- reduces uncertainty
- Helps people feel understood
- Helps people to maintain a sense of control
- Gives people sense of hope
- Provides:
  - a direction to move forward
  - Symptom control
  - Understanding of information
  - Decision-making & abilities to cope

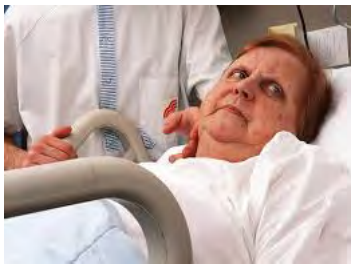
Effective Communication



Effective Communication

- **1. Non verbal communication:**
- Communicate roots in cultural & social traditions, values & beliefs
- Observing people's body language, posture, gestures & facial expressions can provide clues to people's feelings, emotions & capacities for coping
- "Environment of communication":
  - **83% sight**
  - **11% hearing**
  - 3% smell
  - 2% touch
  - 1 %taste

What's going on here?



Personal Space.

63

Effective Communication: Cultural Sensitivity.

- People's way of thinking, seeing, hearing, & interpreting the world is influenced by their beliefs, values, fears, social & cultural backgrounds

64

Cultural competence... What does it mean?

- "competence":
  - the ability to do something well
  - To have the knowledge, skills and judgement...to perform safely, successfully

Cultural competence: what is it?

Key components of cultural competence training:

- **Awareness:**
  - consciousness of one's personal reactions to people who are different.
  - Recognizing one's own cultural bias and beliefs (e.g., police officer recognizing they profile people based on skin colour/ethnicity)
- **Attitude:**
  - Careful examination of one's own beliefs and values about cultural differences.
- **Knowledge**:
  - Social science research indicates that our values and beliefs about equality may be inconsistent with our behaviors, and we ironically may be unaware of it. (e.g., continuing to use out-dated labels)
- **Skills:**
  - practicing cultural competence
  - Communication is the fundamental tool by which people interact in organizations. This includes gestures and other non-verbal communication that tend to vary from culture to culture.

Cultural Barriers to Communication:

- Language
- Stereotyping
- Behavioural Differences
- Difference in Displaying Emotion

Effective Communication Includes:

Active listening:

- A powerful therapeutic intervention
- Involves ways of listening, giving full attention, expressing empathy, & responding to another person
- Improves mutual understanding

Active Listening: ensure you are aware of any cultural communication issues

What's appropriate?

- Attentive posture
- Nodding head
- Smiling (genuine)
- Making eye contact
- Be on the same eye-level as speaker

Verbal cues:

" I see…"

"Yes, go on…"

"Uh-huh..."

- Reflective questions
- Summarize "So if I understand correctly..."

Effective **Verbal** Communication:

Facilitating Conversation:

- **Open-ended questions** allow people the opportunity to **describe and express their feelings, thoughts, & concerns**

Effective Communication: Openings

Examples:

- "Many people feel overwhelmed by ... How are you feeling today?"
- "I understand that you have some questions & concerns about... Can you tell me more about that?"
- "What seems to be the biggest worry at the moment?"
- "It's pretty tough... how have you been coping?"
- "What are your thoughts about next steps (e.g., in your treatment)?

Effective Communication

Clarifying responses:

- "Can you give me an example of what you are talking about?"
- "Tell me more about …"
- "As you were talking, I noticed (difference between words and body language). I wonder if this is actually more [worrisome] for you?

Effective Communication

Paraphrasing & summarizing:

- Let people know that they are being listened to & their experiences are understood
- Provides an opportunity to get clarification

Examples:

- "You said it makes you feel … Have I understood that correctly?"
- "Is there anything else you need, or I can help you with?"

- **Don't be afraid of silence.**
  - **Allow time for reflection, if needed.**

Practice example:

Try this out with a partner:

One person stands, other person sits.

- Person 1 (standing): "How are you feeling today?"
- Person 2 (sitting): *what is your response?*
- *Repeat with both sitting.*

What is the difference in how these 2 approaches feel?

Effective Communication

- Important to carefully & respectfully explore what information is needed; what we may be communicating & what the individual may not be verbalizing.
- Equally important to attend to our own non-verbal communication - how this may impact our attempts to convey respect, compassion & understanding.
- Pay attention to the cultural cues.
- Dealing with the angry/difficult patient

Dealing with angry patients

Communication includes:

Tools or resources to use when sharing information:

- Visual aids, written information, interpreters, presence of a loved one
- Keep in mind:
  - Unfamiliar/stressful setting
  - Cultural experience
  - Language
  - Education level
  - Visual, hearing deficits
  - Over-loading with information

Health Literacy: What do we mean & how do we achieve it?

