

LESSON INTRODUCTION

Welcome to Team-Based Navigation and Role Delineation, part of the Oncology Patient Navigator Training: The Fundamentals course. My name is Kelly Angell and I will be your presenter for this lesson of the course.

Before we begin, we would like to acknowledge the Centers for Disease Control and Prevention for supporting this work. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Additionally, we would like to thank:

- The GW Clinical Learning and Simulation Skills (CLASS) Center for providing space to film video simulations for this lesson
- Patient navigator actors in the simulation video: Fernando Ascencio and Pamela Goetz

We would also like to thank the following for their help with revising this training:

- Monica Dean, Academy of Oncology Nurse & Patient Navigators
- Julie McMahon, Susan G. Komen
- Zarek Mena, Navigation Advisors
- Jess Quiring, Navigation Advisors
- Reesa Sherin, Association of Cancer Care Centers

This lesson is divided into three parts, each focusing on different aspects of professional navigation and collaboration in healthcare.

After completing this lesson, you'll be able to:

- Compare standards and role delineation across navigating professions
- Describe different healthcare professionals and how they may interact with patient navigators

- Identify and implement strategies for acting within professional boundaries
- Describe potential conflicts and strategies for a constructive negotiation in a healthcare team
- Describe how culture, background, religious beliefs and attitudes impact patient care and the working environment
- Identify potential barriers to a smooth transition of patients across screening, diagnosis, active treatment, survivorship and/or end-of-life care, working with the patient's clinical team
- Identify potential conflicts of interest between personal and professional responsibilities
- Identify and apply strategies for managing conflicts of interest

Join me in the next video to get started.

LESSON SECTION I

You have learned that patient navigation is an intervention designed to address barriers to quality care by offering personalized assistance to patients, survivors, and their families. Various healthcare professionals contribute to the navigation of patients through the complexities of their care. We briefly touched on this before, but it's important to understand that patient navigators have many colleagues who also perform navigating functions, each with their own rich history of patient care.

For over a century, professions like social work, oncology nursing, and case management have provided lifesaving support for patients with cancer. While these roles share many navigating functions and shared goals with patient navigators, each profession brings specialized skills to the table. Oncology social workers, for instance, are experts in psychosocial assessment and mental health counseling. In addition to providing patient education, oncology nurses excel in the assessment and management of physical symptoms, helping patients to receive the best possible care for their medical needs. Case managers also focus on patient education as well as the planning of safe transitions between different stages of care.

So what types of things does a patient navigator do?

An oncology patient navigator focuses on social determinants of health, social risk assessment, logistical barriers and practical barriers that get in the way of a patient accessing screening, completing diagnosis, starting and completing treatment, and accessing supportive care. Oncology patient navigators are an important member of the healthcare team to address patient barriers to care, which allows social workers, nurses, and case managers to focus on their specialized skills. Sometimes this is called "working at the top of your license" or "working at the top of your scope of practice."

Based on the role definition from the Centers for Medicare and Medicaid in the 2024 Physician Payment Rule, a patient navigator can be reimbursed for these categories of services:

- Person centered assessment
- Identify or refer patient to appropriate supportive services
- Practitioner, home, and community-based care coordination
- Health education
- Build patient self-advocacy skills
- Health care access / health system navigation
- Facilitate behavioral change as necessary for meeting diagnosis and treatment goals
- Facilitate and provide social and emotional support
- Leverage knowledge of the condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

As highlighted on the slide, the training requirements specified by CMS for those providing Principal Illness Navigation (PIN) services are closely aligned with the C3 (Core Competency) framework for community health workers. According to CMS, in states without specific licensure or certification laws for auxiliary personnel, the training for those delivering PIN services must encompass a comprehensive set of competencies. These include patient and family communication, relationship-building, capacity building for patients and families, service coordination, systems navigation, patient advocacy, facilitation, and community assessment. Additionally, it covers professionalism, ethical conduct, and the development of a relevant knowledge base, particularly around the serious, high-risk conditions that the auxiliary professional is

helping patients navigate. By stating the competencies navigators should possess, CMS aims to ensure patient navigators are well-equipped with the skills necessary to provide effective, compassionate care to those navigating complex health challenges.

