

## Adopting a lay navigator training programme in primary care

Health Education Journal  
2021, Vol. 80(2) 210–224  
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DOI: 10.1177/0017896920959364  
journals.sagepub.com/home/hej



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### Abstract

**Introduction:** There is growing interest in the role and use of patient navigators within the health care system. Currently, qualifications and training expectations documented in the literature vary tremendously depending on context and patient population. This paper details the theoretical and pedagogical principles used to develop, implement and evaluate a training programme for lay patient navigators working in a primary care setting.

**Methods:** The planning process involved (a) conducting an educational needs assessment, (b) identifying the theory underpinning the curriculum, (c) developing learning objectives and teaching strategies, (d) formulating evaluation methods, (e) implementing the programme and (f) refining the curriculum based on evaluation feedback and lessons learned. The training programme was first implemented in May 2017 and has evolved over the past 3 years based on our observations and feedback from the programme participants.

**Results:** The training programme involves a total of 25 hours of online and face-to-face education sessions, and ongoing community mentorship from experienced navigators. All training components are rooted in theoretical principles and proven pedagogical approaches. The knowledge, skills and abilities acquired are also tied to core competencies of the role of lay patient navigator.

**Conclusion:** The development of this lay navigator training programme was carefully designed with evidence-based competencies and practical realities to ensure rigour in preparing and supporting navigators' work in primary care settings.

### Keywords

Lay navigation, navigation competencies, navigation training, patient navigation, primary care

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## Background

Patient navigation has been conceptualised as a person-centred approach to connecting individuals to needed services and information, overcoming obstacles to access health and social resources for vulnerable populations, and addressing health disparities (Calhoun et al., 2010). Navigation was originally developed in the context of cancer care as a strategy to support patients throughout the complex care continuum, connect them to needed services and enhance continuity of care (Fillion et al., 2012). The concept of navigation has evolved with the development of specific programmes for various medical conditions including heart disease, diabetes, stroke, obesity and asthma (Duggleby et al., 2016; Paskett et al., 2011).

Individuals who provide health system navigation are identified within the literature and in practice by different terms, including community health workers (CHWs), lay health workers, system navigators, multicultural health workers and *promotoras/promotores* (Najafizada et al., 2015). A framework has been developed to describe common attributes and distinctions for navigators with a view of informing the development of competencies required for these roles (Willis et al., 2013). Three types of navigators have been defined: those who work (a) in community settings – termed community health workers (CHWs); (b) across community and health care settings – termed patient navigators; and (c) within the health care system as clinically licenced navigators. CHWs are trained to support specific populations such as new immigrants, and may have similar social, cultural and economic backgrounds to members of the communities they work with (Goris et al., 2013; Najafizada et al., 2015; Shelton et al., 2011). Lay individuals are not health professionals but have the navigation training needed to address social barriers and inequities, and support access to care. Finally, clinical navigation utilises nurses, nurse practitioners, social workers or other health professionals with the aim of providing support for individuals with complex health needs, including screening, clinical care, education, navigating the health care system and overcoming access barriers (Carter et al., 2018; Wells et al., 2008; Willis et al., 2013).

Some elements are core to the navigator role regardless of focus, including patient-centredness, respect for individual needs, values and culture, and understanding of the community served (Barry and Edgman-Levitan, 2012; Goris et al., 2013; Najafizada et al., 2015). Other aspects such as navigation strategies, and where and how navigation is delivered, are adaptable to align with the needs of the patient population (Dohan and Schrag, 2005; Valaitis et al., 2017; Wells et al., 2008). Navigator programmes may comprise a variety of services including assessing patient needs, identifying potential resources to meet these needs, and overcoming barriers to care such as arranging transport, addressing financial limitations, scheduling appointments and advocating for the patient (Ferrante et al., 2010; Meade et al., 2014; Wang et al., 2015).

