





**COMMENTARY****Job descriptions by oncology patient navigator experience**

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**Plain Language Summary**

- This article provides guidance and examples for creating patient navigator job descriptions based on levels of expertise that align with the roles and responsibilities detailed in the January 2024 publication.
- The National Navigation Roundtable (NNRT) Workforce Development Task Group (WFD) provided their knowledge and experiences to inform job descriptions for navigators at different levels of proficiency (entry, intermediate, and advanced).
- The 2024 table can assist administrators by showing a linear progression of skills based on levels of expertise from entry to advanced level navigators.
- Detailed job descriptions enable the navigator to evolve and grow professionally.

**KEYWORDS**

American Cancer Society National Navigation Roundtable, cancer continuum, clinical navigator, job description, nurse, oncology patient navigation, responsibilities, roles by level of experience, social worker, workforce development

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## INTRODUCTION

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017.<sup>1</sup> The ACS NNRT is a national coalition of 100+ member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The ACS provides organizational leadership and expert staff support to the ACS NNRT. In 2024, the ACS NNRT Workforce Development Task Group (WFD) published an article that described job roles of patient navigators (PN) based on their level of expertise.<sup>2</sup> The purpose of the current article is to illustrate how the table (<https://navigationroundtable.org/resource/patient-navigation-job-roles-by-levels-of-experience-workforce-development-task-group-national-navigation-roundtable/>) from the published article can be used to generate job descriptions that align with roles and responsibilities of navigators. The current article is the work of the NNRT WFD and highlights insights and guidance from experts in the field. The 2024 table can provide a resource for navigators looking to advance careers and administrators creating job descriptions for navigators at different levels of proficiency. The table applies to clinical and oncology patient navigators across diverse settings and organizations (community, academic, and clinic-based).

## BACKGROUND

Oncology patient navigation as an occupation and a health delivery support strategy has rapidly expanded over the last 3 decades with this care concept's importance becoming widely accepted. Through the evolution of this profession, the role of the navigator has been updated to meet the needs of the community or health care system.<sup>3</sup> The profession has matured with evidence-based practices and peer-reviewed publications to support navigation titles, standards, training, qualifications, and validation of their contribution to value-based care. Efforts have also been made to standardize patient navigation roles to inform job descriptions.<sup>2</sup> There remains a gap in standardized language to create job descriptions that patient navigation programs can use.

The origin of this profession started with Dr. Harold P. Freeman's patient navigation goal to improve outcomes in populations that are medically underserved by eliminating barriers to timely cancer diagnosis and treatment in a culturally sensitive manner.<sup>4</sup> He described "lay navigators (now defined as oncology patient navigators) as the principal navigators in our system," but recognizes the need for other professional navigators such as social workers and nurses, to be integrated at more complex points of care.<sup>5</sup> He acknowledges that patient navigators (now defined as "oncology patient navigators") and clinical navigators (nurse and/or social worker) should possess specific knowledge and skill set based on patient needs. Oncology patient and clinical navigators work with patients throughout and at any point within the cancer continuum. For example, an oncology patient navigator based in a community setting

may work with patients at the prevention, education, and screening portion of the cancer continuum, whereas an oncology patient navigator in the clinic starts working once a patient is diagnosed with cancer. Oncology patient navigators also may cross the threshold of the clinic and continue working with their patients throughout diagnosis, treatment, survivorship, and end of life.

