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& Learning Network

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# Peer Health Navigator Certificate for WNHAC

2021

# Health Leadership & Learning Network

York University Faculty of Health

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



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**Tania Xerri, Director, Health Leadership and Learning Network**

*A Leader in Health Continuing Professional Education*

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# ROSEMARY KOHR

BA, BScn, MScN, PhD, RN

Tertiary Care Nurse Practitioner Certificate (1998)

San'yas Indigenous Cultural Safety Training Certificate (2015)

**Dr. Rosemary Kohr**, PhD, RN, is the Program Director (Wound Care and Patient Navigation programs), Health Leadership and Learning Network (HLLN), York University; Adjunct Associate Professor, Faculty of Health Sciences, Western University; and Instructor in the Masters of Health Sciences/Nursing, Athabasca University.

For nearly 2 decades, Dr. Kohr was an Advanced Practice Nurse/ Acute Care Nurse Practitioner and wound care specialist at London Health Sciences Centre (LHSC). Subsequently, she was the Corporate Program Lead for Wound Ostomy Continence with Saint Elizabeth Healthcare, prior to focusing her attention on teaching and consultation.

Dr. Kohr has a keen interest in improving care delivery across the continuum. Hands-on, clinically focused education for healthcare professionals is central to Dr. Kohr's work. She has travelled across Canada to deliver courses for physicians and nurses; and for the past 5 years, through HLLN at York University, the wound care (Level 1 and 2) courses have provided participants with a simple, standardized approach to dressing selection and best practice in wound prevention and treatment.

With a background in Mental Health (APN, Consultation-Liaison Psychiatry, LHSC) as well as years working the patients and their families from acute care to community environments, she developed and currently facilitates the Patient Navigation program offered through HLLN at York University. As well, much of her work has been informed by her role as subject-matter expert/consultant for government projects in Nova Scotia, Ontario and British Columbia for system-wide wound care revisions as well as consulting on development and implementation of Patient Navigation systems in Ontario.

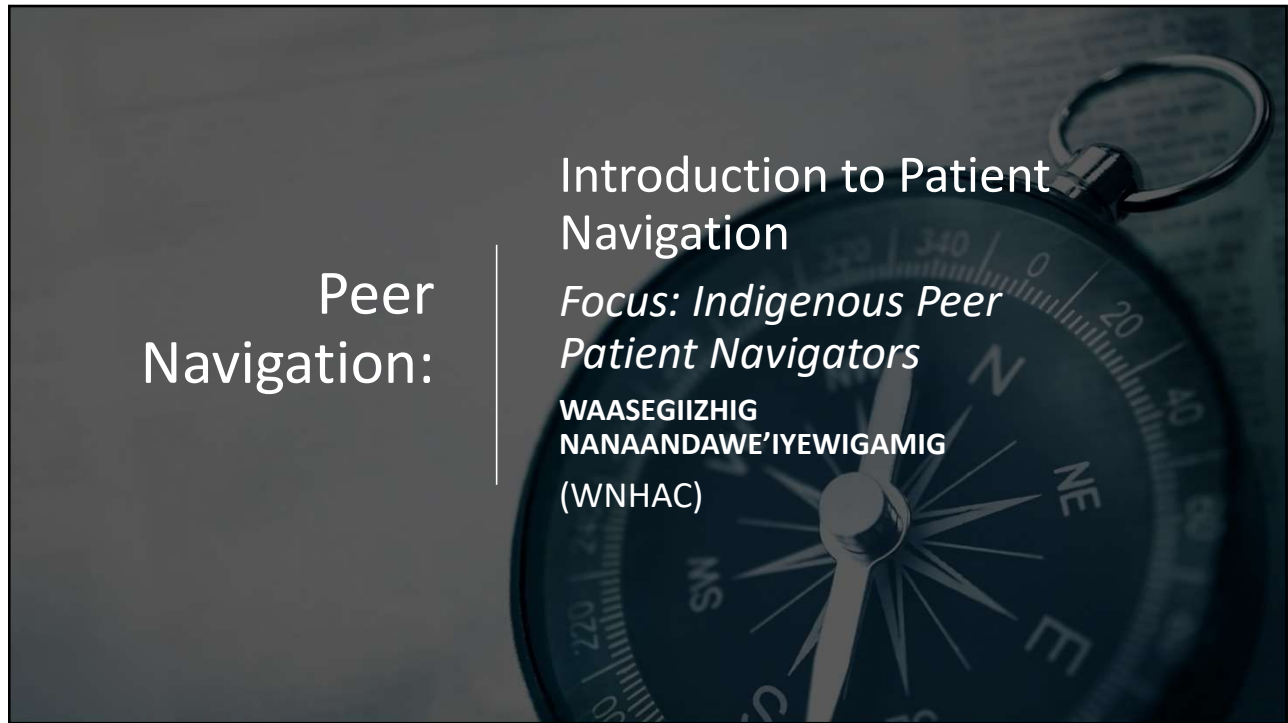
Dr. Kohr has worked with First Nations/indigenous health centres and clients, to improve patient outcomes. In 2015, she completed the San'yas Indigenous Cultural Safety Training Certificate (Provincial Health Services Authority, British Columbia); and has created and delivered custom courses for First Nations healthcare providers.