The benefits of patient navigation in improving access to care and achieving better clinical outcomes have been documented in conditions such as mental health, diabetes mellitus and asthma (Loskutova et al., 2016; Viswanathan et al., 2010). Navigation has been shown to improve cancer screening in breast cancer, cervical cancer and colorectal cancer. However, future research is needed regarding health outcomes such as patient knowledge and behaviour across the continuum of cancer care (Paskett et al., 2011; Viswanathan et al., 2010). The effect of navigator intervention in reducing risk of cardiovascular disease in factors such as blood pressure control and lipid profile management has also been demonstrated (Kim et al., 2016). In primary care, there is an increased interest in implementing navigation services for patients with complex health needs in this practice setting (Valaitis et al., 2017). While there are promising findings from studies in primary care including how navigation can ameliorate the fragmentation of care, address social determinants of health, assist in chronic disease management and care for mental illness and facilitate access to care (Carter et al., 2018; Valaitis et al., 2017), future research is needed to evaluate outcomes of navigator interventions (Peart et al., 2018).

### *The need for standardised training*

Navigator training programmes vary in terms of length, teaching strategies and format such as webinars or classroom sessions (Ustjanauskas et al., 2016). A systematic review of 39 studies including 31 randomised clinical trials on the effectiveness of multicultural health workers in chronic disease prevention and self-management identified that the training in the majority of studies ranged from 6 hours to 3 months, some with a final examination, assessment or role-play (Goris et al., 2013). Similarly, a content analysis of articles concerning CHW qualifications and training found that training ranged from 5 hours to 6 months, depending on the complexity of the role (O'Brien et al., 2009). The authors recommended that training programmes consider the link among curriculum, roles and desired outcomes to effectively prepare CHWs for practice. Carter et al.'s (2018) scoping review of models of navigation and roles reported on two studies in which training for clinical navigators involved 40 hours of online learning, whereas training for CHWs in chronic disease management comprised 160 hours of core training followed by 6 weeks of training specific to the population served. A common type of training for CHWs is on-the-job training, alone or in conjunction with more formal education, based on clients' needs such as health promotion (Najafizada et al., 2015).

A review of 59 efficacy studies that included information on navigator training revealed deficiencies in the components required for an effective and comprehensive curriculum based on adult learning principles (Ustjanauskas et al., 2016). Teaching strategies were not reported in the majority of studies and among those that did, a single, passive method (e.g. lecture) was most common. Established navigation programmes, such as those for cancer screening and health disparities, commonly implemented a more formal training curriculum that covered condition- or population-specific content and communication approaches, and delivered using multiple methods such as lectures, case studies and role-plays (Calhoun et al., 2010; Shelton et al., 2011). Other studies have described similar core training content such as clinical assessment and education, which was then further defined by patient needs and the health system employing the navigator (Ciccarelli and Scheid, 2019; Duggleby et al., 2018).

Despite recognition of the importance of navigation in supporting patient health and well-being, there is limited evidence about the educational process, outcomes and best practices of training programmes. Specific educational requirements, standards or systems of certification have not been established (DeGroff et al., 2014; Komaromy et al., 2018). There is a need for core training content that covers broad navigation principles supplemented with educational material tailored to the specific needs of the intended population and the type of navigation services required (Ciccarelli and Scheid, 2019; Duggleby et al., 2018). The training approach should be standardised and include mentoring and ongoing professional development to ensure knowledge and skills meet evolving community needs for navigation services (DeGroff et al., 2014; Komaromy et al., 2018; Rosenthal et al., 2010). Finally, appropriate education and support of navigators have been identified as important factors in implementation and sustainability of successful navigation programmes (Valaitis et al., 2017).

### *Navigator competencies*

A competency-based approach to curriculum design has the potential to provide a rich and engaging learning experience relevant to the needs of learners and the knowledge, skills and abilities required to perform their roles. Clearly defined competencies guide the development of a curriculum based on pedagogy in a learner-centred education programme (Frank et al., 2010; Parson et al., 2018; Valaitis et al., 2017). Work demonstrating the link between competencies and navigator

training is scant and exists predominantly in the field of cancer care where navigation has been most extensively employed.

In a study by Cook et al. (2013), key navigation functions were mapped against domains of practice for oncology nurses and related competencies. Three core areas of practice were identified for professional cancer navigators: promotion of continuity of care across health settings, psychosocial support, and patient education to understand their treatment plan. Another study identified domains of practice for lay navigators in cancer care, broadly described as self-awareness as a navigator, communication skills, and knowledge of patient needs and available resources. The same study used these domains to identify competency goals for navigator training and assessment (Lorhan et al., 2014). Duggleby et al. (2016) reported on a training curriculum based on competencies for volunteer navigators supporting rural older persons with life-limiting conditions. These evidence-based competencies defined the functions of the navigator including advocating for patients, assessing well-being, and linking to community organisations and resources.