As mentioned in an earlier lesson, building on the prior work of ONS, GW, C3 and the social work profession, the Professional Oncology Navigation Task Force issued standards of oncology navigator professional practice in 2022.

The standards intend to provide benchmarks for healthcare employers and information for policy and decision makers

The standards provide guidance for application to professional practice.

Listed here are the 19 domains referenced in the Professional Oncology Navigation Task Force standards - you may hear these referred to as PONT standards.

With all of these initiatives, it can be confusing to sort out how patient navigator core competencies, standards and training options relate to CMS requirements. Here is a summary of the GW Core Competency Domains, 2024 CMS requirements and 2022 PONT standards. As these standards continue to evolve over time, it is not important that you memorize every competency and standard. What is important is that you know what to reference to ensure your navigation program is aligned with CMS requirements and that the scope of practice of navigators align with their education and credentialing.

You can download the ONS Core Competencies for Oncology Nurse Navigators, the GW Core Competencies for Oncology Patient Navigators, and the PONT standards from the references section of this lesson.

An important resource published in 2024 that builds on the work of Willis et al. (2013) and Pratt-Chapman et al. (2015) is an article titled “Patient Navigation Job Roles by Levels of Experience: Workforce Development Task Group, National Navigation Roundtable” published in 2024. This article provides concrete examples of how entry-level, intermediate-level, and advanced-level navigators differ and complement each other within a healthcare team.

The Workforce Development Task Group of the National Navigation Roundtable, or NNRT, developed this framework, defining distinct roles for navigators based on their experience:

- **Entry Level:** Typically involves one to two years of experience or equivalent. Navigators at this level start new positions without prior navigation experience and build on resources for addressing various barriers (logistical, economic, cultural, linguistic, communication, and provider-centered). They apply basic Oncology Patient Navigator-Certified Generalist (OPN-CG) principles to guide their practice.
- **Intermediate Level:** Involves three to four years of experience or equivalent effort. Navigators at this level possess a basic understanding of patient care flow within job boundaries, match resources to the unique needs of the patient, and identify resources lacking in the continuum of care. They begin to analyze needs and gaps and collaborate with multidisciplinary team members to advocate for resources in either community or clinical settings.

- **Advanced Level:** Requires five or more years of experience. Advanced navigators are skilled in perceiving patient situations holistically, using their past experiences to focus on unique aspects of patient assessment. They apply critical thinking and decision-making skills in navigation processes and build on the knowledge, skills, roles, and responsibilities acquired at the entry and intermediate levels.

You can access the full article in our resources section for a deeper dive into the distinctions and roles across these experience levels. This article is an invaluable resource for understanding how navigators at different stages of their careers contribute to patient care.

LESSON SECTION II

In this section, we compared standards and role delineation across navigating professions. As we move into the next section of this lesson, we will shift our focus and provide an overview of healthcare team dynamics where we will examine the characteristics of effective teams, and discuss how to collaborate with other healthcare team members.

Teams are two or more people working together or collaborating to accomplish a common goal by applying their particular skills and knowledge. Teamwork and collaboration are not the same thing. Professionals can work together to meet the needs of their patients without identifying as a part of a team. Teams, however, can't be effective unless all members collaborate on their work. Team members coordinate with each other to accomplish a common goal and take responsibility to manage conflicts.

Some of the many health care professionals you may encounter in your work as a patient navigator include doctors, advanced practitioners like physician assistants and nurse practitioners, nurses, pharmacists, technologists and technicians, social workers, therapists and rehabilitation specialists and emotional, social and spiritual support people. It is important that you understand the roles of the individuals providing care for your patients so that you know who to reach out to as you address barriers to care.

