



# Development of a Professional Certification in Cancer Patient Education

Janet Papadakos<sup>1,2,3</sup> · Anna D'souza<sup>1</sup> · Adeline Masse<sup>1</sup> · Susan Boyko<sup>3,4</sup> · Susan Clarke<sup>3,5</sup> · Meredith Giuliani<sup>1,6,7</sup> · Keira MacKinnon<sup>8</sup> · Sarah McBain<sup>2,3</sup> · Meg McCallum<sup>3,5</sup> · Jan MacVinnie<sup>3,9</sup> · Tina Papadakos<sup>1,2</sup>

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## Abstract

Patient educators come into the field from diverse professional backgrounds and often lack training in how to teach and develop patient education resources since no formal patient education professional certification program exists. A professional certification program for patient educators would further define the professional scope of practice and reduce variability in performance. The purpose of this study was to (1) determine the level of interest among Canadian cancer patient educators in a patient education professional certification program and (2) determine the competencies to be included in the professional certification program. A 12-item survey was designed by executive members of the Canadian Chapter of the Cancer Patient Education Network. The survey included a list of competencies associated with patient education, and a 4-point Likert scale ranging from “slightly important” to “very important” was used to determine the rank of each competency. The survey was sent to 53 patient educators across Canada. Ninety-two percent of the patient educators are interested in a professional certification program. Patient educators indicated that competencies related to developing patient resources, collaboration, plain language expertise, and health literacy were of most importance. Patient educators support the development of a patient education professional certification program and endorsed the competencies proposed. This information provides the foundation for the creation of a professional certification program for cancer patient educators.

**Keywords** Cancer patient education · Certification · Training · Health literacy

## Introduction

Almost half of Canadians will develop cancer in their lifetime, and approximately one in four Canadians will die of cancer [1]. The growth of the aging population suggests that cancer will continue to be a significant burden on the economy and Canadian health system. “Knowledge is power” within the

healthcare setting [2]; having access to comprehensive and current cancer health-related information can empower cancer patients and their families to become active participants in their care. Often, patients and family members seek out health information as a method of coping and regaining control after a diagnosis of cancer [3]. Across the continuum of cancer care, patients have a variety of information needs relating to their

✉ Janet Papadakos  
Janet.Papadakos@uhnresearch.ca

<sup>1</sup> Cancer Health Literacy Research Centre, Cancer Education Program, Princess Margaret Cancer Centre, 200 Elizabeth St, Munk Building, B-PMB-130, Toronto, ON M5G 2C4, Canada

<sup>2</sup> Patient Education, Cancer Care Ontario, 620 University Ave, Toronto, ON M5G 2L7, Canada

<sup>3</sup> Cancer Patient Education Network, Canadian Chapter Executive, 154 Hansen Rd #201, Charlottesville, VA 22911, USA

<sup>4</sup> Northern Oncology School of Medicine, 41 Ramsey Lake Rd, Sudbury, ON P3E 5J1, Canada

<sup>5</sup> Education and Patient Navigation, Cancer Care Nova Scotia, 1276 South Park St, Halifax, NS B3H 2Y9, Canada

<sup>6</sup> Radiation Medicine Program, Princess Margaret Cancer Centre, 610 University Ave, Toronto, ON M5G 2M9, Canada

<sup>7</sup> Department of Radiation Oncology, University of Toronto, 1 King's College Circle, Medical Sciences Building, Room 2109, Toronto, ON M5S 1A8, Canada

<sup>8</sup> Cancer Patient Education, Cross Cancer Institute, 11560 University Ave, Edmonton, AB T6G 1Z2, Canada

<sup>9</sup> Cancer Information Service, Canadian Cancer Society, 55 St. Clair Ave West, Toronto, ON M4V 2Y7, Canada

disease progression and treatment [4]. Effective delivery of information to patients is essential, especially for a disease as complex and devastating as cancer [5].