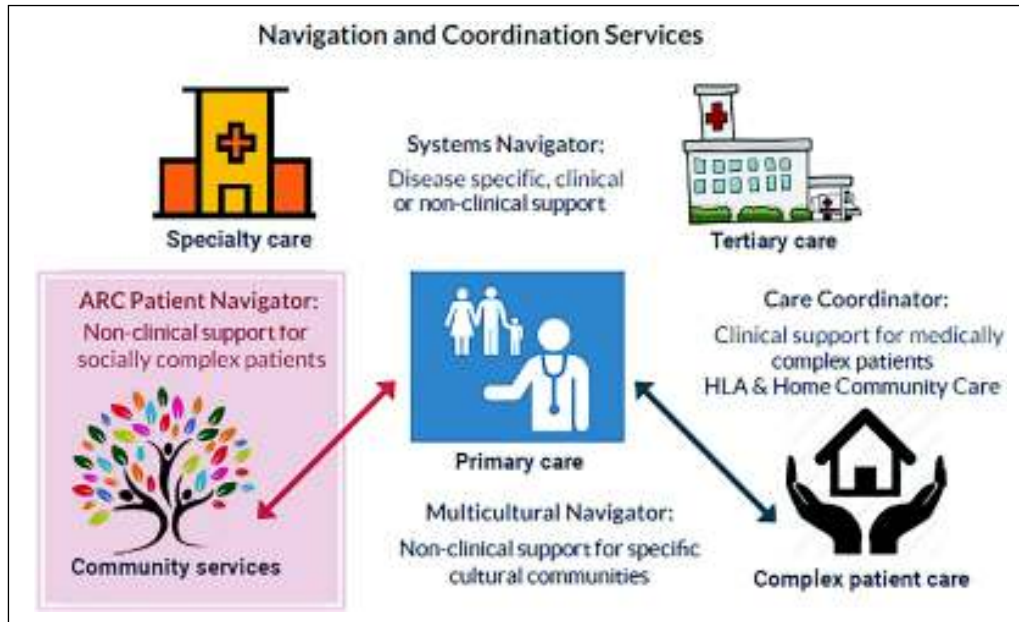
Competency documents have also been published for non-clinical patient navigators (George Washington University Cancer Institute, 2019), CHWs (Rosenthal et al., 2016) and nurse navigators (Baileys et al., 2018) in cancer care, as well as professional navigators working with seniors (Patient Centred Education and Research Institute, 2015). While this has helped define the competencies required for navigators to effectively perform their role, no studies could be located that document how these competencies inform training objectives, teaching methods or assessment strategies. Because of this, the purpose of this paper is to detail the pedagogical approach to developing, implementing and evaluating a competency-based training programme for lay patient navigators working in a primary care setting aimed at improving Access to Resources in the Community (ARC). In this programme, lay patient navigators are not health professionals; they have a non-clinical role and serve a broad patient population with the goal of helping patients reach needed health-enabling community resources.

## Methods

### *Navigator training programme development*

The relationship between teaching, learning and assessment may be conceptualised in different ways and the approach adopted influences curriculum planning (Fish and Coles, 2005). The development of the ARC Navigator Training Programme was guided by Kern et al.'s (2009) model for curriculum design in medical education and the programme planning model for adult learners advanced by Caffarella and Daffron (2013). These models emphasise an interactive approach to the development of education programmes, recognising the importance of the contextual and individual determinants of learning (such as background knowledge of navigators, complexity of patient needs, health and social system influences on navigation services). Specifically, the curriculum planning process involved (a) conducting an educational needs assessment, (b) identifying the theoretical foundation, (c) developing learning objectives and teaching strategies, (d) formulating evaluation methods, (e) implementing the programme and (f) refining the curriculum based on evaluation feedback and lessons learned.