Because numerous roles are involved with patient care, one problem being addressed with patient navigation is coordinating care across fragmented health care systems. Fragmentation may result due to a patient receiving different therapies in different settings, such as different hospitals, clinics, and community agencies. Communication

across many different healthcare team members and organizations can be challenging. Having a patient navigator connect and coordinate communication across these settings can have a huge impact on patient understanding, adherence, and quality of care.

It's essential to cultivate a healthcare workforce that reflects the rich diversity of community experiences including diversity in terms of race, ethnicity, gender, sexual orientation, immigration status, physical ability status, and socioeconomic background. This diversity in lived experiences not only enhances the quality of care but also contributes to better working environments and improved problem-solving capabilities within healthcare teams.

Health care professionals that share lived experiences with their patients can optimize culturally aligned clinical care. Health care professionals who are well-informed about the environments in which their patients live are better equipped to address the whole patient, considering how cultural and social factors affect the patient's health and health care needs. Additionally, an increased awareness and understanding of cultural differences can reduce potential conflicts, fostering a harmonious and effective healthcare environment.

Not only will you encounter a variety of roles in healthcare, but you will also work within a highly diverse environment. According to the American Society of Clinical Oncology's Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce, recruiting oncology professionals from diverse backgrounds is essential for improving attitudes toward and awareness of minority communities within healthcare institutions. This diversity fosters increased intercultural responsiveness and helps build trust and

comfort among patients, especially those from historically underserved communities. The benefits extend further, including expanded healthcare access to more people, better research and discovery, and stronger influence on policymakers to address the needs of an increasingly heterogeneous population.

The lack of exposure to an ethnically diverse oncology workforce is also a significant barrier to providing quality care. This issue is particularly pronounced among sexual and gender minority populations, which include individuals who identify as lesbian, gay, bisexual, transgender, and intersex. These populations often have had poor interactions in the health care system, leading to fear and avoidance of health care. This avoidance may result in not keeping up with cancer screenings or avoiding care until it is urgent.

Because it is impossible for any healthcare team member to be fully knowledgeable about every culture or religion, diversity in health care team members increases collective knowledge to better care for patients from different backgrounds. It is important that health care professionals continually strive for cultural humility. Patient navigators play an important role in providing culturally-affirming care by respectfully asking patients about their values and preferences of care without making assumptions. Patient navigators can also share cultural information important to a patient's care with their colleagues.

In addition to those working directly in oncology, patient navigators also work with other healthcare professionals. Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for the diagnosis, evaluation and treatment of acute and chronic diseases; promote disease

prevention and wellness for optimum health, and apply administration and management skills to support health care systems in a variety of settings.

Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists

For example a patient with oral cancer who is also diabetic may see many health professionals outside of oncology before they can even begin their cancer treatments.

When multiple healthcare professionals are involved in a patient's care, role clarity and effective communication become crucial. Let's go over some specific aspects of the oncology patient navigator role and determine whether the following activities are appropriate for navigators:

- Providing emotional support to a patient? Yes. Patient navigators should always offer empathy and support to patients. Oncology Social Work Navigators can provide emotional support and counseling while they are interacting with patients. However, providing general emotional support is a key part of a navigator's role, regardless of background. Non-clinical patient navigators who encounter patients with significant emotional concerns, acute distress, depression or anxiety should refer patients to a mental health professional for assessment and care.
- Calling the patient to discuss how to take a medication? No. This responsibility typically falls to a doctor, nurse, or pharmacist who has the necessary training to provide accurate medical instructions.

