

Annotated Bibliography: Patient Navigator Key Articles Prepared by the Patient Navigator Training Collaborative

Braun, K., Allison, A., & Tsark, J. (2008). Using Community-Based Research Methods to Design Cancer Patient Navigation Training. *Progress in Community Health Partnership*. 2(4): 329-340.

The authors of this article showcase how Community-Based Participatory Research (CBPR) methods were used to help develop the Imi Hale's curriculum. A great background of why the Native Hawaiian population faces many health disparities, particularly cancer -related disparities. The article is broken down into sections of how they involved the community and gathered their input for curriculum development via discussion with clients, key informant interviews, surveys, and technical assistances. This is a helpful source for people developing PN curriculums.

Calhoun, E., Whitley, E., Esparza, A., Ness, E., Greene, A., Gracia, R., & Valverde, P. (2010). A National Patient Navigator Training Program. *Health Promotion Practice*. 11(2): 205-215.

This article presents the first successful standardized national patient navigator training program. The curriculum was developed by three programs; The National Cancer Institute, The American Cancer Society, & The Center for Medicare and Medicaid Services. The authors give a detailed background of health disparities and the origination of Patient Navigator program and the performance checklist used to observe patient navigators. They also state that the theoretical framework that was incorporated into the curriculum; social cognitive theory. This article is a good companion to the Braun et. al paper.

Klimmek, R., Noyes, E., Edington-Saunders, K., Logue, C., Jones, R., & Wenzel, J. (2012). Training of Community Health Workers to Deliver Cancer Patient Navigation to Rural African American Seniors. *Progress in Community Health Partnership*. 6(2): 167-174.

This article discusses a study on cancer patient navigation interventions utilizing community health workers to develop a "Train The Trainers program" for rural AA (African American) seniors in Central Virginia. Methods of Phase 1 and Phase 2 training were developed through the use of experienced community health workers. Then further conducted with a combination of online learning distance education, evaluation through surveys and focus groups, and additional community health workers to study the team. The authors found that utilizing local community health members provided support needed to create effective outreach, improved care access and cancer screening behaviors, and reduced health care costs for minority groups. This is a helpful source for effectiveness of local community health workers, an intervention phase plan, and for involving Community Based Participatory Research (CBPR) practices.

Paskett, E., Harrop, P., & Wells, K. (2011). Patient Navigation: An Update on the State of the Science. *CA: A Cancer Journal for Clinicians*. 61: 237-249.

The authors provide a discussion of the context of Patient Navigation including history, definitions, and efficacy based on the previous review of the literature published by Wells, et.al. in 2008. This review of the literature provides an update the work of Wells, et. al. The authors conducted a search by using keywords "navigation" or "navigator" and "cancer." Thirty-three articles published from November 2007 through July 2010 met all of their parameters for inclusion in the review. The article presented many vast findings of patient navigation and summarized themes presented in the articles (i.e. heterogeneity, populations, care continuum, follow- up, treatment outcomes, and do's and don'ts). The authors stated the need to find more controlled trials and more research

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discourse to be required on the topic. The authors conclude that the strongest evidence to date is the impact of patient navigation on the completion of cancer screening and diagnostic tests when compared to patients without a patient navigator. There are inconclusive results on the impact of patient navigation on completion of diagnostic testing. There exists some evidence that patient navigation increases early stage of disease at detection. There is inconclusive evidence regarding impact of patient navigation on treatment outcomes. This article was very useful to contextualizing patient navigation, assessing methodical limitations, and further locating popular successful themes in creating “efficacious” patient navigation programs. The article is useful for referencing PN as a tool for combating health disparities and barriers associated with diverse/ low-income populations.

Scott, L.B., Gravelly, S., Sexton, T., Brzostek, S., & Brown, D. (2013). Examining the Effect of a Patient Navigation Intervention on Outpatient Cardiac Rehabilitation Awareness and Enrollment. *Journal of Cardiopulmonary Rehabilitation and Prevention*. 33(5): 281-291.

This article discusses the awareness of Outpatient Cardiac Rehabilitation (OCR) with patients following a cardiac event. This was a randomized control trial study and used two navigators. The study showed promise for further studies and research. However, it must be pointed out that there were six limitations stated with this study that may have affected the results. Results showed that there was improvement in cardiac patient awareness with PN intervention.

Shelton, R., Thompson, H., Jandorf, L., Varela, A., Oliveri, B., Villagra, C., Valdimarsdottir, H., & Redd, W. (2011). Training Experiences of Lay and Professional Patient Navigators for Colorectal Cancer Screening. *Journal of Cancer Education*. 26(2): 277-284.

This article focuses on the processes and best practices for the recruitment, selection and training of lay and professional patient navigators and examined the training experience of lay and professional patient navigators. There were different methods of recruitment for the lay navigators and professional navigators. The authors summarize the differences between training lay and professional navigators and suggest that lay navigators may require more coaching and practice to meet mastery of skills. The authors posit that more research is needed to further replicate and provide more findings, especially on sustainability and cost-effectiveness of using LHWs. This article’s strength is in the “Navigator Training Curriculum,” the assessment procedures, and also for the recruitment methods mentioned.

Shlay, J., Barber, B., Mickiewicz, T., Maravi, M., Drisko, J., Estacio, R., Gutierrez, G., & Urbina, C. (2011). Reducing Cardiovascular Disease Risk Using Patient Navigators, Denver Colorado, 2007-2009. *Preventing Chronic Disease; Public Health Research, Practice, and Policy*. 8(6): A143.

The aim of this article was to explore if there was reduced cardiovascular diseases (CVD) in at-risk in low-income population with the use of enhanced counseling by patient navigators. The Transtheoretical model was utilized in this study to help identify the participant’s readiness to change with the Framingham risk score being analyzed for each participant. The intervention involved bilingual patient navigators using patient centered counseling. The authors state that their invention was able to “enhance the traditional clinical approaches for reducing CVD risk”. Because of the success of their intervention they felt that this model could be used for other chronic disease prevention activities.

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Sly, J., Jandorf, L., Dhulkifl, R., Hall, D., Edwards, T., Goodman, A., Maysonet, E., & Azeez, S. (2012). Challenges to Replicating Evidence-Based Research in Real-World Settings: Training African-American peers Patient Navigators for Colon Cancer Screening. *Journal of Cancer Education*. 27: 680-686.

This abstract focused on training African American peers as patient navigators for colon cancer screenings while looking into to the challenges of turning research findings into real world practices. One of the downfalls is the limited number of patient navigation programs in the hospital setting despite evidence of their success and benefits. In this study, six African American volunteers were successfully trained at two locations: hospital A and hospital B. This article is helpful for reducing errors in patient navigation, identifying mechanism practices and replication, and experience bridging possible barriers and solutions.

Wells K. et al. (2015) Patient Navigation Training. *Health Promotion Practice* (In Press).

This manuscript describes a review of peer reviewed literature that was conducted to investigate gaps in the knowledge of patient navigator training or best practices. There is no established standards for training or professional certifications and the authors emphasize there is very little research that has been done to explore the area of PN training. The review first defines the term patient navigator and then introduces the current three competing viewpoints of the best practice model of PN; 1) Lay Navigator, 2) Professional Navigator, and 3) Multidisciplinary team. The literature was obtained from a PubMed search, initially starting out with 441 abstracts and condensed down to 75 articles. Studies were coded and the authors particularly wanted to know if any of the trainings in the articles mentioned any of these six domains: (1) duration, (2) location, (3) format, (4)content, (5)occupation of trainer, and (6) learning strategy employed. The authors concluded that PN trainings is not well documented and that there is a need for competency standards of PN training.