*Educational needs assessment.* A community engagement initiative was undertaken in the Ontario region of the Innovative Models Promoting Access-to-Care Transformation (IMPACT) research programme (Russell et al., 2019) to understand the gap in accessing primary health care for vulnerable populations such as those with frailty, chronic illness and mental health problems. A partnership between health planners, decision makers, researchers, care providers and patient partners



**Figure 1.** The Access to Resources in the Community (ARC) Navigation Model. HLA: health links area-geographic area for care coordination.

developed a navigation model (Figure 1) to help patients overcome barriers to reach needed community resources. A lay navigator with a non-clinical role (i.e. they did not provide medical advice, social work or counselling) was attached to primary care practices. The navigation process commenced by the primary care provider (PCP) identifying patient needs related to the social determinants of health that could be addressed by community resources. For individuals with anticipated access barriers, a referral was made to the ARC Patient Navigator who worked with patients to understand their needs and priorities, develop a plan to address barriers, and provide support to reach appropriate resources. They worked to empower patients to develop strategies to effectively access resources for future needs. The PCP was informed about navigation services and progress throughout the ARC Patient Navigator's involvement with the patient (Dahrouge et al., 2019).

Three assessment strategies were used to identify the educational needs of ARC Patient Navigators: (a) consultation regarding the navigator role with key stakeholders including patients, PCPs, community service providers and health planners; (b) discussion with experienced community multicultural health navigators; and (c) review of existing evidence about navigation practices and interventions across populations and contexts. Based on these formal and informal assessment approaches (Grant, 2002), educational needs included knowledge about the broad and complex needs of primary care patients, navigation activities and responsibilities to support access to community resources, and how to work in a primary care setting. Existing competency documents used in some health professions were examined such as in medicine (Royal College of Physicians and Surgeons of Canada, 2015), nursing (Canadian Nurses Association, 2010) and cancer care (George Washington University Cancer Institute, 2019; Lorhan et al., 2014) to develop a competency framework consistent with a lay navigation role. Six roles and corresponding competencies were defined with the overarching goal of connecting patients to needed community resources (Table 1). This framework was reviewed by the ARC study's advisory committee and revised to establish a finalised list of competencies to guide both the training and navigator practice in primary care.

**Table 1. ARC Patient Navigator core competencies.**

Role	Key competencies	Summary of training content	Learning modules (see Table 3 for details)
Navigator <sup>a</sup>	<ul style="list-style-type: none"> <li>• Provide services within the defined scope and role of the ARC Navigator</li> <li>• Identify and appraise community resources/programmes to address patients' goals and priorities</li> <li>• Demonstrate professional behaviours and ethical conduct, respect for diversity, honesty and maintenance of confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Overview of navigator core competencies, roles, responsibilities</li> <li>• Person-centred goal setting</li> <li>• Social determinants of health</li> <li>• How to address common social barriers to access community health and social resources (CR)</li> <li>• Identification of CR</li> <li>• Navigator boundaries and when to refer to primary care provider or other health professional</li> </ul>	Modules 1–12
Communicator	<ul style="list-style-type: none"> <li>• Demonstrate effective interpersonal and communication skills with primary care team, patients and community programme staff</li> <li>• Demonstrate knowledge of health literacy and cultural humility</li> <li>• Gather, document and share relevant information</li> <li>• Share relevant information with primary care providers, community services and programmes</li> <li>• Work effectively with primary care providers, health and social programme staff, ARC research team and the larger community</li> </ul>	<ul style="list-style-type: none"> <li>• Offering services in French to Francophones (Active Offer)</li> <li>• Health literacy and access to CR</li> <li>• Motivational interviewing and person-centred care</li> <li>• Health care communication skills</li> <li>• Record-keeping to support information continuity and collaborative care</li> </ul>	Modules 1, 3, 8, 9
Collaborator	<ul style="list-style-type: none"> <li>• Promote navigation role, responsibilities and value to primary care providers and the larger community to enhance collaboration regarding patients' health</li> <li>• Advocate for patients about access to community health and social resources</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of quality navigation services</li> <li>• Effective communication skills</li> <li>• Primary health care team roles in promoting patient well-being and addressing social determinants of health</li> </ul>	Modules 1, 9, 11
Advocate	<ul style="list-style-type: none"> <li>• Educate patients about how to obtain the information, support and resources they need for their health</li> <li>• Demonstrate a commitment to ongoing learning and carrying out professional responsibilities in an ethical manner</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies to develop connections between primary care and community care</li> <li>• Informational and emotional support strategies to help patients to better cope with a situation, utilise available CR and/or access needed services in French</li> <li>• Healthy lifestyle and self-management principles</li> <li>• Information directories to help patients identify relevant CR</li> <li>• Collaborative learning and mentoring</li> <li>• Identification of learning needs</li> <li>• Time management, organisational and problem-solving skills</li> </ul>	Modules 3, 9, 10
Educator	<ul style="list-style-type: none"> <li>• Educate patients about how to obtain the information, support and resources they need for their health</li> </ul>	<ul style="list-style-type: none"> <li>• Informational and emotional support strategies to help patients to better cope with a situation, utilise available CR and/or access needed services in French</li> </ul>	Modules 4, 5, 6, 12
Professional	<ul style="list-style-type: none"> <li>• Demonstrate a commitment to ongoing learning and carrying out professional responsibilities in an ethical manner</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative learning and mentoring</li> <li>• Identification of learning needs</li> <li>• Time management, organisational and problem-solving skills</li> </ul>	Modules 1, 10