- Tailoring information and referrals based on the patient's needs and abilities?
Yes. This is a fundamental aspect of the patient navigator's role, ensuring that information is accessible and relevant to the patient's specific situation.
- Answering calls at the front desk? No. Unless explicitly outlined in the job description, this task should be handled by trained receptionists who are equipped to manage front desk communications. While patient navigators work with schedulers and receptionists to coordinate care, it is unwise to have navigation and scheduling duties combined as it can detract from the navigator's ability to assess and address barriers to care - particularly in a high volume care setting. Scheduling is intensive in oncology and should ideally be done by a separate role—not the navigator.
- Assisting patients with filling out forms and applications? Maybe. Navigators may need to help with forms related to their navigation functions, such as financial assistance or health literacy. However, the primary goal should be to empower patients to take an active role in their own care, guiding them toward self-activation and supporting patient empowerment wherever possible.

Patient navigators do not provide

- Clinical counseling
- Legal advice
- Counseling
- Interpretation, unless you are a certified medical interpreter

In addition, navigators Do NOT offer opinions or judgments about:

- The quality of physicians or medical care
- Diagnosis or treatment options
- Aspects of care delivery system patient is experiencing

For any of these issues it is important that you refer to the appropriate licensed professional. Check with your supervisor or employer for other policies on what to avoid.

LESSON SECTION III

Referring the patient in the scenario to a social worker is a way of demonstrating appropriate boundaries for your scope of practice. You can think of a boundary as a line between what you should and should not be doing. If you do things that are outside of your scope of practice, you may harm patients and you put yourself at risk for legal and other negative consequences.

Maintaining boundaries with other health care professionals and with patients can be challenging. In the previous section of this lesson, we explored the duties that are within and beyond the scope of practice of a patient navigator. As you work to meet the needs of your patient, you may find yourself in situations that compromise your ability to act professionally. To help you resolve these issues, we will discuss professional boundaries.

Other care team members may not be familiar with your role and may ask you to do things you are not trained to do or are not legally allowed to do. Most of the time this is not intentional, but you might feel like you are challenging authority or doing something wrong. It is important, though, that you maintain appropriate boundaries.

For example, you know that you can't prescribe medicine to patients. You have not been trained on this and it is illegal for you to do this. If a doctor asked you to prescribe medicine to a patient, you would likely have little problem saying no to the request. But what if the doctor asked you to interpret for a patient who is about to be diagnosed? What would you do? As we've discussed, only certified medical interpreters should interpret for patients. Even if you are fluent in the patient's

language, if you have not been trained in medical interpretation then you are putting the patient at risk.

What if the doctor asked you to call a patient with test results? Even though this may seem easy, if you are not trained to read test results and talk about them with the patient, then you should not do this. What if you unknowingly misread the test? That could harm the patient by impacting their decision making or by causing unnecessary stress.

Use the resources from this training to help you adhere to your scope of practice. You can refer to oncology patient navigator core competencies, standards, and levels of navigator expertise to explain your professional boundaries to patients and colleagues.

This video offers a valuable illustration of how patient navigators can effectively maintain their professional boundaries, ensuring that they stay within the defined scope of their role.

[VIDEO]

When you are asked to do things outside your scope of practice, you may feel uncomfortable speaking up. But it is your responsibility to do so, even though it may feel difficult.

Navigators should always follow these practices:

- Adhere to organizational policies and procedures. Work-arounds can create liability or unintended negative consequences that are often hard to predict.

- Document in a manner that permits clear and accurate summaries of patient assessments and sequence of events, especially when notifying healthcare team members regarding clinical concerns.
- Commit to lifelong learning through education, participation in professional conferences, membership in professional organizations, peer sharing, and subscriptions to professional journals.
- Ensure that properly trained interpreters are used and document the name of the interpreter. The use of family, friends, or other untrained interpreters is unsafe practice and is not consistent with acceptable standards of practice.
- Maintain professional boundaries. Personal relationships with patients or their families can be red flags and can be viewed as evidence of departure from professional standards.

If you experience any situation where you are unsure of how to proceed, feel uncomfortable, or receive push-back, escalate the situation to your immediate supervisor, if necessary.

