

Recruiting to FRESH – Top Tips and Guidance

Points to remember:

- **Most people do not have any knowledge of TBI.** Generally, people do not know anyone personally with TBI, cannot name anyone in the media with a TBI and therefore their understanding of the potential consequences of TBI are limited

Julie says;

Check their understanding of TBI. Ask them if they know anyone with a brain injury and who had to stay in hospital because of it. This may help them recognise that they know little about TBI and its consequences. If they do know someone find out what they know, refer to it and explain there are a wide range of possible outcomes after TBI.

- **Many people are physically OK after TBI.** They may not even be aware they have had a brain injury, let alone thought about the possible consequences. This is even more of an issue if there physical problems because these will be uppermost in the person's mind as they are obvious and often painful. Most patients think they will be fine as soon as they are at home.

Julie says;

Telling people there will be problems may be too alarmist at this stage. However, you can say that we know that some people complain of problems with poor memory, headaches, feeling slower and with tiredness when they start doing more at home.

Sometimes people only notice these problems once they have recovered from their physical injuries. You can say, 'We can't be sure who will have problems at this stage but part of this study is trying to find out who does and whether specialist support helps in coping with them'. We want to recruit as many people as possible and offer extra help *only* if it is needed. If they don't need support, then the therapist may only see them once. It is only by following people up that we can we find out who needs the support and whether this makes any difference.

- **Some people after TBI do not realise they are having problems** or may appear to others to be 'not quite the same as they were'. This could be because they are still confused and recovering from their injury. Alternatively, they may have reduced insight. This means they are not able to accurately judge their own performance or recognise the problems they have.

Julie says;

Ask the ward staff if the person is still in PTA (posttraumatic amnesia). If so, they are not be fit to consent. Come back another day.

The only way you can judge if they have impaired insight at the first meeting is by talking to their relatives and asking if they have noticed if the person is 'not quite themselves' for example more repetitive, more talkative, more irritable, not fully aware

of having problems. Informing both the patient and the relatives of the study together may increase recruitment as the carers may be worried about the difference they have noticed in the person and hopefully persuade the patient to allow you to visit at home in a few weeks' time to check how they are doing.

Handling the response;

- **Some people will say, 'I am going back to work as soon as I get home so I don't need any help',**

Julie Says;

Say you are pleased that they feel well enough to return to work. However, not everyone is so fortunate which is why we want to follow up everyone and ensure they are OK and are truly able to return to work and stay there. Say, *'If you take part in this study, you may be offered the chance of specialist help - which is there just in case you need it'*.

- **A few people will say, 'It is too early to think about returning to work. I am not right yet'.**

Julie Says;

Agree that this is correct. Say, 'It does appear too early for you to go back to work. However, this study is about following up everyone who was working before their injury to find out how long it takes people to return and to find out if having extra support can help them get fit enough to return to work'.

- **Many will say, 'I don't have time' or 'I can't be bothered'.**

Julie Says;

Reiterate the need to recruit all people and say, 'If you feel you don't need any extra help you do not have to have any but it is there if you do. If you are in the group that does not receive the extra help, it only means filling in a questionnaire now and 3 times over the next year just so that we know how you are getting on after this type of injury. The questionnaire only takes about 15 minutes to complete'.

Top tips for recruitment

In the original Nottingham study Julie Phillips was the OT responsible for recruiting participants *and* delivering the intervention. She managed to recruit 70% of eligible patients! Here she shares her top tips for recruitment success.

Do

- Recruit when carers are present so that you get their input. They are usually more concerned than the patient is.

- Remember many people with TBI have poor literacy skills prior to their injury and the cognitive impact of the injury means you cannot be certain that they can read or understand written information. Leaving an information sheet with them is not enough. You need to explain the study to them. As understanding verbal information is nearly always affected after TBI, doing this with carers present is always better.
- Encourage potential participants to consent to a home visit if they want more time to think about it. Make a date with them there and then. Follow this up with a letter and a phone call a few days before the visit.
- Make a provisional date for a visit and say you will ring nearer the date to see what they want to do.
- Tell them this is an important nationally funded study that is costing £ ½ million. Emphasize the fact that the study may help others in the same situation in the future.

Unsure how to describe vocational rehabilitation?

- Ask the therapist involved in delivering it to speak to the patient or simply use the scripts and descriptions we've sent. You can download this information from
- <https://www.nottingham.ac.uk/go/fresh>

Don't

- Rely on the information sheet or a follow up letter! In the Nottingham Pilot, no one who was sent a letter of invitation post discharge was recruited. Face to face recruitment whilst in hospital is much more successful.