ARC: Access to Resources in the Community; CR: Community resources.

<sup>a</sup>The Navigator role defines the non-clinical scope of practice of the ARC Navigator and integrates the abilities of the other five essential roles.

**Table 2. ARC Patient Navigator Training Learning Objectives:** The goal of the training programme is for participants to develop the knowledge, skills and abilities to work with primary care practices to support individuals experiencing social barriers reach community health and social resources.

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Learning objectives

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Upon completion of the training programme, the Navigator will be able to

1. Describe the ARC project and the scope of the Patient Navigator role in primary care.
  2. Apply knowledge and skills in cultural humility and health literacy to develop a trusting navigator–patient relationship and address health disparities.
  3. Demonstrate effective and collaborative communication skills with the primary care team, patients and community resources to optimise navigation services.
  4. Know how to help patients identify priorities related to their health and social needs and develop an action plan to reach community resources to address these needs.
  5. Identify common social barriers to utilise community resources and describe strategies to overcome access barriers.
  6. Describe methods to assist patients in self-management and self-advocacy to access primary health care.
  7. Identify and appraise available community health and social resources to ensure that they are appropriate and relevant for patients' needs and priorities.
  8. Document navigation activities including patient and community resource data in a timely and accurate manner.
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ARC: Access to Resources in the Community.

*Theoretical foundations.* The theoretical foundations chosen to guide the training programme were informed by the goal of the ARC study, identified competencies, and a person-centred, collaborative and problem-oriented approach to navigation consistent with the principles defined by Freeman (2012). The access framework (Levesque et al., 2013) was appropriate for learning about patient navigation as it conceives of access as multidimensional, based on the interaction between the characteristics of health care providers, services and systems; and patient-related factors such as knowledge, health beliefs, culture and capacity to engage in care. Sociocultural and humanistic educational theories provided the foundation for the learner-centred curriculum (Knowles, 1985; Lave and Wenger, 1991; Vygotsky, 1978) with the main tenets of authentic real-world practice, engaging with others in a community of learning, critical thinking and individual agency in setting goals, and self-monitoring learning progress. Teaching strategies were experiential and participatory, including the interaction of educators and learners, peer mentorship and collaboration to co-construct knowledge and skills in navigation.

*Learning objectives, teaching strategies and evaluation methods.* Using Bloom's revised taxonomy, training programme objectives (Table 2) were developed from the ARC competency framework, and educational needs classified into cognitive (knowledge), psychomotor (skill) and affective (attitudinal) learning domains (Krathwohl, 2002). Objectives specific to each session were also formulated with corresponding educational content, teaching strategies and evaluation methods to ensure congruence in curriculum design.

A blended (hybrid) approach to teaching was chosen to enable learner self-directedness and to create a rich educational experience through classroom activities, asynchronous online instruction and ongoing community mentorship, incorporating participatory and collaborative learning

**Table 3.** Overview of ARC online training modules (ARC Patient Navigator Training website: <https://researchprogram.wixsite.com/arcproject>).