The capacity of patients to apply advice from their healthcare providers requires health literacy (HL), defined as “the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions” [6]. Patients with adequate HL have improved quality of life [7] and are better equipped to collaborate with healthcare providers and take an active role in their care [8]. There is also less of a demand for costly health services including treatment for advanced disease and emergency department use from patients with adequate HL [9, 10]. In contrast, inadequate HL is associated with decreased patient engagement [11], resulting in poorer health outcomes [12], and higher frequency of emergency room visits [13]. Inadequate HL is common in Canada, with 60% of adults reporting poor HL [14]. Inadequate HL is especially pervasive among senior adults over the age of 65, with 88% of Canadian seniors having inadequate HL levels [14]. Given that cancer is most common among senior adults, this suggests that a large proportion of cancer patients in Canada may have limited ability to understand and act on the health information required to manage their health. This is a particular challenge in the cancer treatment context where a significant proportion of care is delivered in the outpatient setting, relying on patients to participate more fully in their care than those treated as inpatients [15].

To overcome limited HL and provide optimal cancer care, cancer centers need healthcare providers who have expertise in health education and can navigate poor HL and other barriers that may hinder patients’ ability to obtain, process, and apply health information. Cancer patient educators have a diverse set of responsibilities with the ultimate goals of increasing patient knowledge, increasing treatment compliance, improving self-management, and increasing patient participation in treatment decision-making. These responsibilities include (but are not limited to): developing a set of planned activities designed to improve patients’ health behaviors and health status, creating a library of resources for patients to obtain more information on their disease prognosis and treatments, or developing print and digital patient education materials using best practices. There is often limited opportunity for cancer patient educators to engage in training to enhance education and communication skills, despite the widespread recognition that reform is needed in health professional communication and considerable evidence that communication has a profound impact on patient ability to engage which impacts health outcomes [16, 17]. Studies show that tailoring health materials by utilizing universal precautions to simplify communication and support patients’ efforts to improve their health results in improved patient comprehension and participation [18]. These tasks align with the role of the cancer patient educator,

according to the CPEN “Standards of Practice,” which is to “serve as a resource and advocate for patient education” [19]. However, it remains unclear whether cancer patient educators are equipped with the requisite skills to perform these functions as no formal professional certification program for cancer patient educators exists in Canada. Cancer patient educators do however have the ability to connect with one another to share resources through the Cancer Patient Education Network (CPEN).

CPEN is comprised of professional patient educators who are committed to delivering effective education to patients and their families [20]. CPEN plays a pivotal role in providing opportunities for networking, mentorship, and support for cancer patient educators. Among the goals of CPEN include the provision of opportunities for professional development of cancer patient educators and the provision of relevant resources and best practice standards. A professional certification program in patient education may be a useful platform by which to achieve these goals.

Executive members from the Canadian chapter of CPEN developed a survey to assess Canadian patient educator interest in a proposed cancer patient educator certification program. The competencies included in the survey were inspired by a literature review by Coleman and colleagues that aimed to identify a comprehensive list of potential health literacy competencies and practices relevant to the training of all healthcare professionals [21]. The purpose of this study was to (1) determine the level of interest among Canadian cancer patient educators in a formal patient education certification program and (2) determine the competencies to be included in the certification program. We describe the outcomes of this survey and discuss the potential impact that a Canadian credential in patient education might have on improving the quality of cancer patient care.

## Methods

### Survey Development

The survey was conducted in collaboration with the Cancer Health Literacy Research Centre at the Princess Margaret Cancer Centre and was approved by the research ethics board at the University Health Network. A three-step modified Delphi was used to establish competencies to be included in the survey. Subject matter experts from the Cancer Education Program at the Princess Margaret Cancer Centre developed a list of core competencies to be included in the survey. Executive members of the Canadian Chapter of CPEN were then invited to review and refine the list of competencies. Consensus was reached among the subject matter experts for 12 competency items. The survey included two major sections:

1. *Patient Educator Competencies*. There were 12 items used to assess the most important skills required by patient educators (see Fig. 2 for list of competencies). Importance was determined using a 4-point Likert scale ranging from “slightly important” to “very important.”
2. *Best practices in the Development of Patient Education Resources*. There were 12 items used to assess the habits of health educators. The results from this section of the survey will be described in a future publication.