Dr. Kohr is one of the founding members of the Ontario Wound Interest Group (ONTWIG). She was Co-Chair of the Seniors Health Knowledge Network group, developing the My Skin Health Passport for Older Adults. For six years, Dr. Kohr was on the Executive (including as President) of the Canadian Association of Advanced Practice Nurses.

Dr. Kohr has presented at over 70 national and international healthcare conferences, and published numerous articles in peer-reviewed journals. She is the author/editor of the Skin and Wound Chapter, Potter & Perry Canadian Edition of Fundamentals of Nursing, and the first Canadian Edition of Perry, Potter & Ostendorf Clinical Nursing Skills and Techniques. Dr. Kohr's PhD thesis, Hearts, hands and minds: The nurse's experience of changing a dressing, is available through the University of Alberta library e-holdings.

Dr. Kohr is a Registered Nurse, and member of the Registered Nurses' Association of Ontario (RNAO).

She can be reached at [kohrconsulting@gmail.com](mailto:kohrconsulting@gmail.com)



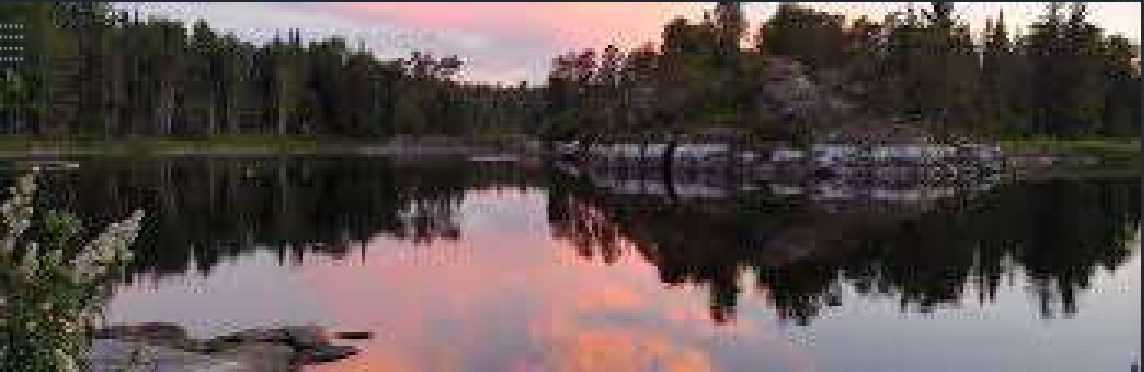
Peer  
Navigation:

Introduction to Patient  
Navigation

*Focus: Indigenous Peer  
Patient Navigators*

**WAASEGIIZHIG  
NANAANDAWE'YEWIGAMIG  
(WNHAC)**

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In the spirit of  
reconciliation

York University is on the traditional territory of many Indigenous Nations. The area known as Tkaronto has been taken care of by the Anishinabek Nation, the Haudenosaunee Confederacy, the Wendat, and the Métis. It is now home to many Indigenous peoples. We acknowledge the current treaty holders and the Mississaugas of the Credit First Nation. This territory is subject of the Dish With One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region.