Health care teams may be referred to as multidisciplinary teams or interprofessional teams.

A multidisciplinary team (MDT) is defined as the cooperation between different specialized professionals involved in cancer care with the overarching goal of improving treatment efficiency and patient care. The core function of a multidisciplinary team (MDT) is to bring together a group of healthcare professionals from different fields in order to determine patients' treatment plan. This team typically meets periodically, either virtually or face-to-face. Cancer MDTs typically include surgeons, medical and radiation oncologists, pathologists, radiologists, nutrition experts,

geriatricians, nurses, social workers, patient navigators, and other professionals who are involved in the care of patients with cancer. A multidisciplinary team is siloed in terms of disciplines, but come together to solve a problem.

Interprofessional teams are made up of individuals who identify with different specialties or disciplines who work together and communicate to make well-informed decisions. Interprofessional teams collaborate across disciplinary boundaries to integrate knowledge to achieve shared goals, such as optimizing patient care and wellbeing.

Whether a team is multidisciplinary or interprofessional depends on the level of coordination, collaboration and integration of goals.

Health care professionals historically have worked in silos, mainly consulting with those who are within their own profession. For example, doctors may only consult with other doctors. Often times, health care professionals struggle with communicating with others of different disciplines. And, because health care professionals develop strong ties within their discipline, they may think within categories of “in-group” and “out-group”. Those in the in-group, or of the same profession, trust and favor each other and tend to withhold information from others of different professions who are in the out-group. It should be noted that this doesn’t mean professionals behaving this way do it intentionally. Some behaviors may be part of an organization’s culture and it is natural to have stronger bonds with colleagues of similar training.

Too much siloed behavior can lead to dysfunction in teams, however. Lack of collaboration and team unity can spill outside the team and can affect patient care.

Other indicators of a dysfunctional team dynamics include:

- Absence of trust—to combat lack of trust, leaders need to take the first step by demonstrating authentic vulnerability.
- Fear of conflict—trust allows healthy conflict, but at times fear can get in the way of engaging in difficult discussions. Handled well and not avoided, conflict can be constructive and a catalyst for growth.
- Lack of commitment—team members who feel ignored can disengage. Pay attention to psychological safety and wellness of all team members.
- Avoidance of accountability—without accountability, teams can lack focus and permit low quality care. Improvement as a team requires accountability by all members including the difficult task of holding each other accountable.
- Inattention to results—regularly providing team and individual metrics help members remain focused and encourage putting team needs first. The team must understand how success is measured.

Some other barriers to interprofessional communication and collaboration could include:

Conflicts in personal values and expectations, conflicting personalities, lack of cultural humility, differences in schedules and professional routines, differences in accountability and reimbursement models, the increased complexity of patient care as well as emphasis on rapid decision-making.

Understanding conflict and conflict resolution strategies can help address issues of ineffective communication on health care teams.

In a disagreement or conflict, there is a difference in position between 2 or more people. People often have different perceptions about the cause or nature of a disagreement. When people experience a disagreement they are often responding to their own perception of a threat or demand. The sources of conflict could be real or imagined differences in values, unmatched goals, or lack of communication.

Generally, there are four types of conflicts,

- 1). Intrapersonal
- 2). Interpersonal
- 3). Intragroup
- 4). Intergroup

The conflict usually goes through four phases:

- 1). Frustration of one or more parties involved in conflict
- 2). Conceptualization or rationalization of cause
- 3). Expression of behaviors
- 4). Behaviors resulting in negative outcome

Common examples of conflict in the workplace include:

1. Insufficient Resources: Navigators can feel frustrated when they lack supplies, supervision time, space, administrative and technical support, and resources to share with patients to do their job effectively. They may also be frustrated if they receive inadequate pay and benefits,