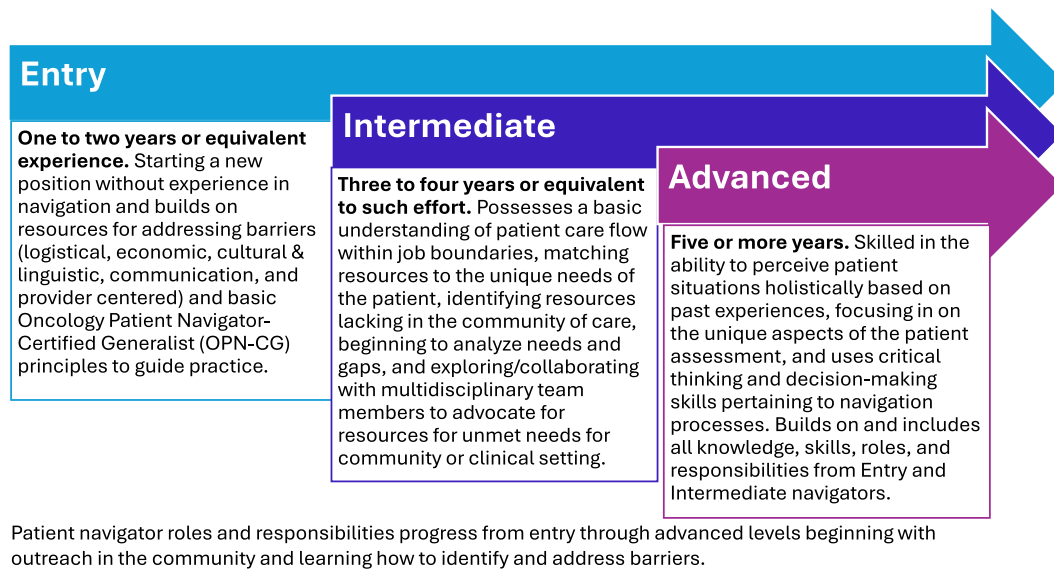
Documentation and reimbursement systems in the clinical setting led to the evolution of nurse navigation, and later case management. From 2013 to 2017, the Oncology Nursing Society, Academy of Oncology Nurse & Patient Navigators (AONN+) and George Washington University contributed to work to delineate navigation roles, core competencies, knowledge domains, and standard metrics to measure the impact of navigation.

Because of the multiple competency resources resulting from this foundational work, in 2019, the American Cancer Society National Navigation Roundtable (ACS NNRT) Workforce Development group used the basis of these competencies along with others from the Patient Navigator Training Collaborative and the Colorado Department of Public Health and Environment Health Navigation Workforce Development Initiative to come to a consensus about shared domains for competency-based patient navigation training.<sup>6</sup>

To unify the profession on standardization of definitions, scopes, and roles for the various types of navigators, a patient navigation working group composed of leaders from professional oncology groups was created in a cross-disciplinary partnership that included nursing, social work, and oncology patient navigators that originated from the Biden Cancer Initiative in 2017.<sup>7</sup> The group transitioned into the Professional Oncology Navigation Task Force and in March 2022, standards of professional practice were published.<sup>8</sup>

With standardization of definitions, roles, shared domains for competency-based patient navigation training, and metrics to support the profession, another unifying piece of professional navigation practice was the creation of job descriptions with specific scopes of practice around levels of expertise. In 2022–2023, the ACS NNRT Workforce Development Group, using the training competencies from 2019 and agreed on definitions of entry, intermediate, and advance to define navigation experience or equivalent as well as skills including knowledge and comprehension for that level of expertise, created job descriptions that are applicable to all oncology navigators.<sup>2,9</sup> The tool can be used in creating job descriptions as well as a guide for navigators as they advance their careers. Dissemination and implementation of these foundational standards has been a challenge. It is critical to the growth of the patient navigation profession and provision of high quality and consistent services that the standards are widely adopted in practice. The *Community Guide* recognizes patient navigation as an evidence-based practice.<sup>10</sup>

This article illustrates how the patient navigator job roles table can be used to generate job descriptions for three distinct levels of proficiency—entry, intermediate, and advanced (Figure 1). It is a resource for administrators to create standard-aligned job descriptions to a specific level of expertise and it is a resource for navigators to see how one may advance over time to different stages of responsibilities within a patient navigation role. In contrast to



**FIGURE 1** Definition of patient navigator levels.

other standards that address patient navigators, nurse navigators, and social work navigators separately, the resources in this article apply to all patient navigators at the entry, intermediate, and advanced levels.

### Overview of table

The levels of expertise table was developed through an iterative process.<sup>2</sup> WFD members validated this work with patient navigators at their institutions and organizations to determine the relevance and feasibility of activities at each level, adopting feedback to revise, refine, and finalize the table.