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## Where we come from

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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.

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## Course content:

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**Day 1**

- Introductions
- History of the role
- Role of the Lay Patient Navigator
- Scope of Practice
- Teamwork/collaboration
- **Canadian Health System**

**Day 2**

- Stigma/chronicity
- Cultural awareness
- Communication
- Health Literacy
- Compassion Fatigue/Burnout

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**Introductions:**

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

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## 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

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## Setting the stage:

First Nations patients often face additional challenges related to access to service locally as well as stigma/past experiences

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:

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

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

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## 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



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## History of Patient Navigation: The Harlem Model



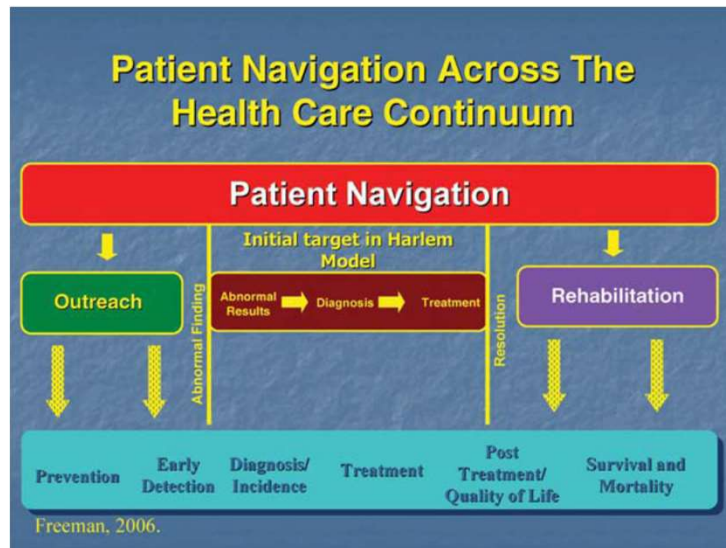
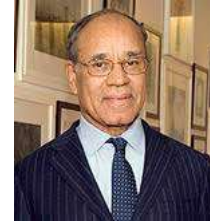
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[History: The Harlem Model](#), 1990: “No patient should spend more time fighting their way through the cancer care system than fighting the cancer itself” Dr. Harold Freeman



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

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## 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.



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## Role for patient navigators:



- 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**

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## 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.



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## 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.**

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## 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”?

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## What can Patient Navigators (PNs) provide?

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### 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

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In your setting, what are the kinds of situations where a Peer Navigator can help?

Discussion

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## Who is a Patient Navigator?

### Peer (or Lay) Patient Navigators:

- Supportive role
- Often language and cultural understanding
- Can work across different settings
- Experience with a specific condition (e.g., cancer)
- Require specific training/coaching
- Clear understanding of the limits of the role

### Health Care Professionals:

- Usually part of an organization/healthcare institution
- May have other responsibilities along with navigation
- Focus on particular population (e.g., Diabetes, Cancer, Childbirth, Dementia, Substance Abuse, etc)
- Member of a Regulated Health Care Profession (Registered Nurse or Social Worker, for example)



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**Let's have a quick review of 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)

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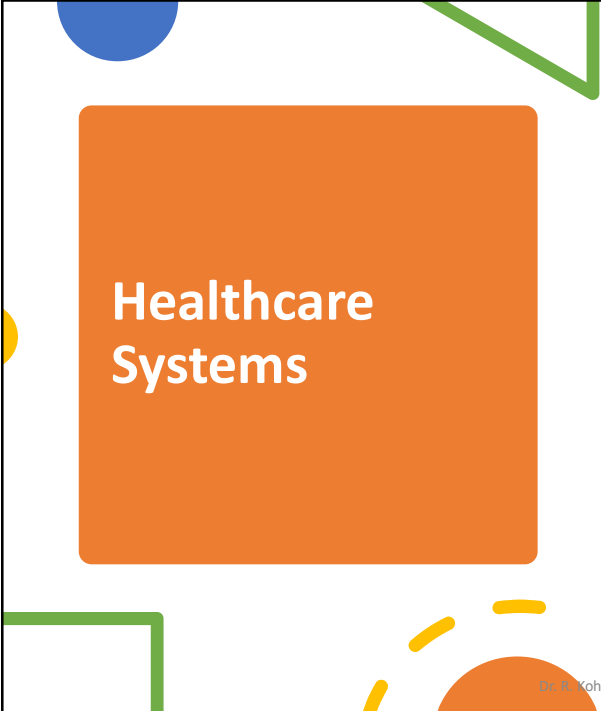
**Healthcare delivery systems (continued):**

- 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

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**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

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## 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.