2. Conflicting personalities and work styles: Personality clashes occur in the workplace and people have different work styles. One co-worker may prefer to chat loudly throughout the day and another may need a closed door setting.
3. Delegation of Power and Authority: Some leaders welcome input and ideas into decision making while others are hierarchical. People in higher status positions may feel more free to engage in conflict and less likely to avoid confrontations.
4. Conflicting Values: People can share similar values such as commitment to diversity, social justice, equality. When differences in these values emerge, tension can lead to conflict.
5. Lack of acknowledgement for contributions: Not everyone needs the same type of acknowledgment. Some people like to be praised publicly and others prefer more quiet recognition like a lunch out with their supervisor. Failure to acknowledge everyone in the same way can also be an issue.
6. Disagreements over roles and responsibilities: Disagreeing about who should do what and how it should be done. Some coworkers can be misinformed or unaware of others' job duties. Unrealistic work expectations or different perceptions about how the work should be done.
7. Intercultural misunderstandings: People from different cultural backgrounds may have different expectations, verbal and nonverbal habits, assumptions, and beliefs. Cultural miscommunications, stereotyping, prejudices, or lack of understanding can occur.
8. Poor communication: Without clear procedures for handling conflict, workers can end up talking about their challenges in unproductive ways, such as venting problems behind others' backs. This type of indirect communication almost always increases tensions.

9. Poor leadership and unpredictable policies: If employees feel leadership is not responding to changing organizational needs, teams and staff can feel demoralized and frustrated. If there is a sense that leadership values one department over another, resentments intensify. In the absence of clear workplace policies, uncertainty and conflict arise.
10. Conflicting Pressures: This can happen if someone has two priorities and not enough time or if two people have competing priorities but each relies on the time of the other person to complete their priority.
11. Perceived threat to one's identity: Conflicts may threaten our identity or provoke concern about whether we are valued, trusted, respected, and perceived to be intelligent, competent, hardworking, or ethical.

Next, let's explore an effective method for resolving conflicts that can be applied both within the healthcare team and in assisting patients in communicating with their doctors.

SBAR, which stands for Situation, Background, Assessment, and Recommendation, is a structured communication technique that helps bridge differences in communication styles. While commonly used in clinical settings, SBAR is also highly relevant for patient navigators, providing a standardized approach to communicating with clinicians in a familiar format.

Consider this scenario: A patient wishes to delay treatment, but the doctor insists that treatment must start immediately. After speaking with the patient, it's revealed that the delay is due to a desire to attend a significant life event, such as a child's wedding. The patient navigator's role is to advocate for the patient's needs, even when the doctor disagrees.

How might the SBAR method be applied in this situation?

1. Situation: The patient wishes to delay treatment to attend a major life event, but the doctor believes immediate treatment is necessary.
2. Background: The patient is concerned about missing this important event but hasn't communicated these concerns to the doctor.
3. Assessment: There is a lack of communication between the patient and the doctor regarding the patient's personal concerns and treatment needs.
4. Recommendation: The patient should discuss concerns directly with the doctor, and the doctor should consider whether a delay in treatment is possible. The patient navigator can facilitate this discussion. The goal is that the patient fully understands the treatment options and the potential consequences of delaying treatment and is able to make a choice that best aligns with their values and needs as a person.

Additional strategies for resolving conflicts include:

- Engage in open dialogue about issues
- Acknowledge the potential benefits of the conflict
- Understand that conflict is a cycle, and you have the power to change its course
- Focus on shared goals
- Clarify and check perceptions
- Practice effective communication techniques
- Accept differences and agree to disagree when necessary
- Address the problem itself, rather than directing frustration toward individuals

Communication breakdowns or friction between team members can have serious consequences. Dysfunctional teams are often characterized by poor communication, authoritarian leadership, and interpersonal conflict, which can negatively impact patient

care. Addressing these dysfunctions early is important to fostering a high-performing team.