An additional question was used to determine interest in obtaining professional certification in patient education. Space was provided in the survey for participants to describe additional skills they felt were important for cancer patient educators.

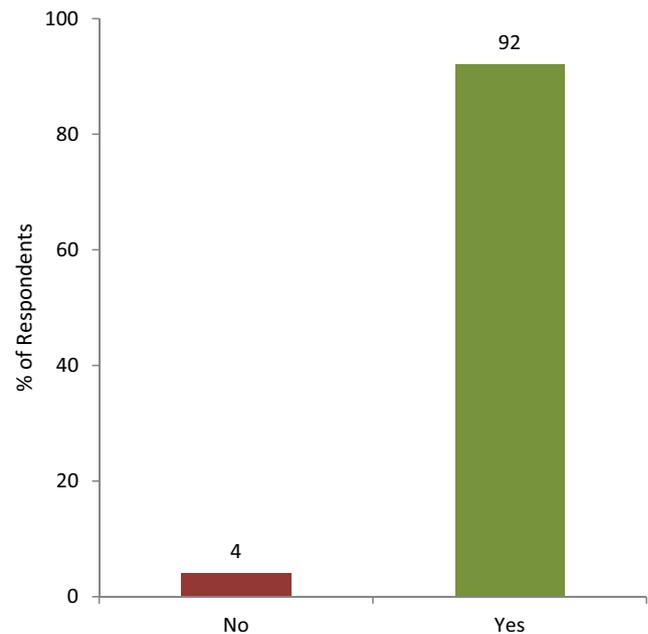
### Sampling Methods

A purposive sampling method was used to recruit survey respondents. All Canadian CPEN members were recruited via email to participate in the survey. CPEN listserv members who were emailed were also asked to share the survey with other patient educators to achieve snowball sampling among Canadian patient educators. Participant criteria included having (1) experience in providing cancer care and (2) experience in patient education. A total of 53 surveys were distributed across Canada, 20 in English and 33 in French. Respondents included cancer patient educators from Ontario, Nova Scotia, Prince Edward Island, Alberta, and Quebec.

### Results

Twenty-four of the 53 surveys that were emailed out were returned, for a 45% response rate. Respondents included cancer patient educators from Ontario, Nova Scotia, Prince Edward Island, Alberta, and Quebec. Ninety-two percent of respondents indicated an interest in a Patient Education Professional Certification Program in Canada (Fig. 1). The ranking of importance of competencies for patient education are listed in Fig. 2. A 4-point Likert scale ranging from *very important* to *slightly important* was used to determine the relative importance of each competency. The “ability to develop patient education resources that are accessible” was determined to be the competency of most importance to patient educators, with approximately 95% of survey respondents providing a rank of *very important* for this competency. “Being an excellent collaborator” was the second-highest ranked competency, with 86% of patient educators surveyed determining this was a *very important* skill.

Competencies associated with resource development and expertise in plain language and health literacy were ranked similarly (“facilitating resource development with HCPs,”