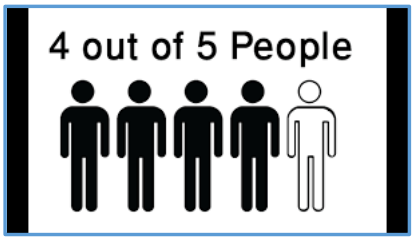
"Health Literacy: The ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-span."

Public Health Agency of Canada (PHAC)

Rootman et al.

A vision for a Health Literate Canada, 2008

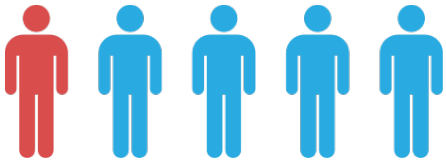
Importance of Health Literacy:



have at least one modifiable risk factor for chronic disease

47% of Ontarians have LOW health literacy

At least 1 in 5 Canadian adults



live with at least one of the major chronic diseases.

Importance of health literacy:

In particular: cultural competence and stressful events

- the aging population
- immigrants
- individuals with issues re: social determinants of health

- Need for pay attention to prevention and chronic disease self-management, including:
  - lifestyle adjustments
  - understanding and using complex medical and medication regimen
  - knowing where and how to access health care services
  - communicating health care information across the health care system

Health Literacy

- Individual health literacy:
  - Having the skills to find, understand, evaluate, communicate and use information.
- Healthcare professionals:
  - Present information in a way that increases understanding and the ability of people to act on the information provided.
- Systems are health literate when:
  - Access to healthcare/information is universally clear and stigma-free

Consent to treatment: 1 or 2?

1.

"I, __ hereby authorize _____to perform the proposed procedure(s) described below (including all preliminary and related procedures, and any additional or alternative procedures as may become medically necessary during the course of the diagnostic procedure and/or treatment)."

WHICH ONE IS AT A HEALTH LITERACY LEVEL APPROPRIATE FOR MOST PEOPLE?
1 or 2?

2.

"Your doctor has proposed this treatment. You have the right to decide whether to accept this treatment or not. If there is anything you do not understand, ask the doctor or health practitioner.

- The doctor or health practitioner has fully explained to me:
- What the treatment is
- Why the treatment is needed
- How the treatment may benefit me
- What risk and side effects are possible
- What other choices for treatment I have; and
- What may happen if I do not have the treatment"

Focus on the Key Messages:

- Limit to no more than 3
- Identify the "need to know" rather than the "nice to know"
- Include resources and other cues to help the patient build their knowledge and understanding.

CHECK IN: DID THE PERSON UNDERSTAND?

Use patient-friendly materials to enhance teaching/information sharing/resources.

Think about: for your patient population, what would be useful resources and methods to have available?

Learner:	Preferred Method Of Learning:	List Major Learning Needs:	Possible Barriers to Learning:	Readiness to Change Stage:
❑ Patient ❑ Spouse ❑ Parent ❑ Children ❑ Significant Other ❑ Guardian ❑ Caregiver	❑ One to One ❑ Group Setting ❑ Classroom Instructions ❑ Demonstration ❑ Film/Video ❑ Written Instructions ❑ Pamphlets ❑ Other	❑ Diet ❑ Physical Activity ❑ Diagnostic Tests ❑ Disease Process ❑ Medications ❑ Treatment Options ❑ ADL's ❑ Mental Health ❑ Medical/ Health Literacy	❑ Vision Impairment ❑ Hearing Impairment ❑ Cultural/ Religious ❑ Emotional ❑ Language ❑ Physical ❑ Cognitive ❑ Financial ❑ Time constraints ❑ Transportation ❑ Not interested ❑ Other _____	❑ Unaware of problem, no interest in change ❑ Aware of problem, recognizes need for change ❑ Beginning to think of changes to make and recognizes benefits of change ❑ Actively taking steps toward change

End of Session2

- Homework: view the videos:
  - Living with Multiple Chronic Conditions
  - Cultural Competence. What is it?
  - Dealing with angry patients
  - Cultural competence and stressful events
- Self-assessment quiz

Day 3

- A Clinical Practice Checklist: Respect
- Communication Challenges
- Burnout/Compassion Fatigue
- Wrap-up

Discussion:

- From the videos you viewed before this session, what are some of the key take-away points?
  - Cultural competence
  - Angry patients
  - Stressful events/cultural competence

A Clinical Practice Checklist:

THE **RESPECT** MODEL

- ❑Rapport
- ❑Empathy
- ❑Support
- ❑Partnership
- ❑Explanations
- ❑Cultural competence
- ❑Trust

Rapport: **R**ESPECT

- ❑ Connect on a social level
- ❑See the patient's point of view
- ❑Consciously suspend judgement
- ❑Recognize and avoid making assumptions

Empathy **R**ESPECT

- ❑Remember that the patient has come to you for help.
- ❑Seek out & understand the patient's rationale for his/her/their behaviour.
- ❑Verbally acknowledge and legitimize the patient's feelings.