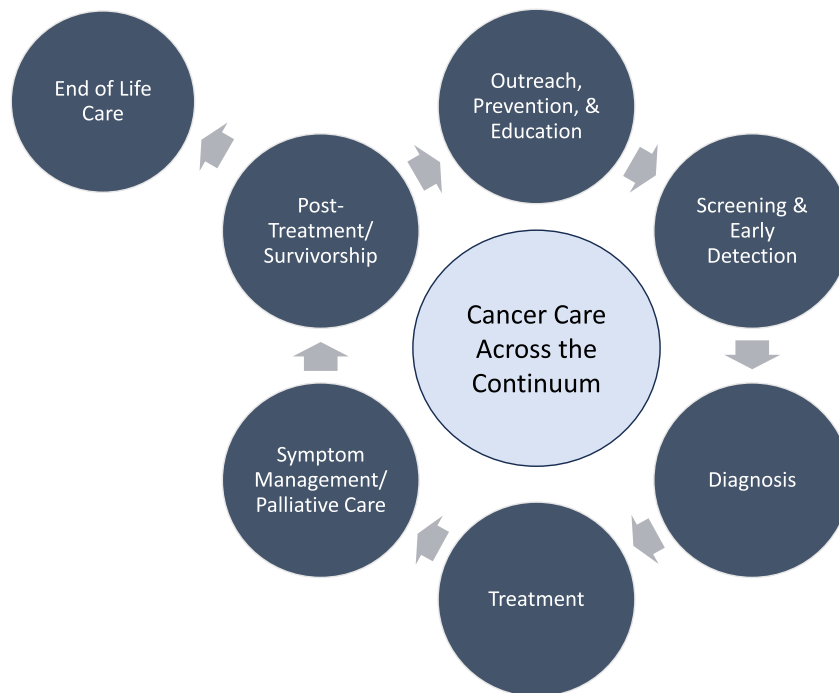
Navigator-levels are defined based on years of experience or equivalent from entry to advanced.

Entry-level patient navigators begin a new position with little or no prior navigation experience, especially when addressing barriers. Intermediate-level navigators possess three to 4 years of experience or equivalent. These individuals possess a basic understanding of patient care, flow, and job boundaries. They can help patients to identify resources to address barriers to care and access. The first two levels create a foundation for the advancing patient navigator with skills related to application and analysis. An advanced-level patient navigator with five or more years of experience or equivalent can draw from experience and focus on unique aspects of patient need through synthesis and evaluation of information.

The roles and responsibilities in the table<sup>11</sup> are organized by the navigator's level of expertise regardless of the setting. Navigators work throughout the cancer continuum (Figure 2) in community, academic, research, and clinical settings. They engage across these settings with diverse populations, especially those populations that live with the greatest cancer health disparities. For example, the

Comadre a Comadre Program based at the University of New Mexico Comprehensive Cancer Center has program patient navigators that work in the community focusing on prevention, education, and cancer screening navigation. However, for those who have a positive cancer diagnosis, the Comadre patient navigators continue to provide emotional support and knowledge to the patients throughout their diagnosis into treatment and survivorship. The Comadre patient navigators also work with the clinical navigators (nurse and social workers) at the cancer center to coordinate the care on behalf of the patient. Moving from entry-level to advanced-level roles enables the navigator to acquire skills and enhance experiences that permit the navigator to stay "patient-centric" regardless of the setting or the phase in the cancer care continuum while addressing barriers and improving timely access to care.

The final table has utility in several settings. An organization could use the table to hire a navigator, by an administrator responsible for hiring the individual, or in a prominent institution, by a human resources representative. The hiring lead can reference the document to access the domains and competencies and determine which level of navigator they want to hire. Then, the relevant domains and competencies can be incorporated into a job description and embedded in the hiring process. For instance, one subdomain of an entry-level patient navigator role competency is to "maintain patient confidentiality and privacy when working with clinical and professional staff both within and outside the system of care."<sup>2</sup> The job description could include language in its job description. It also might be incorporated as an interview question to ask candidates about examples of times they may have previously been in a position where they were required to maintain confidentiality. Additionally, the table could be used by navigators themselves to identify skills and professional development opportunities as they advance in their careers from an entry level to an advanced patient navigator. It also



**FIGURE 2** Cancer care across the continuum. Reprinted from Advancing Synergy 2024 ([www.advancingsynergy.org](http://www.advancingsynergy.org)) with permission.

can be used to help identify the competencies (skills and knowledge) an individual may bring from other professional experience that are equivalent to a navigator with time-based experience.

