A SCOPING REVIEW OF OPTIMAL EVALUATION METHODS AND METRICS FOR SPECIALIST CANCER NURSES

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BACKGROUND

- Specialist cancer nurses perform a diverse range of interventions and roles, this complexity can lead to challenges in evaluation.
- Evaluation of specialist cancer nurses is crucial for ensuring patient safety, continuous improvement, and demonstrating value.

AIM

In this scoping review we aimed to provide an overview on current evaluation methods and metrics, key considerations and barries to evaluating specialist cancer nurses

METHODS

Data Sources	Inclusion	Process	Analysis
• CINAHL, Cochrane DSR, Medline, PsycINFO and Google Scholar	• Peer reviewed and non-peer reviewed literature describing evaluation methods and metrics related to specialist cancer nurses	• Reviews screened, assessed and extracted by two independent reviewers	• Results were narratively synthesised against the Strong Model of Advanced Practice Nursing (Figure 1).

RESULTS

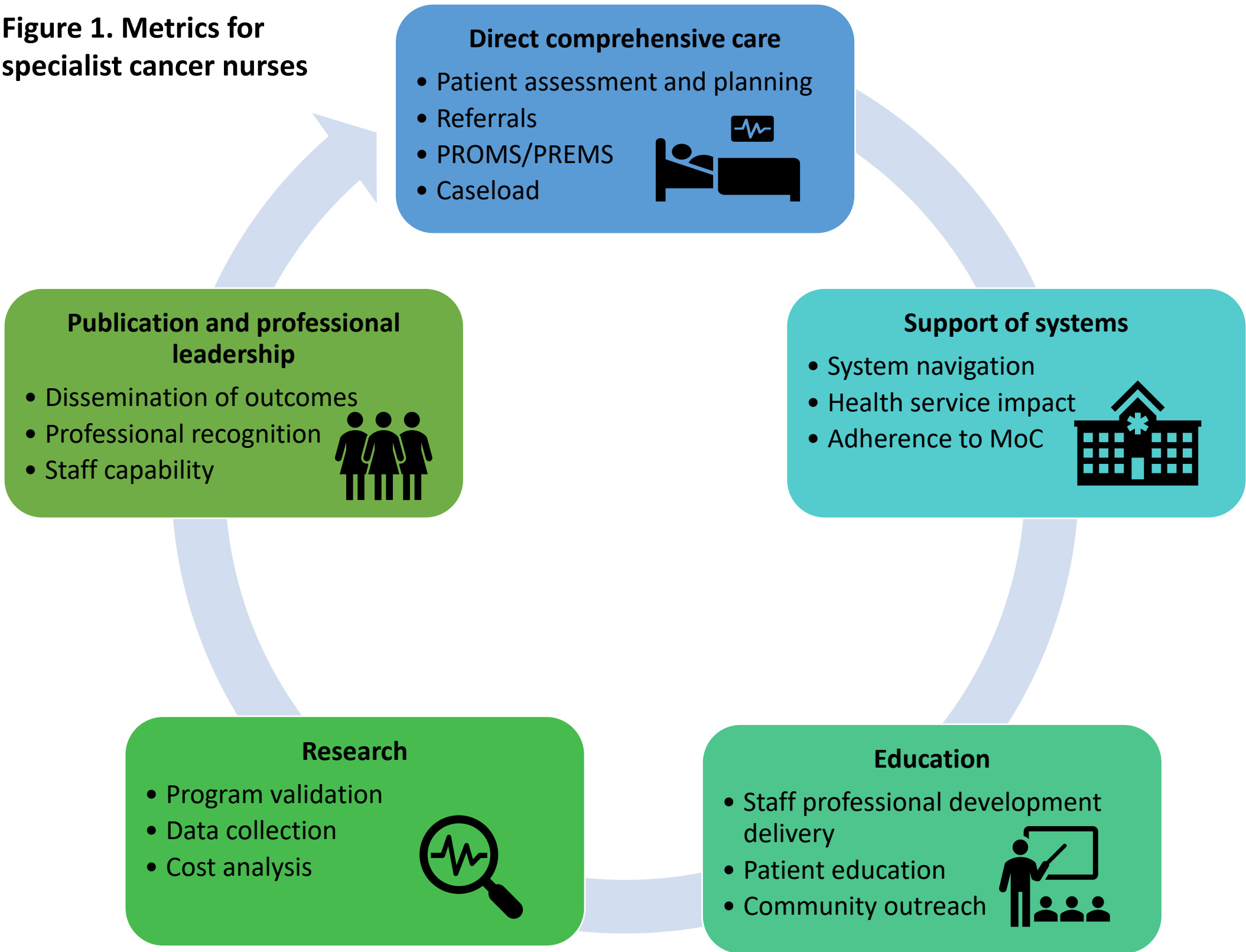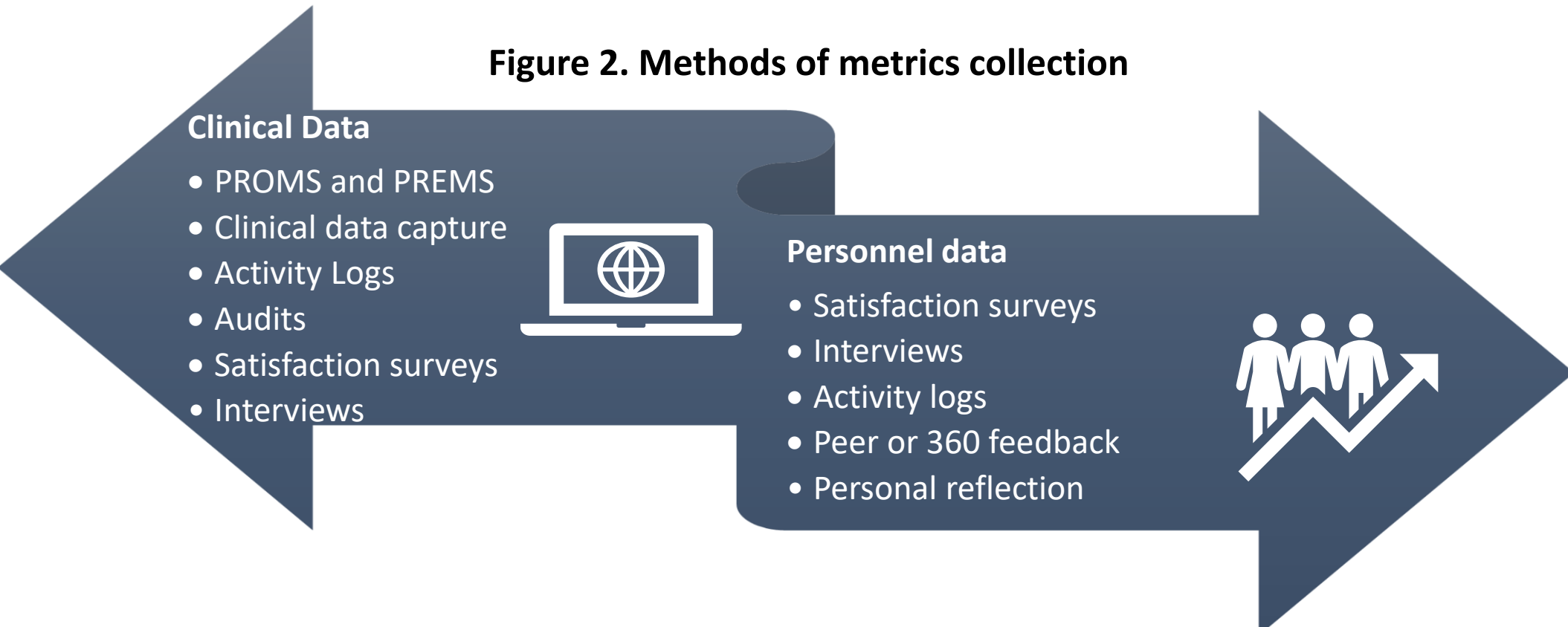|	
Search	Of 2882 sources screened, 23 sources were eligible and included
Included sources	Peer-reviewed publications n=14 (61%), non-peer-reviewed sources n=9 (39%).
Nursing roles	Navigators n=9 (39%), care-coordinators n=5 (22%), clinical nurse specialists n=5 (22%), survivorship nurse n=2 (9%), specialised cancer nurse and advanced practice oncology/palliative care nurse n=1 (4%) each.
Patient population	Any cancer n=18 (78%), breast n=2 (9%) hepatocellular, haematology, solid tumours n=1 (4%) each.
Location	USA n=12 (52%), UK n=4 (17%), Europe n=2 (9%), Canada n=2 (9%), Australia and New Zealand n=2 (9%) and Thailand n=1 (4%).

