practice review

CNS role in the UK has evolved over the last 30 years and debate still continues over its definition. However, the Nursing and Midwifery Council (2007) said there are four main themes: advanced clinical/professional practice; facilitating learning; leadership/management; and research practice. These appear to be common in the literature, which generally report the key dimensions and connectivity of the CNS role (Leary, 2007). The software was supported by NHS Innovations London and its development for commercial distribution started in March 2008.

WHAT IS PANDORA?
Pandora is a database designed to articulate the complexity of the CNS role and allow reports to be generated that demonstrate the qualitative and quantitative dimensions of its workload (Leary et al, 2008). The CNS role in the UK has evolved over the last 30 years and debate still continues over its definition. However, the Nursing and Midwifery Council (2007) said there are four main themes: advanced clinical/professional practice; facilitating learning; leadership/management; and research practice. These appear to be common in the literature, which generally report the key elements of the CNS role as clinical practice, education, management/consultation and research (Ball, 2005; Hamric and Spross, 1989). While these components are prescriptive, they are considered to be approximately representative of most roles.

The Pandora research also showed hidden elements connecting the impact of CNS work to patient and organisational outcomes (Leary et al, 2008) (Box 1). Pandora was initially piloted at the trust in 2007 among a group of volunteer CNSs and after a successful phase, it was agreed that its use should be part of all CNS roles.

INTRODUCING PANDORA AT THE TRUST
To facilitate the rollout of Pandora, an e-learning tool was developed (Fig 1). All CNSs at the trust had to complete this to access Pandora. E-learning was considered to be the most convenient and accessible method of training, allowing CNSs to complete it when it was most suitable for them. A unique training log in was emailed from the information, communications and technology team to each CNS and training took about 20 minutes to complete.

The training helped CNSs to navigate their way around the database using scenarios to show how an event could be coded under the key dimensions. On completion, each CNS emailed Pandora and received a unique password and username. The database could be accessed via the internet so activity could be input from any location within the trust at a convenient time.

No confidential information was to be placed on the database and CNSs were reminded of this at various stages during data collection. Following completion, a crib sheet with the dimensions and drop down options can be printed and carried so data can be collected during clinical time and loaded onto an Pandora account at a more convenient time. Each CNS was encouraged to collect on different days across the working week, ideally two days per month, so the data could accurately reflect their workload. On each day that data was collected CNSs needed to collect 20-30 events, ideally, to ensure the data was representative.

CNS WORK IN CANCER AND SURGERY
Data was collected from a group of 18 CNSs working in cancer and surgery at the trust over five months. They collected different weekdays to reflect their workload accurately. The report was collected over a short period, the aim being to generate a report to feed back to this group of CNSs. The data presented below describes this activity, which was validated and further explained by the CNSs themselves at a nursing meeting in December 2009. This allowed for validation and further explanation of the data through discussion and reflection with the group.

QUANTITATIVE WORKLOAD DATA
Unsurprisingly the majority of CNSs’ time was coded under clinical activity. Much of this was physical and psychological assessments, which took about one hour to complete (Fig 2).

Physical assessment encompassed: physical, general and specialist symptom control, performing specialist and routine procedures and making recommendations to other multidisciplinary teams. This was expected due to the multiprofessional nature of cancer and the importance of multidisciplinary working, guided by the Manual of Cancer Services Standards (DH,