### Using the table to generate job descriptions

For the purposes of the examples for each level of PN, three topics within Domain I (Ethical, Cultural, Legal, and Professional Issues) were selected. For a complete job description, the administrator would select the domains and then topics relevant to the advertised position.

For Domain I (Ethical, Cultural, Legal, and Professional Issues), the administrator identifies key topics that are most relevant to the skills that the entry-level needs to perform. For this example, three topics within Domain I were specified: confidentiality, cultural knowledge and behaviors, and respectful behavior.

The behaviors to include in the entry-level job description, as specified in the 2024 table, follow:

- Confidentiality: Maintain patient confidentiality and privacy when working with clinical and professional staff within and outside systems of care and community-based programs.
- Cultural knowledge and behaviors: It is imperative to develop, maintain, and use an organizational system to record and update health care, cultural relevance, health literacy, and linguistically appropriate resources for patients and their communities. Collect data and share it with the organization's leadership to ensure we are meeting the diverse needs of our patients.

- Respectful behavior: Respect patients' privacy and modesty (e.g., during a pap smear, some patients may prefer to wear a blouse or shirt).

The phrasing from the table may be included within the job description for an entry-level navigator, with some tailoring relevant to the facility advertising the position. For "confidentiality," the interviewer would ask the applicant to clarify how s/he/they protect confidentiality and privacy. The candidate may say s/he/they hide the tablet or computer screen when others, including the patient, may view it. The tablet has passwords required to open and use it and is stored in a locked file drawer in a locked office.

For "cultural knowledge and behaviors": The interviewer may ask, "What has been your experience with recording patient information in medical records?" and then go on to ask the candidate what types of systems s/he/they use to record and update data, then how that system is appropriate for documenting cultural information, literacy, and languages. Next, the interviewer may ask specifically about the data sharing protocols (when, where, how frequently, and in what format data is shared with leadership).

For "respectful behaviors," the interviewer may ask the candidate how they establish rapport, trust, and effective communication with the patient and how they respect the patient's privacy and modesty during a clinical examination.

In addition, aspects to consider from a health equity framework include:

- Special efforts to recruit "trusted" messengers from historically underrepresented marginalized communities;

- Consideration for “lived experiences” in the job description that can speak to similar skills of PN;
- Consideration for the caregiving role that often women from these communities have; and/or
- Consideration for increasing the labor force from an underrepresented community.

Additionally, life experiences may also be critical to the climate and atmosphere of the employer's institution, such as:

- Having been a caregiver for a loved one (extract those skills/duties performed like a PN);
- Being a cancer survivor; and/or
- Having had training related to cancer or caregiving.

It is important to note that some of the above experiences can fulfill education requirements and/or qualify candidates for intermediate-level positions. This recognition of diverse qualifications can enrich the hiring process and the workforce.

Entry level PNs, in their learning phase, greatly benefit from the guidance of a seasoned navigator colleague when addressing patient needs. The seasoned navigator's wealth of knowledge and experience allows them to provide invaluable guidance to the entry-level PN, fostering a sense of support and direction.

The years and life experience build on the candidate's skills. For example, Domain III is on education, and topic 1 is “use of knowledge.” Entry-level skills are obtaining basic knowledge of the disease, identifying key providers/caregivers with specialized disease knowledge with whom the navigator will collaborate for patient support, and using standard knowledge of essential health and social indicators. Whereas for the advanced navigator, their education skills are to implement and evaluate the plan of action to address disease and treatment side effects/symptoms, share knowledge about treatment, side effects, and similar findings to other PNs and professions during meetings, conferences, symposia, tumor boards, etc., to provide education, mentor and supervise new navigators and health care team members, and to seek knowledge by asking questions with the intent to solve practical problems. The administrator can better understand navigators' in-service needs when job descriptions are clear. It is important to note that both the list of considerations and life experiences are relevant to the intermediate and advanced navigator candidates.