Figure 1. Metrics for specialist cancer nurses

Direct comprehensive care
- Patient assessment and planning
- Referrals
- PROMS/PREMS
- Caseload

Support of systems
- System navigation
- Health service impact
- Adherence to MoC

Education
- Staff professional development delivery
- Patient education
- Community outreach

Research
- Program validation
- Data collection
- Cost analysis

Publication and professional leadership
- Dissemination of outcomes
- Professional recognition
- Staff capability

Figure 2. Methods of metrics collection

Clinical Data
- PROMS and PREMS
- Clinical data capture
- Activity Logs
- Audits
- Satisfaction surveys
- Interviews

Personnel data
- Satisfaction surveys
- Interviews
- Activity logs
- Peer or 360 feedback
- Personal reflection

Key considerations:

- Programs collecting metrics should consider (Figure 2.):
  - ease of collection,
  - who will collect,
  - how often,
  - how many metrics are appropriate.
- Metrics are the first step towards recognising what cancer patients need and how [services] can be adapted to fit those needs.
- Metrics must be contextualised to reflect tasks the specialist cancer nurse may realistically be able to have impact on.
- The patient voice should be incorporated as part of evaluation.
- Regular feedback loops are vital.
- A toolkit should accompany evaluation methods .
- Timeliness of quality indicator measurement is important.

Key barriers:

- Assessing the impact of specialist cancer nursing roles is challenging due to:
  - lack of standardisation of roles and responsibilities,
  - differences in the organisational structure of the centres,
  - lack of standardised models and measurement tools,
  - unclear metric definitions.

TAKE HOME MESSAGES

- **Evaluation** of specialist cancer nursing roles is crucial to **demonstrate their value**.
- **Evaluation methods** must be **multifaceted and value-driven**, reflecting the complexity of roles.
- There is an opportunity for **cancer nursing organisations internationally** to collaboratively develop a **comprehensive list of metrics** that can be contextualised to location and roles.

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