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## Cost effective use of the healthcare team:

- Peer Navigators can link within communities in a way that they are recognized and trusted within the community
- Their work is often around linking people together with the clinical supports (doctor, nurse, etc)
- Peer Navigators often are the "eyes and ears" to help patients get their health goals met.
- With Peer Navigators, who have a particular focus and understanding of the community, the clinicians can stay focused on the clinical/medical aspects of their role.

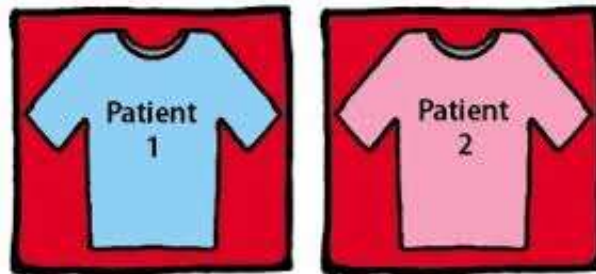
**Peer Navigators are an important part of the team.**

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## Identifying Patient Navigation Roles: who needs what, when.



**One size does not fit all.**

[Different Levels of Navigators \(start 0:28\)](#)

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## Role of a Peer/Lay Navigator:

Noel Parsons is a 45-year-old man in your community

He comes to the health centre and learns he has Type 2 Diabetes

You are the Peer Navigator

As the Peer Navigator with Mr. Parsons, what will be your first steps?



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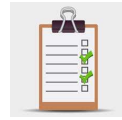
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## Prioritizing Activities:

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**

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## 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**



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## Different structures in healthcare systems

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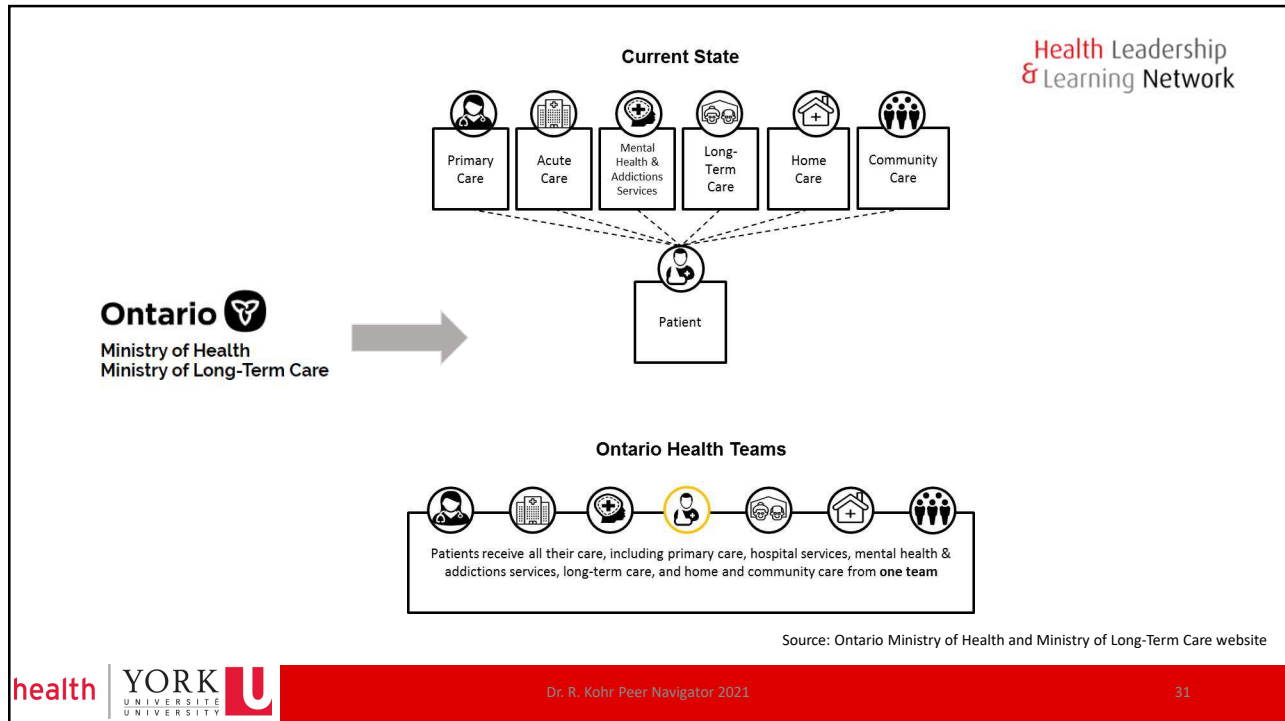
## First Nations Health Care systems:

**Inside the community**

**Outside the community**

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## 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.

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

1. Navigate the health care system
  - See the “big picture” for the patient
  - Coordinate referral appointments
  - Provide checklists and reminders
2. Navigate interactions/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

\*HCP= Health Care Professional

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## 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.**



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## 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>  
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## End of Session 1

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

And video resources (see the course web-page)


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# Session 2:

Stigma and chronicity  
Effective Communication  
Health Literacy  
Compassion Fatigue & Burnout

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## Stigma and chronicity: Under the bridge: lost in plain sight.



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## The need to recognize our changing environment.



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- 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.

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- “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.

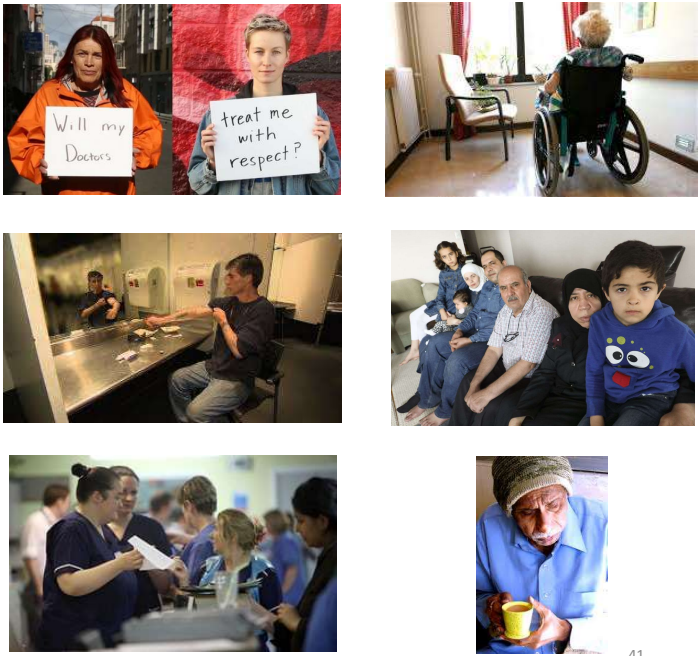
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Our patient population crosses over acute care, community and long-term care and all those cracks in between:

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




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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](#)

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## 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.**

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## “Being there” for the patient...



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- 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

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## 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.

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## 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
  - Recognizing Elders and important ceremonial traditions

[ceremony welcoming vaccine \(English\)](#)

[ceremony welcoming COVID-19 vaccine into the community](#)  
(Anishinaabemowin)

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## Complex and high-risk. Who is your population?



- What age/stage?
- What are their health/illness issues?
  - Acute
  - Chronic
  - Social/Economic
  - Combination

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What are the barriers to getting care ?

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## Patient navigator attributes:



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Ethical/Legal/Organizational/  
Personal

- Respect
  - Patient Safety
  - Confidentiality
  - Compassion
  - Patient Empowerment
  - Cultural awareness
- (Code of Ethics handout)

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## 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.

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## Value of ceremonies, customs and stories

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### Be aware:

Some behaviors can lead to blurry boundaries:

- Self-disclosure
- Giving or receiving gifts
- Developing friendships
- Becoming overly involved
- 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.