Modules	Topic	Source
1	Part A: Introduction to the ARC Study Part B: Introduction to the Ontario Health Care System Part C: Patient Navigator Roles and Responsibilities	The ARC Project Team
2	Patient Navigation and Health Disparities	University of Colorado Cancer Center (2008)
3	Language, Health and the Active Offer of French Language Services	Consortium National de Formation en Santé (2020)
4	Introduction to Chronic Disease	Colorado Patient Navigator Training Collaborative (2011a)
5	Preventive Healthcare 101: Protective and Risk Factors	Colorado Patient Navigator Training Collaborative (2011c)
6	Preventive Healthcare 101: Helping Clients with Lifestyle Change	Colorado Patient Navigator Training Collaborative (2011b)
7	Motivational Interviewing	BMJ Learning (2014)
8	Culture: A Social Determinant of Health	The ARC Project Team
9	Advocacy and Empowerment	
10	Navigation from the Field	Somerset West Community Health Centre (2017)
11	Part A: Health and Safety Part B: Privacy and Confidentiality	McMaster University (2018) Health TAPESTRY Programme
12	Searching for Community Health and Social Resources	Champlain Healthline (2017)

ARC: Access to Resources in the Community.

**Table 4.** Overview of ARC face-to-face training sessions.

1.	Culture, A Social Determinant of Health
2.	Language, Health and Active Offer of French Language
3.	Motivational Interviewing
4.	Patient Advocacy and Empowerment
5.	Learning from Multicultural Health Navigators' Experience

ARC: Access to Resources in the Community.

(Garrison and Vaughan, 2008; Lai et al., 2016). The face-to-face and online components comprising 25 hours of training were designed to link theory and practice, and to progress in complexity from foundational knowledge and skills to application of this learning through activities such as simulated patient encounters. An ARC Patient Navigator Training website was developed and included 12 learning modules (Table 3), a Navigator Toolbox (resources including peer-reviewed articles, reports, videos and websites), Discussion Forums and a Navigator Journal. Online learning was followed by five face-to-face sessions (Table 4) that provided an opportunity to contextualise knowledge and core concepts, essential for authentic and situated learning. Mentorship for



Patient Navigators was provided through weekly meetings with experienced multicultural health navigators at a local community health centre and with the research team, and continued throughout the 2-year study to support the navigators' practice.

Learner-centred teaching strategies were adopted which aligned with programme objectives and navigator competencies. In the face-to-face sessions, the pedagogical approach emphasised experiential learning and the active engagement of participants, and included lecture material with interactive and facilitated discussions, small group work, case studies and simulated patient role-plays, and reflective journaling. The sessions were designed to advance knowledge, share ideas, support authentic problem-solving, and build success experiences with guidance and support from peers. The online training was self-directed to enable learners to interact with the educational material at their own pace, and apply their knowledge through case studies, discussion activities and journal responses.

The training programme incorporated both summative and formative evaluation methods in online and face-to-face training sessions to determine participants' attainment of learning objectives. Formative methods included self-assessments through online quizzes, case studies and reflection on learning through journal responses, and instructor evaluation of group role-plays and contribution to group discussions. Summative evaluations were completed at the end of each face-to-face session to determine learner satisfaction, attainment of learning goals and programme effectiveness. Ongoing evaluation occurred through review of the ARC Patient Navigator entries in a weekly journal and debriefing about patients in mentorship meetings, to determine emergent learning needs and areas for further professional development.

## Results

### *Programme implementation*

The programme was piloted in May 2017 with 13 participants who comprised four different groups of learners: (a) five experienced multicultural health navigators who provided services for refugees and immigrants to help connect them with health care providers; (b) four members of the ARC research team with a background in primary health care research; (c) three university students in medicine, biomedicine and law working in a social accountability clinic; and (d) one ARC Patient Navigator with a background in social and community service.

A second implementation of the training programme occurred in November 2018 with 11 participants comprising 5 multicultural health navigators, 4 members of the research team and 2 ARC Patient Navigators. A purposive recruitment strategy was adopted to identify individuals who wanted to learn more about navigation or who required training for their role in the ARC study. Navigators were the primary learners in the online training. The research team was involved in the face-to-face sessions to increase their awareness of required navigator competencies, the challenges of patient navigation and potential strategies such as debriefing to support the ARC Patient Navigator in their work.

