

## **Supporting Statement B For:**

Assessment of Oncology Nursing Education and Training in Low and  
Middle Income Countries (LMICs) (NCI)

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## **LIST OF ATTACHMENTS**

Attachment 1: Survey

Attachment 2: Privacy Act Memo

Attachment 3: Office of Human Subjects Research Protection Exemption (OHSRP)

Attachment 4: Invitation

Attachment 5: List of Consultants

## **B. STATISTICAL METHODS**

### **B.1 Respondent Universe and Sampling Methods**

A total of 204 participants (68/year) will be invited to complete the assessment of Oncology Nursing Education and Training in Low and Middle Income Countries (LMICs) survey. These potential participants have been identified through their positions as Directors of Nursing at NCI Designated Cancer Centers.

The purpose of this assessment is to understand the extent of oncology nursing education and training in LMICs. No statistical sampling methodology will be used. This is because the Center for Global Health (CGH) wants to build an internal comprehensive database of all of these activities which will be used to inform this strategic planning process, provide evidence to inform decisions on potential investments in grants for oncology nursing education in LMICs, and create an online, interactive map which will allow external organizations, such as cancer centers, to explore what projects are being done in which countries, which will facilitate collaborations and minimize duplication.

Out of the 204 participants invited to participate in these assessments, we anticipate that 163 to agree to participate. The overall response rate is expected to be approximately 80% (163/204). This response rate is not based on any previous testing or guidance and is solely an estimate.

The Center for Global Health will send out invitation emails (**Attachment 4**) with a link to the survey in the body of the email (**Attachment 1**). Invitees who choose to participate will click the link and complete the assessment and submit it electronically. By allowing open participation and self-selection, we expect to receive data from those participants who have projects and are willing to share the information. This self-selection process is being used instead of a statistical sampling method. Program leads agree that this process is best aligned with the study objectives.

## **B.2 Procedures for the Collection of Information**

All potential participants will receive an invitation by email (**Attachment 4**) from the CGH informing them about the survey and inviting participation. The invitation will also include a link to the assessment (**Attachment 1**) that allows for easy completion and electronic submission. All documents that the respondent receives will be written in plain and clear language. Participants who choose to respond will click the provided link and complete the brief assessment (**Attachment 1**). All the participants that will be invited to complete the assessment are fluent in English, thus it will only be distributed in English. If the participants do not complete the assessment within two weeks of receipt, CGH will resend the same invitation and the assessment.

### **B.2.1. Quality Control**

CGH will review all returned assessments. Respondents who submit the assessment will not be re-contacted for lack of completeness since the assessment is optional and participants may choose not to complete all questions. CGH will monitor response rates and completeness of acquired data.

## **B.3 Methods to Maximize Response Rates and Deal with Nonresponse**

The Assessment of Oncology Nursing Education and Training in LMICs expects to achieve a response rate of 80%, determined by the actual number of respondents divided by the total number expected (163/204).

The initial email inviting the participants to respond will be sent by the CGH program leads. The program leads will follow up non-response to the initial contact (defined as within 14 days of the initial email) by emailing the participants again with the same letter of invitation (**Attachment 4**).

Having the invitations come directly from CGH should maximize response, since CGH often works with NCI Designated Cancer Centers and has built relationships with them.

#### **B.4 Test of Procedures or Methods to be Undertaken**

Five nurses from Dana Farber/Harvard Cancer Center, International Network for Cancer Treatment and Research, Boston Children's Hospital and St. Jude Children's Research Hospital pre-tested the instrument. These five participants were asked to complete the assessment in April, 2014. The main goal of this pre-test was to validate the appropriateness of the survey questions. We wanted to ensure that the respondents were able to provide the data without considerable burden and that the sample questions were understandable. The intent and purpose of the survey was also discussed with the pre-tested respondents. Participant suggestions to improve clarity were incorporated into the survey design.

#### **B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

Members of the CGH staff including Dr. Sudha Sivaram and Dr. Makeda Williams, as well as Jessie Schiller and other staff members of the Global Oncology Initiative were critical in developing the research plan, the conceptual framework, survey questions, and sampling strategies underlying assessment of the survey. Many of the same individuals will be involved with analysis once the data are collected (**Attachment 5**). Additionally, NCI's Office of Science Planning and Assessment were consulted in the process of designing these assessments.