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**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

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**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

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# What's going on here?



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# Personal Space.

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Effective Communication: Cultural Sensitivity

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

Think of your own background & how it influences the way you interact with others

Introductions

Time


Planning

Follow-up

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Cultural competence...  
What does it mean?

- Competence:
  - the ability to do something well
- Cultural competence:
  - Being aware of other cultures
  - Understanding your own attitudes/beliefs
  - Being able to communicate with others in an inclusive, respectful way

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## 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.

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## Cultural Barriers to Communication:

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

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## Active Listening: make sure 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...”

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## Effective Verbal Communication:

### Starting things off:

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

### Listening

**Taking time to allow for silence**

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## Effective Communication: Openings



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### Examples:

- “Many people feel overwhelmed by ... How are you feeling today?”
- “I understand that you have some questions about (what’s going on)... 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)?”

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## 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?”
- Watch your body language too!

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## Effective Communication



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### Paraphrasing & summarizing:

- Lets 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.**

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## Practice example:



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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?**

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## 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](#)



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## 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



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## 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.

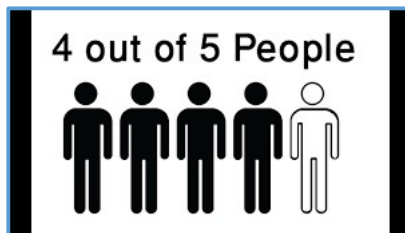
A vision for a Health Literate Canada, 2008

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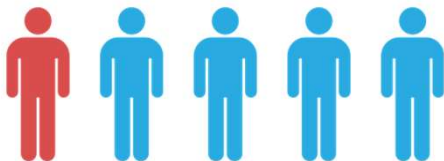
## Importance of Health Literacy:



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.

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## Importance of health literacy:

### In particular:

- 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

[cultural competence and stressful events](#)

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## 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

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## Focus on the Key Messages:

- Limit to no more than 3 points
- 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?**

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



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Think about: for your community and clients.  
What would be useful resources and methods to have available?

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

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## A Clinical Practice Checklist:



### THE RESPECT MODEL

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

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## Rapport:

## RESPECT



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

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## Empathy

## RESPECT



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- 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 \(Brené Brown\)](#)

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## 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.

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## Partnership

## RESPECT



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

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## Explanation

## RESPECT



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

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## Cultural competence RESPECT



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- 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.

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## Trust

## RESPECT



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

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## 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](#)



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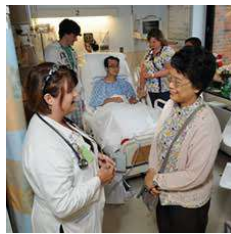
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## Communication: Health Care Team:

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?**



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## Team support: the critical incident...



- It is important that you 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*

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# 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 environment.*



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## 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.



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## Compassion Fatigue & Burnout

*The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.*  
--Rachel Naomi Remen, M.D.

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**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


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## Signs & Symptoms of Burnout



- Fatigue
- Physical exhaustion
- Emotional exhaustion
- Headaches
- Upset stomach
- Weight loss
- Sleep disturbances
- Depression

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

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## Compassion Fatigue and Burnout

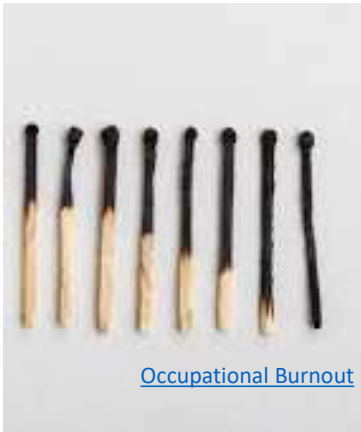
Outcome of increased stress:

- 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.

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## Defining “Burnout”:



[Occupational Burnout](#)



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- 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

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## 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

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## 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 environment (changing jobs, etc)

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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 .




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## 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.

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## Putting it all together: Your role as a patient navigator



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- 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?

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## Wrap-up: “THE 5 C’s”



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Navigation is a complex activity that requires:

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

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## 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



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