Learners read selected foundational research articles about navigation principles, programmes and roles, and responded to reflection questions which were discussed with a member of the research team prior to commencing the online training. Online modules (Table 4) were then completed to develop the knowledge, skills and affect related to the identified competencies and to prepare learners for the face-to-face sessions. A team-based approach to teaching was adopted for the face-to-face training and involved experienced navigators, educators from different health professions and research team members. These sessions provided opportunities to translate theory into practice and integrate key navigation concepts.

Upon completion of the training, ARC Patient Navigators began their work in primary care practices, and the mentorship component of the training programme commenced. Mentorship provided opportunities to receive coaching, problem-solve patient cases, share knowledge about community resources and participate in ongoing professional development. Members of the research team provided guidance in study documentation and helped to clarify navigator roles and responsibilities in weekly team debriefing meetings. Mentorship regarding patients with complex needs was provided by a health professional member of the research team. Participants were also encouraged to return to the training programme website to review the educational material and participate in the Discussion Forums to facilitate problem-solving and social connectedness with fellow navigators.

### *Lessons learned*

Formative and summative evaluation indicated that upon completion of the training programme, participants demonstrated the knowledge, skills and abilities required to provide navigation services in primary care (Table 2). Their understanding of key navigation concepts taught in the online training was demonstrated in responses to quizzes, reflective questions and case studies embedded in the learning modules. Participants reported that they valued the opportunities to apply knowledge in authentic activities in the face-to-face sessions. Multicultural health navigators shared their real-world experiences, acted as a role model for new navigators and scaffolded their learning, principles that are consistent with social constructivist learning theory (Lave and Wenger, 1991).

Based on mentorship meetings with the research team and review of navigator journal reflections, the training curriculum was revised to address the need for additional knowledge and skills in navigation, communication and self-care. The second implementation of the programme incorporated experiential activities in offering services in French to the Francophone population, patient-centred communication and patient documentation. Three additional face-to-face sessions were developed: (a) self-care for navigators incorporating how to prevent and manage compassion fatigue and burn-out, (b) the use of community information directories to identify relevant health and social resources and (c) patient empowerment and self-advocacy.

Finally, the ARC Navigator Training Programme website was revised to serve as a repository for the audio-recordings and educational material from the five face-to-face sessions. Based on evaluation feedback, we are adding new modules to ensure the educational material is current for navigation practice and to address changes in the provincial health care system and the increased demand for mental health services.

### **Discussion**

The ARC Navigator Training Programme responded to the need identified in the existing literature for evidence-informed, competency-based navigator education (Kangovi et al., 2014; Laderman and Mate, 2016; Ustjanauskas et al., 2016). Our hybrid curriculum incorporated many principles of navigation including patient-centredness, integration of primary care and community care, elimination of barriers to access primary health care and competencies required for navigation (Freeman, 2012).

The ARC Navigator Training Programme is unique in that it sought to integrate five characteristics central to an evidence-based, learner-centred programme. To begin with, educational theory, a foundational aspect often overlooked in navigation training (DeGroff et al., 2014), guided all aspects of curriculum design, permitting us to develop authentic pedagogical content for not only beginning navigators but also for experienced navigators. Second, engaging in curriculum mapping of learning objectives, teaching strategies and evaluation methods ensured a comprehensive

educational programme, linking elements together in a meaningful way. This aligned with current directions in competency-based health professions education and curricular theory. We ensured that the programme was responsive to emergent practice-based educational needs by developing new content for the second implementation of the training. Third, teaching strategies integral to adult learning (Ustjanauskas et al., 2016) emphasised real-world activities to develop the competencies needed for navigation practice. Scaffolding and guided learning were incorporated throughout the programme with the use of experts to develop specific learning modules, collective knowledge in group discussions and rehearsal of navigation skills in simulated patient encounters. Fourth, we supported continuing professional development through mentorship, an important need highlighted in the literature to assist with initial role challenges and to provide ongoing support (DeGroff et al., 2014; Duggleby et al., 2018; Komaromy et al., 2018; Valaitis et al., 2017). Finally, we utilised a hybrid delivery format for training that allowed for individual and social learning outside of a conventional classroom context.

