Refining the EARR Tool in Pediatric Oncology

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Aim/Purpose/Objective:

- **Primary aim:** ensure the Pediatric Oncology Education on Audiogram Results and Recommendations (EARR) Tool is feasible and acceptable to parents, audiologists, and oncology providers.
- **Secondary aim:** describe the health literacy and self-efficacy of parents who are accepting of the EARR Tool

Sample: Audiologists who work with children exposed to ototoxic therapy [n=5], oncology providers [n=5], and parents of children with cancer that have been exposed to platinum-containing chemotherapy [n=7]. Oncology providers included medical doctors [n=2] and advanced practice nurses [n=3]. There was a mix of parents with children "on" [n=3] and "off" [n=4] therapy.

Setting: This study was conducted at an academic medical center in the Midwest.

Methodology: Mixed Methods, Focus Groups, Descriptive Research
We conducted four focus groups (audiologists [1], oncology providers [2], and parents [3 and 4]). Individual interviews were conducted with the parents "on" therapy due to their preference. The parents completed the following one-time measures: Newest Vital Sign and PROMIS Item Bank v1.0 - General Self Efficacy - Short Form 4a to describe their health literacy and self-efficacy.

Results: Themes of acceptability and feasibility included functionality, layout, content, comfort with the tool, and implementation. There were suggestions to add content and provide clarity. Parents health literacy scores ranged from possibly limited literacy [n=2] to almost always adequate literacy [n=5]. Parents as a whole had average self-efficacy scores, except one parent scoring low self-efficacy.

Conclusions: The Pediatric Oncology EARR Tool is acceptable and feasible to audiologists, oncology providers, and parents of children with cancer. The EARR Tool was acceptable to parents with a range of health literacy and self-efficacy levels suggesting this the tool may meet the needs of a diverse population.

Implications: The implications of this study is a refined tool that can be piloted to increase the knowledge of ototoxicity through early, consistent communication and to meet the previously identified decisional needs of pediatric oncology patients and their parents.