### Using the table to generate intermediate job description

The following example further illustrates both how to use the table and how job interviewing can highlight desired skills. In addition to length of experience associated with each level, lived experiences and acquired skills should factor into the level of navigator expertise. The table is used as a tool to identify the level of expertise the

program needs, which in this example is “Intermediate Domain I” skills and selected topics follow:

- Confidentiality: Demonstrate patient confidentiality and privacy when working with clinical and professional staff both within and outside of systems of care and community-based programs.
- Cultural knowledge and behaviors: Demonstrate culturally respectful behaviors when assisting patients with ceremonies or special services (that are pertinent to the patients' cultural health care values, beliefs, and practices).
- Respectful behavior: demonstrate the ability to identify and suggest alternatives that respect patients' privacy and modesty (e.g., during a pap smear, some patients may prefer to maintain wearing a blouse or shirt).

For example, Native American Cancer Research Corporation (NACR) needed an oncology patient navigator for their grant “Native Navigators and the Cancer Continuum” (NNACC) (PI: Burhansstipanov, R24MD002811). Based on the grant requirements, the administrator reviewed the tasks and responsibilities for all three levels of expertise and determined that “intermediate” would be the best fit for this grant and local program. The new oncology patient navigator needed more experience than “entry” (knowledge and comprehension) but not quite “advanced” (synthesis and evaluation) skills.

The job description would be too long and ineffective for candidates to review if it included the behaviors for all seven competencies for the desired level. The administrator needs to select those tasks of the highest or unique and relevant skill level. Step 2 for the NNACC PN job description included skills such as confidentiality, cultural knowledge and behaviors, ability to track and document grant-related activities, and ability to teach cancer education topics.

The administrator also needs to understand the level of cancer knowledge and experience that the applicant brings to the role. For example, several nursing programs included as few as 5 h of cancer content. Thus, the new hire would require in-service cancer education despite having a nursing degree. Desirable qualifications (Figure 3) include being a “certified generalist,” as certified by AONN + or as a “nurse navigator” certified from AONN + or the Oncology Nursing Society. Thus, a desired qualification would not exclude a candidate but each would be asked to describe personal experience and if hired, identify what additional training was needed to perform grant responsibilities.

Step 3 was for the NACR administrator to select tasks of highest priorities from the 2024 table for intermediate skills for each competency and abbreviate them for inclusion in the NNACC job description (Figure 4).

Based on the grant requirements and intermediate level skills, step 4 was to draft interview questions or scenarios (Table 1). Candidates receive the list of questions and scenarios before their interview allowing them time to prepare. NACR policies recommend two individuals interview candidates and by using scenarios, they can

assess how culturally appropriate or competent the candidate is likely to be. The candidate's responses help the administrators determine how extensive in-service education needs are for the new hire.

For example, the situation about losing hair is not uncommon for some drug therapies (e.g., Adriamycin chemotherapy). However, in Denver the oncology patient navigators work with cancer patients from over 70 different tribal affiliations and native beliefs about hair differ greatly. For example, one patient may need to collect and save

their hair throughout life for their pillowcase inside their coffin and/or for burial ceremony. This individual would not discard the hair in a trashcan or toilet as do many non-Natives. The candidate's response to the situation helps the administrators understand how well the intermediate navigator is likely to handle specific cultural issues. The response also helps provide guidance as to how detailed and broad the subsequent in-service training may need to be if this is the individual hired.

As another example, a provider may give the patient permission to do ceremony, but health care providers (HCP) rarely understand the months of preparation necessary nor how intense Sundance or Green Corn ceremonies are. Many HCPs think "ceremony" may refer to a novena church gathering or a sweat lodge, but the requirements to prepare for traditional Indian ceremonies differ greatly among tribal nations and the candidates' responses and phrasing inform the candidates' cultural knowledge and/or experience.