### *Strengths and limitations*

Overall, the strengths of this programme include its grounding in educational theory, its clarity of focus on the educational needs of navigators in primary care, the competency-based curriculum design process, and its hybrid format to actively engage participants in the learning process. In the face-to-face sessions, the number of participants was conducive to dialogue and collaboration to share experience, develop knowledge and receive formative feedback from peers and the session facilitators. Learners were able to work on complex case studies and simulated patient encounters to develop skills in navigation, critical thinking and problem-solving. The online component allowed learners to complete the training at their own pace which fostered self-directedness and reflection.

Despite these strengths, the small sample of learners in the pilot training and second implementation of the programme resulted in limited data about individual attainment of learning objectives and the programme effectiveness in preparing navigators for practice. The Patient Navigators were followed throughout the 2-year study period to capture knowledge and skill development, and emergent learning needs through mentorship meetings and reflective journaling. This qualitative data revealed that the training programme was viewed as effective in preparing them for practice. However, mentorship and additional professional development were needed to support learning in the field. Results from the face-to-face training sessions indicated that more time was required for each module for interactive learning strategies and skills practice (such as in motivational interviewing). With respect to language and culture, participants desired supplementary learning resources such as self-assessment of cultural competency. Participants reported that the face-to-face training content met intended learning objectives, the teaching methods were engaging and appropriate, and the sessions were relevant to their role.

### *Implications for practice and research*

The ARC Navigator Training Programme generated interest among diverse stakeholders in primary care and while the training shows promise, subsequent implementation and evaluation data are needed to demonstrate its effectiveness. Learning to date will be used to revise the curriculum and educate new lay navigators in a randomised controlled trial of the ARC intervention planned for two health regions in Ontario, Canada.

There is potential for scalability of this programme including adaptation and implementation for different communities (urban, rural), delivery settings, patient populations and navigator qualifications (e.g. lay, clinical). In addition, a training programme for caregivers could be developed to

teach them how to navigate the complex health care system and access community-based support and resources for the care of their family member or friend (Charles et al., 2017). Finally, there are some navigation training programmes being developed for health professionals to assist patients in care transitions and empower them in managing their health. With increasing recognition of the value of navigation in reducing health disparities and improving access to health and social care, there is a need for evidence-based training programmes responsive to patient needs and evolving health and social service systems.

In all of these contexts, evidence-based training is needed to ensure that navigators have the competencies required for their complex role in primary care. The learner-centred programme described in this article contributes to an understanding of a theoretically grounded and competency-based curriculum to prepare lay navigators to support patients' access to community resources for health and well-being.

### Acknowledgements

We thank the following for their collaboration in the ARC Patient Navigator Training Programme: Consortium National de Formation en Santé (CNFS; <http://www.offreactive.com/home/>); Champlain Healthline (<https://www.champlainhealthline.ca/>); McMaster University Department of Family Medicine, Health TAPESTRY Programme, Hamilton, Ontario (<http://healthtapestry.ca/>); Patient Navigator Training Collaborative, Aurora, Colorado (<http://patientnavigatortraining.org/>); and Somerset West Community Health Centre, Multicultural Health Navigator Programme, Ottawa, Ontario (<https://swchc.on.ca/multicultural-health-navigator-programme>).

### Funding

The author(s) disclosed receipt of the following financial support for the research, authorship and/or publication of this article. This study was funded by the Canadian Institutes of Health Research Signature Initiative in Community-based Primary Healthcare Innovation Team Grant (grant number TTF-130729), the Fonds de recherche du Québec - Santé and the Australian Primary Health Care Research Institute, which was supported by a grant from the Australian Government Department of Health under the Primary Health Care Research, Evaluation and Development Strategy, and the Ontario Strategy for Patient-Oriented Research – Innovative Models Promoting Access and Coverage Team Award. The information and opinions contained in this paper do not necessarily reflect the views or policy of these funding agencies. These funding agencies did not have a role in the design of the study and collection, analysis and interpretation of data, and/or the writing of the manuscript.

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