

## Building the Screen of Cancer Survivorship–Occupational Therapy Services (SOCS-OTS): A Delphi Study

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The American Society of Clinical Oncology (ASCO) Survivorship Care Plan (SCP) and other SCP for screening survivors during and after cancer treatment do not include various kinds of life activities (occupations) that are inhibited in cancer survivorship (ASCO, 2019). Although survivors face occupational performance deficits from cancer treatment, providers are not referring them to occupational therapy (OT). Researchers recommend an occupational participation approach to cancer care to address gaps in occupational performance service provision, and this approach also should include regular screening for OT services (Yim Loh & Jonsson, 2016). Therefore, the purpose of this study was to formally validate The Screening of Cancer Survivorship–Occupational Therapy Services (SOCS-OTS) which researchers developed for oncology team members to identify those that need occupational therapy services due to occupational performance limitations in survivorship care. Researchers used a classical Delphi methodology to develop and validate the SOCS-OTS. Researchers often use Delphi methodology in health and social science research when developing a screening tool due to the ability to converge opinions from a wide variety of experts and reach consensus (Sekayi & Kennedy, 2017). In Round 1 of the Delphi, researchers used a deductive and inductive approach to item writing. Researchers used a deductive approach by thematically analyzing oncology literature and using the OTPF to guide item writing specific to occupational performance limitations in survivorship. Researchers then used an inductive approach to verify items were issues relevant to panelists surviving cancer. In Rounds 2–4, researchers assessed 14 expert opinions on an online survey platform to indicate which items from Round 1 met consensus for inclusion on the SOCS-OTS. Expert panelists included occupational therapists (OT), occupational therapy assistants (OTA), and OT researchers that contributed to the study of OT in oncology. Inclusion of OT practitioners required expert panelists to have at least 5 years of clinical experience with a 30% caseload of adult cancer survivors. OT researchers required a published oncology-related article in the field of occupational therapy. Researchers used purposive and snowball sampling recruitment methods through professional networks, posting on professional online forums, and social media platforms. Researchers used thematic analysis and open, axial, and selective coding to interpret experts' comments and feedback to guide appropriate modifications to the survey before subsequent rounds. Many researchers have used 80% consensus which was chosen for this study (Keeney et al., 2006). Items that did not reach 80% consensus were removed. At the conclusion of the validation study, 20 items met consensus for the final rendition of the SOCS-OTS. Researchers modified several items throughout the process and removed three items from the tool. Researchers modified the tool for instructions for use, rewording for clarity, readability, or appropriateness for the oncology population, eliminating bias, and changes for the item rating scale. The most highly rated items on the final SOCS-OTS addressed areas including bathing and dressing, feeding/eating, social participation, sexual activity and intimacy, and community mobility. Experts expressed general positive feedback about the SOCS-OTS and its usefulness in identifying OT services. Although the SOCS-OTS requires further investigation into its psychometric properties, it is a content valid screening tool that can be used by oncology teams in survivorship care to indicate the need for OT services and triage needed care to survivors.

### References

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