In addition, more than 70 percent of medical errors can be attributed to dysfunctional team dynamics according to a report by the AAMC (2023). Poor teamwork doesn't just affect patient care; it can also lead to professional burnout, emotional distress, and reduced productivity, among other psychosocial issues. Creating a positive and supportive work environment is important for the effective operation of healthcare teams, ensuring both patient safety and the well-being of healthcare professionals. By fostering trust, encouraging open communication, and valuing each team member's contributions, healthcare teams can significantly improve patient outcomes and enhance the work environment for everyone involved.

One of the first steps in learning how to function as part of an effective team is to value each health care professional's contribution to quality, patient-centered care. Mutual respect and trust are foundational to effective interprofessional working relationships for collaborative care delivery. Collaborative care also honors the diversity reflected in the individual expertise each profession brings to care delivery. Collaboration in health care means that health care professionals assume complementary roles and cooperate, sharing responsibility for problem-solving and making decisions to make and carry out plans for patient care.

Teamwork requires members to work together toward a common aim. When health care professionals participate in interprofessional teams, patients benefit from easier communication with a cohesive team, with a shared goal rather than having to interact with individuals without knowledge of what other individuals are doing to manage the patient's needs.

Improved communication could be facilitated by structured checklists and protocols, ideally in electronic form, that communicate directly with shareable patient electronic health records (EHRs). Patients should also have clear expectations about their treatment plans before their treatment begins, in a language that is transparent and meaningful to them. This will be explored more in another lesson on shared decision-making with patients and caregivers.

Although there are many factors and strategies to facilitate efficient team work, another strategy is to use the "7 Cs" of effective teams:

Cooperation is affected by the attitudes, beliefs, and feelings of the team that drive action. Participating in various training exercises that require cooperation to refine working with professionals with different beliefs and feelings.

Coordination involves the use of team-level strategies to align knowledge and actions to achieve common goals.

The team communication structure has a role in influencing important team processes, as the way in which information flows among team members that will affect the team's ability to work together and accomplish goals.

Cognition is a foundation for an effective team in that it allows for teams to have a shared understanding. A shared understanding develops from team interactions, training to level set knowledge of roles and responsibilities, and having a shared team mission. In organizational settings, a failure to establish a shared understanding of the

situation can result in impaired teamwork and negative outcomes, including life-threatening errors. Having a shared understanding of team objectives, roles, expertise, and the operating situation allows teams to preemptively avoid potential missteps and failures.

Conflict is inevitable. Conflict can be simple as a brief disagreement regarding who is responsible for performing a particular task or as extreme when personalities differ strongly. Conflict can lead to errors and breakdowns in performance.

Coaching: Teams on their own may not necessarily recognize when breakdowns are occurring or where expertise may lie within the team. Coaches, or leaders, can provide the necessary direction and support to help team members overcome conflicts or breakdowns.

Conditions, or culture, is a driving force for member values, norms, and behavior. Cultural values shape the way that individuals view themselves in relation to the team and play an important role in shaping teamwork attitudes. Having team members involved in the creation of workflows, protocols or standard operating procedures can help to create a level-set culture where everyone knows the expectations.

Although as the patient navigator you may not have control of all these factors, think about which of these you can contribute to, like participating in diverse training exercises, contributing to positive and frequent communication, information sharing to grow team understanding. As stated earlier in this lesson, failure to coordinate effectively is a reason for poor-quality patient care.

Patient navigators can foster a culture of common purpose, intent, trust, respect and collaboration. You can accomplish this by starting with something in common - like a goal. For example, you and team members all strive to provide high quality patient care. As you work with others, you can think about and emphasize this goal to help everyone feel they are working together. It's also important to be in tune with yourself: be self-aware of your own personal biases and beliefs. These may play a hand in your contribution to communication issues.