**Fig. 1** Interest in a Patient Education Certification program in Canada ( $n = 24$ )

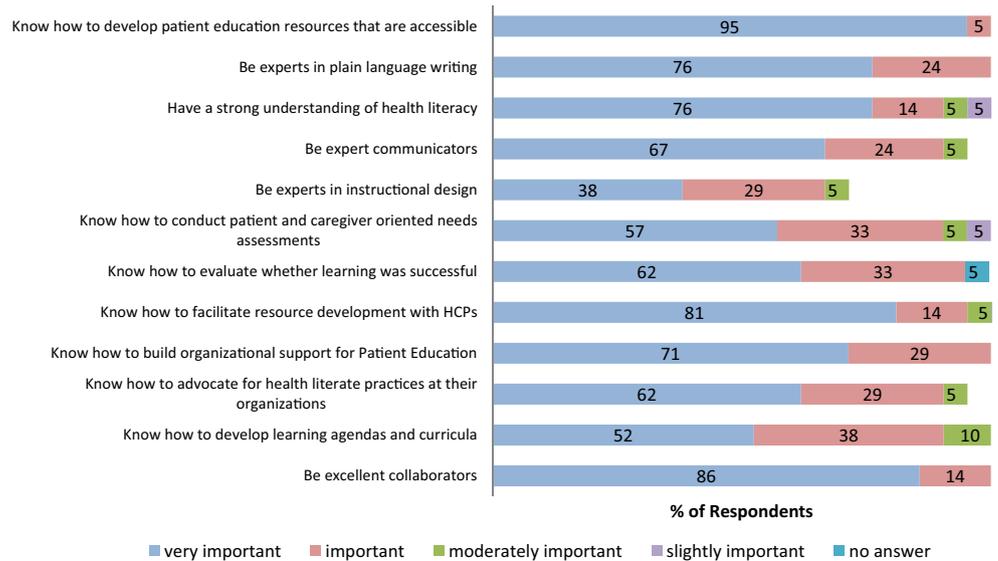
81%; “plain language expertise,” 76%; “having strong understanding of health literacy,” 76%). Patient educators ranked “knowing how to build organization support for Patient Education” and “being an expert communicator” lower than the competencies described above, with only 71 and 67% of respondents indicating these competencies were *very important*. Competencies relating to “developing learning agendas and curricula,” “knowing how to conduct patient and caregiver oriented needs assessments,” and “knowing how to advocate for health literate practices” were not perceived to be as essential to patient educators, with only 52, 57, and 62% of respondents, respectively, regarding these competencies to be *very important* to patient education. Instructional design was the lowest-ranked competency, as only 38% of respondents felt it was a *very important* competency for patient education.

Survey respondents were given the opportunity to name additional skills that should be included as part of a patient educator certification curriculum. Some of the additional comments included in the survey include: “*Moderate knowledge of available technologies and how to use those technologies,*” “*project management and stakeholder management,*” and “*ability to develop [competencies listed in survey] outside of the clinical setting*”.

### Discussion

In response to the growing recognition of the importance of patient educators and the trend towards collaborative care between patients and HCPs, a survey was developed to initiate a

**Fig. 2** Patient educator competencies ( $n = 21\text{--}24$  per item)



discussion on the development of a professional certification program for cancer patient educators. The purpose of this survey was to (1) determine the level of interest among Canadian patient educators in a patient education professional certification program and (2) determine the competencies to be included in the certification program. Results from this preliminary study reveal two important findings. First, a majority (92%) of Canadian cancer patient educators surveyed are in favor of a patient education professional certification program. Second, patient educators strongly supported the inclusion of a majority of the 12 competencies proposed as necessary skills required of cancer patient educators.

### Competencies of Greatest Importance to Canadian Patient Educators

Of the competencies described herein, development of accessible patient resources was regarded as the most important competency among survey respondents. Given that this is a primary responsibility of cancer patient educators, it is no surprise that this was the top-rated competency of survey respondents. “Being an excellent collaborator” along with “knowing how to facilitate resource development with healthcare providers (HCPs)” were also among the top competencies regarded by cancer patient educators. Previous studies have shown that inter-professional collaboration in healthcare is associated with reduced adverse drug reactions [22], and decreased morbidity and mortality rates [23]. An increase in training opportunities to facilitate collaboration and provide health information that is consistent among HCPs may increase the likelihood of patient understanding and adherence to the information.

In contrast to the competencies listed above, competencies founded in adult learning, including “instructional design” and “developing learning agendas and curricula,” were of least importance to the cancer patient educators that were surveyed. It is unclear why these skills were not perceived to be as important given that the “ability to develop patient education resources that are accessible” was ranked most important and that these competencies support that ability. This may reflect the limited knowledge about educational theory and design of many cancer patient educators as they often have training in diverse healthcare professional backgrounds rather than formal training in education or health communication. However, many of the evaluation tools used to assess patient education materials are based on principles of adult learning. Thus, a sound methodology and theoretical understanding of adult learning and other education principles is beneficial in helping cancer patient educators understand the rationale of certain education strategies and can also improve effectiveness of patient education materials.