Once the situations are agreed on by the administrators, NACR releases the job description (Step 5) through our partner organizations (Denver Indian Family Resource Center, Denver Indian Health and Family Services, Denver Indian Clinic), local cancer centers and clinical settings, and through our website and social media.

### Qualifications Excerpt from NNACC Patient Navigator Job Announcement

#### Desired qualifications and experiences:

- Minimum of a 2-year's college education in health or health related field from an accredited academic institution.
- Completion of the AONN+ accredited exam for Oncology Patient Navigator – Certified Generalist (OPN-CG)
- Experience working with urban American Indian adults. Must have an understanding and an appreciation of cultural, social, medical belief systems and their impact on the cancer continuum and related behaviors.
- Experience documenting grant-related activities (drafting preliminary summaries, using navigation activity tracking programs)
- Experience teaching cancer education topics to minority community adults.

**FIGURE 3** Qualifications excerpt from Native Navigators and the Cancer Continuum patient navigator job announcement.

### Advanced level job description

The process for using the table to generate a job description is the same for the advanced navigator regardless of license (social worker

### Excerpt from NACR job announcement for Native Sister / Brother

#### Native American Cancer Research Corporation (NACR)

*An American Indian-operated 501(c)(3) Non-Profit Corporation*

3022 So. Nova Road

Pine, CO 80470-7830

303-550-5181

Web Page: <https://www.NatAmCancer.org>

Native American Cancer Research Corporation (NACR) invites applicants for a Native Sister/Brother (Patient Navigator) Position funded by the "Native Navigators and the Cancer Continuum (NNACC) [R24MD002811] grant. The full-time salary range \$65,000-80,000, and includes health, dental and retirement benefits. The position is grant-specific and is supported from April 1, 2013, through March 31, 2018.

The Native Sister/Brother's responsibilities include, but are not limited to:

- Demonstrate patient confidentiality and privacy when working with clinical and professional staff both within and outside of systems of care and community-based programs.
- Assist the patient in navigating to appropriate health care by assessing and referring patients to appropriate, culturally relevant experts to assist with ceremonies or special services beyond one's personal level of expertise.
- Demonstrate culturally respectful behaviors when assisting patients with ceremonies or special services (that are pertinent to the patients' cultural healthcare values, beliefs, and practices).
- Adapt to behavior changes and patient options in a culturally sensitive manner and be able to coach a patient through a behavior change.
- Integrate specific traditional/cultural care patients may use or prefer and work with health care team to accommodate practices.
- Participate in health care team discussions and collaborate with colleagues and partners about ways to proactively address patient barriers and improve overall patient care.

**FIGURE 4** Excerpt from Native American Cancer Research Corporation job announcement for Native sister/brother.

**TABLE 1** Excerpt of NACR's situational interview (provided to candidate before interview).

This position may require you to work alone. How comfortable are you coordinating cancer education workshops in collaboration with other organizations? How would you coordinate a series of workshops with Denver Indian Health and Family Services?

What makes you qualified to implement NNACC grant roles as an oncology patient navigator in Denver with American Indian community members?

How would you respond to a traditional Indian man or woman who has just started treatment and is now losing hair? How would you talk with her/him about the culturally acceptable ways to handle hair as it falls out in the bottom of the shower, on her bed pillow, on the back seat of her car?

Daisy had her mammogram through the van at NACR as part of NNACC. She just got a bill for \$500. What would you do to resolve the situation?

You have been navigating a CRC older male patient through treatment and recovery services. A female family member came to Denver from the Reservation to help and announces she will be taking over care. She demands all private information provided by her father. How do you handle the situation?

A patient is 1 year out of treatment and plans to do Sun Dance in the Dakotas this summer. She had both chemo and radiation for her treatment. What do you need to discuss with her? Her provider gave her permission to do the ceremony. How and what do you need to clarify with the oncology care team?