Empathy not Sympathy (Brené Brown)

Support RESPECT

- ❑Ask about and understand the barriers.
- ❑Help the patient overcome barriers
- ❑Involve family members if appropriate.
- ❑Reassure your patient you are and will be available to help.

Partnership RESPECT

- ❑Be flexible with regard to control issues.
- ❑Negotiate roles when necessary.
- ❑Stress that you are working together to address health problems/issues.

Explanation RESP**E**CT

- ❑Check often for understanding.
- ❑Use verbal clarification techniques.

Cultural competence RESPE**C**T

- ❑ Respect the patient's cultural beliefs.
- ❑ Understand that the patient's view of **you** may be defined by ethnic or cultural stereotypes.
- ❑ Be aware of your own cultural biases and preconceptions.
- ❑ Know your limitations in addressing medical issues across cultures.
- ❑ Understand your personal style and recognize when it may not be working with a given patient.

Trust RESPECT

- ❑Recognize that self-disclosure may be difficult for some patients.
- ❑Consciously work to establish trust.

Communication and confidentiality

- What do we mean by "confidentiality"?
  - Who do we share information with?
  - What does "The Circle of Care" mean?
    - Circle of Care Govt of Ontario document
- As a Patient Navigator, can I discuss:
  - Advanced Directives?
    - Advance Care Plan
  - Power of Attorney for Personal Care (POAPC)?
  - Medical Assistance in Dying (MAiD)?
    - MAiD Min of Health Ontario documents

Communication Summary:

- Personal beliefs, values, & assumptions impact the way we relate to & understand the experiences & needs of others,
- Specific communication skills can facilitate supportive conversations,
- Ensures "chain of information" is accurate and doesn't get lost,
- Helps people get their needs met.

Dr. R. Kohr Lay Patient Navigator 2020

97

Communication: Health Care Team:

Good communication within a team can improve patient care & satisfaction

- **What information gets shared between the team & how is this communicated and/or documented?**
- **What information do patients and family/caregivers want members of the team to know or not know?**

Dr. R. Kohr Lay Patient Navigator 2020

98

Team support: the critical incident…

- It is important that health care professionals pay attention to the range of feelings, responses & concerns they may experience after meeting with patients and family:
  - *Sadness, frustration, anger, guilt, relief, uncertainty, helplessness, & disagreement*

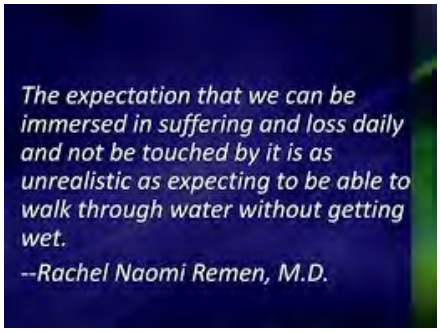
Debriefing as part of Team meetings

Helps build good team communication:

- Perceptions & concerns of the event,
- Support & suggestions from members of the team,
- Develop new skills & awareness

Offered in a safe, respectful & confidential envrionment.

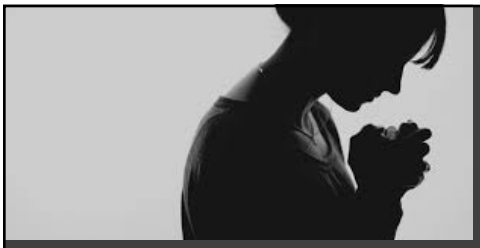
Compassion Fatigue & Burnout



Self Assessment Quiz:
Calculate your total score: /40 (Score of 25+ = high stress/burnout potential)

Scoring: Do you: a) almost always = 4 b) often= 3 c) seldom= 2 d) almost never= 1

1. Find yourself with insufficient time to do things you really enjoy
2. Wish you had more support/assistance
3. Lack sufficient time to complete your work most effectively
4. Difficulty falling asleep because you have too much on your mind
5. Feel people simply expect too much of you
6. Feel overwhelmed
7. Find yourself becoming forgetful or indecisive because you have too much on your mind
8. Consider yourself in a high pressure situation
9. Feel you have too much responsibility for one person
10. Feel exhausted at the end of the day



Compassion Fatigue and Burnout

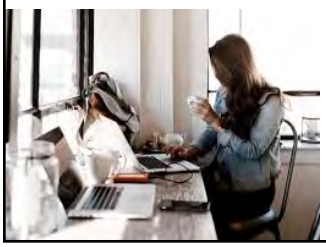
Outcome of increased stress:

- Increasing complexity of patient care
- Feeling the need to "do more with less"
- Turning off feelings
- A sense of helplessness
- Often linked with burnout
- Effect felt by family, co-workers and patients.