### Need for a Formal Certification Program

The results of our survey are encouraging and suggest that creation of a professional certification program that reinforces the competencies described herein would provide added benefit to cancer educators. To ensure that educational resources available in cancer centers meet the needs of people from a variety of backgrounds, abilities, and learning styles, educators must be able to recognize and adapt their materials to consider health literacy levels, motivations to learn, and accessibility. While conferences, workshops, and online resources may provide some guidelines that can be

used to enhance competency development, there is inconsistency in information provided and training techniques, leading to variability in the quality and accuracy of patient education materials [24, 25].

A professional certification program provides an ideal opportunity for standardized training to ensure cancer patient educators are equipped with the skills necessary to tailor patient education materials to match patients' needs. Certification is a voluntary process meant to create a standard of practice and provide recognition of expertise in an area of specialization. In the USA, the Certified Health Educator Specialist (CHES) certification created by The National Commission for Health Education Credentialing (NCHEC) provides an opportunity for health educators to be recognized for their competencies related to patient education [26]. Individuals seeking CHES designation are required to demonstrate the ability to develop strategies to improve health education and conduct evaluation of health education programs [27]. As a result of certification, a national standard of practice for health education specialists has been developed, along with the ability to verify health educators' quality and skills [26].

As the incidence of cancer continues to grow, there is an increasing demand for opportunities that will empower patients to develop an active role in their cancer management. Cancer patient education experts are needed in order to facilitate an increase in patient self-management. Through the development of a certification program, a benchmark of competencies can be established, resulting in increased quality and growth in the field. In addition, cancer patient educators can increase their confidence in developing patient education resources and benefit from the formal recognition of skills and expertise.

### Competencies to Address the Unique Needs of Cancer Patient Educators

Though existing certification programs for health educators such as CHES exist, the competencies described here reflect unique challenges faced by cancer patient educators. CHES provides a framework for effective planning, implementation, and promotion of health education, but health literacy and plain language skills are not addressed and CHES certification is only available in the USA. In the patient educator certification program that we propose, we intend to address these competencies and include competencies essential to working within a diverse healthcare team, as is common in cancer care. This includes the ability to collaborate and facilitate resource development with HCPs. Results from our survey indicate that a majority of cancer patient educators (> 70%) endorse the inclusion of these skills. Furthermore, there is mounting

evidence that patient health literacy is closely tied to health outcomes [28], thus it is necessary to incorporate an understanding of HL is necessary for the success of patient education interventions.

### Implementation of a Patient Education Certification Program

In collaboration with the Canadian Chapter of CPEN, the Cancer Health Literacy Centre within the Cancer Education Program at Princess Margaret Cancer Centre is well positioned to develop a certification program in patient education. Recently, the Cancer Health Literacy Centre was involved in the development and implementation of a Certificate in Plain Language for Patient/Public Health Communication, in association with The Michener Institute of Education at UHN (see [http://michener.ca/ce\\_course/certificate-plain-language-patient-public-communication/](http://michener.ca/ce_course/certificate-plain-language-patient-public-communication/) for more information). This course provides healthcare professionals and educators with a foundation for clear communication and utilizes online modules and assignments to build these competencies. A similar approach can be used to develop a curriculum for a patient education professional certification program.

### Conclusion

The prevalence of cancer continues to grow, resulting in a greater burden on the healthcare system. To ensure that the majority of cancer outpatients are well equipped to manage their disease, there is a need for standardized training of cancer patient educators. In the absence of government regulation, professional certification would define the minimum competencies required of cancer patient educators. This will provide patients, their families, and healthcare institutions with clear expectations of the role of cancer patient educators within the complex healthcare system. Furthermore, through creation a certification in patient education, cancer patient educators can demonstrate their commitment to high standards of practice, and can contribute to an elevation in the quality of patient education and growth in the field. Those who meet the skills and qualifications for certification can then go on to mentor and train new cancer patient educators in order to meet the demands of a growing patient population. The cancer patient educator competencies described herein are widely favored by a majority of cancer patient educators surveyed and thus provide an appropriate starting point towards the development of a professional certification program.

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## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflict of interest.

**Ethical Approval** Research involving human participants and/or animals: all procedures performed in studies involving human participants were in accordance with the ethical standards of the Princess Margaret Cancer Center institutional research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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