Although team collaboration can help improve patient satisfaction and health outcomes, there are some barriers to achieving a truly cohesive interdisciplinary clinical team. It may take extra time to build a collaborative environment and rearrange workflows as coworkers may perceive a loss of autonomy or individual practice and decision making. Others may lack trust or confidence in other team members' decisions, and perceptions of the situation or approaches to the solution might clash. There may be territorialism over scope of practice and roles, or a lack of awareness of one team member of the education and skills of another member from a different professional discipline. For example, a physical therapist may be unaware that the navigator can play a role in patient getting durable medical equipment, such as a walker or wheelchair.

These barriers can be overcome, in time, through the development of an environment and work culture that supports and values team collaboration and attitudes of openness and mutual respect among team members.

Let's explore how Thelma, the patient navigator, collaborates effectively with Brittney, the dietitian, to support patient care.

[VIDEO]

The clinical care team is primarily responsible for the transition of care, and patient navigators can be supportive in this process. Problems often present that can prevent a smooth transition for patients to different points in care. Here are some examples.

There may be some confusion for patients as they transition between patient navigators. Some navigators may only support patients at certain points of care, for example screening navigators or treatment navigators. In these instances, the current navigator can help the patient to get in touch with their new navigator so that they know who will be supporting them in the next phase.

Medical insurance may also cause issues in the care continuum. Different procedures may need to be performed at a facility outside of the one where the patient navigator is employed. The patient navigator can make sure the patient has all the information they need to get in touch with the outside facility in preparation for procedures.

Patients may also have a lack of understanding about the next steps in their care. For example, at diagnosis the patient may not know who to call for scheduling treatments and testing. They may be overwhelmed by the news that they have cancer. The patient navigator can help direct the patient in the right direction to make sure they stay on the course for care. Likewise, at survivorship or end-of-life, the patient may not know about next steps. The patient navigator can ask the patient if they have been informed about palliative care options or referred to supportive care and post-treatment services. The navigator can then inform the clinical care team about any points of clarification the patient needs to make decisions about their next steps.

Barriers to team collaboration can extend to impact the smooth transition of patients across the cancer care continuum. As your patients move through different phases of their cancer journey, from screening to diagnosis, active treatment, survivorship and/or end-of-life care, other health care professionals may join the team and steps will need to be taken to continue to foster communication and cooperation among the larger team.

When patients transition there may be confusion about who continues with care. As the patient navigator, you can work with team members to identify who gets the handoff and when and how it should occur as your patient moves through care.

Other team members may be misinformed about the steps for patients. Patient navigators are in the unique position to communicate with all team members to ensure that everyone knows about the transitions.

It is important to provide warm hand offs whenever possible to avoid the patient feeling worried or stressed about the change or seeing a new team member. As a navigator, you can assure a patient that they can continue to contact you, and you will continue to advocate for them. This should be done while balancing workload priorities from your supervisor, since excessive attention to one patient may detract from your ability to navigate new patients. At some point, your navigation of every patient must end, but you can always make yourself available if an issue arises and they need active navigation again.

This concludes the lesson on Team-Based Navigation and Role Delineation, part of the Oncology Patient Navigator Training: The Fundamentals course. In this lesson, you have learned how to:

- Compare the standards and role delineations across various navigating professions
- Describe the roles of different healthcare professionals and how they interact with patient navigation
- Implement strategies for maintaining professional boundaries with other healthcare team members
- Recognize and manage potential conflicts within healthcare teams, using constructive negotiation strategies
- Understand how culture, background, religious beliefs, and attitudes impact patient care and the work environment
- Identify barriers to smooth patient transitions across screening, diagnosis, active treatment, survivorship, and end-of-life care while collaborating with the patient's clinical team
- Recognize potential conflicts of interest between personal and professional responsibilities and apply effective strategies to manage them

These insights will help you navigate the complexities of patient care and enhance collaboration within healthcare teams. We encourage you to explore the resources provided below the video to deepen your understanding and support your ongoing professional development.

Thank you for your participation in the lesson.