Defining "Burnout":

- Need to believe in meaningful work/life
- Progressive loss of idealism, energy, & purpose experienced by people in the helping professions as a result of the conditions of their work
- **Chronic** interpersonal stressors
  - Emotional and physical exhaustion
  - Detachment
  - Feeling of lack of accomplishment

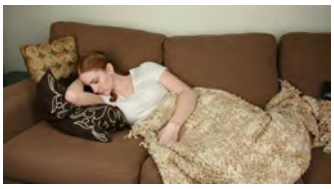
Occupational Burnout



At Risk for Burnout, when:

- Lack of support
- Lack of awareness of signs & symptoms of compassion fatigue and/or burnout
- Lack of time/ability to provide quality care to clients and self
- Co-existing stressors
- Over-involvement: excessive attachment

Signs & Symptoms of Burnout

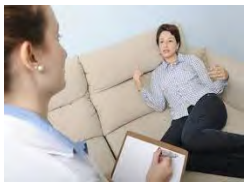


- ❑Fatigue
- ❑Physical exhaustion
- ❑Emotional exhaustion
- ❑Headaches
- ❑GI disturbances
- ❑Weight loss
- ❑Sleep disturbances
- ❑Depression

- ❑Boredom
- ❑Frustration
- ❑Low morale
- ❑Job turnover
- ❑Impaired job performance
  - ❑Decreased empathy
  - ❑Increased absenteeism

Strategies to Prevent Burnout

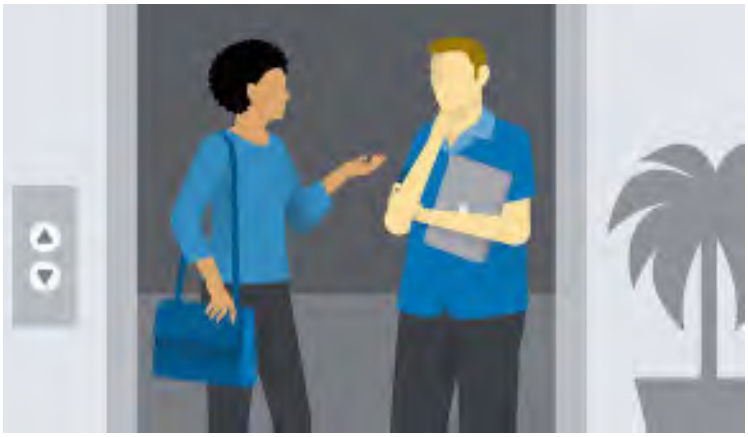
- "write it out" (e.g., journal-keeping)
- "talk it out" : Discussion with peers/professionals
- "Walk/run it out": Attend to health (diet, exercise, rest)
- Plan activities that rejuvenate and focus on work-life balance
- Make time for yourself!



Strategies to Prevent Burnout

- Identify stressors as short-term vs chronic
- Debrief emotional events
  - Reach out to colleagues
  - Focus on positive relationships (don't go down the rabbit hole, holding hands with another stressed out person!)
- Seek professional help: Employee Assistance Program
- Depending on the severity of the situation:
  - Actively consider how you can change the picture: if not, consider moving out of the envrionment (changing jobs, etc)

Putting it all together: Your role as a patient navigator



- What is your "elevator speech" that sums up your role as a Peer/Lay Navigator?
- Consider:
  - your location
  - your patient population
- How will you share information (to patient/colleagues/other)?
- How will you document information?
- What are key factors identifying success with the role?
- What do YOU need to do to ensure sustainability & success?

Wrap up

The Patient Navigator **supports patients** who have experienced system barriers and system failures in healthcare **to navigate the care system** and **improve the cultural safety** of their clinical encounters.

In various reports, patients and healthcare providers have identified better communication, better coordination of services and better discharge planning, which results in greater adherence to treatment plans and reducing re-admissions to hospital .

Wrap-up

Multiple strategies are required to create effective Patient Navigation programs.

The position needs to be clearly defined and supported

the organization must support the position to be effective

Patient Navigators need a forum to come together to learn from and support each other.

Wrap-up: "THE 5 C's"

Navigation is a complex activity that requires:

- Communication
- Cultural Competence
- Collaboration
- Continuity
- And Creativity!

And finally...

- Please complete the evaluation survey (and click the “submit” button)
- You will receive your certificate of completion in 1-2 weeks
- Interested in “more”?
  - Facebook: Patient Navigators in Canada
  - Kohr Consulting Facebook page