Abbreviations: CRC, colorectal cancer; NACR, Native American Cancer Research Corporation; NNACC, Native Navigators and the Cancer Continuum.

or nurse) as for oncology patient navigators who do not have licenses. Using Domain I and the same topics for the advanced navigator:

- **Confidentiality:** Enhance processes to ensure patient confidentiality and privacy when working with clinical and professional staff within and outside systems of care and community-based programs.
- **Cultural Knowledge and Behaviors:** Implement cultural knowledge and sensitivity in all aspects of work, including 1) seeking to understand and acting by specific cultural norms when appropriate, 2) awareness of potential bias in one's own culture and life experience, and 3) awareness of the influence of diverse beliefs and practices on thinking and behavior across cultures, communities, and organizations.
- **Respectful Behavior:** Your proactive advocacy for varying ways to respect patients' privacy and modesty is a testament to your empathy and consideration.

Advanced skills require significantly more experience and expertise, challenging you to continually improve and excel. For example, the advanced nurse navigator/social worker/professional navigator is skilled in the ability to assess patient situations through their professional lens, focus on the salient aspects of the patient assessments, and use critical thinking and decision-making skills

pertaining to navigation processes. The advanced level of practice builds on and includes all knowledge, skills, roles, and responsibilities of entry and intermediate navigators.<sup>2</sup>

Similarly, the advanced navigator that does not have a license has other skills from Domains and topics, such as grant writing (Domain VI, topic 6), recommending practices that can address social determinants of health, and work to combat racism and privilege (Domain II, topics 8 and 10).

### How to use information from the table to advance personal careers

To support their career advancement as patient navigators, the entry-level navigator can review intermediate behaviors and determine how to develop such skills. Along with their supervisor, they can identify training opportunities (e.g., ACS NNRT or AONN + conferences) that will help them advance. Thus, the entry-level navigation can inform the supervisor that this navigator is interested in improving skills and may identify other opportunities to contribute to their expertise.

## DISCUSSION

The patient navigator is an advocate for patients and needs to also be an advocate for their career development. By understanding the depth and breadth of navigation, administrators can better appreciate the value of navigators across the cancer continuum. The 2024 table can be a useful tool for administrators to identify which skills are relevant to the navigator's level of expertise and experience. The field of oncology patient navigation is expanding rapidly to fields beyond cancer. Flexibility should be built into the job description, enabling the candidate to evolve within navigation.

In conclusion, the table is a tool that can assist administrators by showing a linear progression of skills based on levels of expertise. This can lead to opportunities that foster the advancement of navigation oncology careers. As administrators coordinate training and evaluation opportunities based on levels of expertise, there is overall improved care coordination and evolution of task-shifting and task-sharing to overcome barriers and improve patient outcomes.

As navigators evolve in their role, they can train and mentor other navigators and members of the oncology care team. They become key in leading efforts to identify gaps in community resources and collaborate with other service providers and inform policymaker (Advanced, Domain IV, and TANAopic 4).<sup>11</sup>

## AUTHOR CONTRIBUTIONS

**Arti Varanasi:** Conceptualization, investigation, writing—original draft, writing—review and editing, project administration, supervision, and methodology. **Linda Burhansstipanov:** Conceptualization, investigation, writing—original draft, methodology, writing—review and editing, supervision, and project administration. **Sharon Gentry:** Writing—original draft and writing—review and editing. **Michelle**

**Chappell:** Writing–original draft and writing–review and editing. **Carrie Dorn:** Writing–original draft and writing–review and editing. **Julie McMahon:** Writing–original draft and writing–review and editing. **Kimberly Bradsher:** Writing–original draft and writing–review and editing. **Elba L. Saavedra Ferrer:** Writing–original draft and writing–review and editing. **LaSonia Barnett:** Writing–original draft and writing–review and editing. **Marjorie Leighliter:** Writing–original draft and writing–review and editing. **Donna Moore Wilson:** Writing–original draft and writing–review and editing. **Tracie Lewis:** Writing–original draft and writing–review and editing.

### CONFLICT OF INTEREST STATEMENT

Linda Burhansstipanov reports fees for professional activities from the Native American Cancer Research Corporation. Arti Varanasi reports fees for professional activities from the American Cancer Society. The other authors report no conflicts of interest.

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