

ROCKETS: Recruitment - Troubleshooting Guide

Tips for helping to improve recruitment at your site



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Introduction

The ROckeTS Trials Office is always looking for ways it can support study implementation at a local level. This document was created following the recent ROckeTS Collaborator's day held 28th March 2018. During this day, those sites attending were invited to discuss what was currently helping and hindering recruitment locally. They were also asked to answer a short questionnaire addressing the same themes.

From this information, the Trials Office has identified the key themes /areas affecting recruitment to ROckeTS. This document acknowledges the hindrances faced by many sites, but also the potential solutions that may help to address them.

This is by no means a comprehensive document – the Trials Offices acknowledges there may be other approaches to recruitment not listed here which may have proven very effective locally, and provided these approaches adhere to protocol, GCP, etc, then the Trials Office welcomes them – indeed the Trials Office is always interested to know of other potential recruitment solutions that can be shared with other sites involved in the study – so if you feel this document could benefit further from any knowledge or experience you have, please do get in touch.

We hope this document proves useful to you, and thank-you for your continued efforts with ROckeTS.

Key themes affecting recruitment

The below table lists the common themes affecting ROcKeTS recruitment and the positive (green) and negative (red) impact associated with each.

Theme	Impact on recruitment
NHS capacity	<ul style="list-style-type: none"> • Research is secondary • If a normal USG has been conducted, service may not have the resources to conduct a subsequent IOTA scan • Poor quality referrals makes screening more difficult • Research valued - all staff research trained, trainees must take part in research
Staff availability & screening	<ul style="list-style-type: none"> • Loss of key staff members <i>Mat leave, sickness, staff turnover</i> • Research nurse availability/capacity <i>Even if able to screen all clinics, there can be too many to actually recruit from - sometimes these are across multiple sites</i> • Disengaged/overburdened research team/colleagues • Research nurse availability/capacity • Local R&D well-resourced and supportive • Research staff flexibility/cross over/ cover • Eligibility sheet attached to notes • Ability to screen relevant clinics & good communication between them and research team • Committed & engaged research team
IOTA USG logistics & patient pathway	<ul style="list-style-type: none"> • Not enough IOTA certified scanners • Inefficient allocation of IOTA scanners • Return visit may be required, which patients can be reluctant to agree to • IOTA scans can take longer to conduct • Clinics too late in the day for research staff to attend • Scanner rotation and lack of ROcKeTS patients can mean reduction in enough regular experience for scanners to feel confident conducting an IOTA scan • Minimal impact of patient pathway due to one-stop rapid access clinics, dedicated pelvic mass clinics, etc • Efficient allocation of IOTA scanners – designated ‘ROcKeTS slots’ during clinic, slots pre-booked ahead of patients presenting • Scanners identify patients and either discuss trial with them or flag to research team
Participants	<ul style="list-style-type: none"> • Can be upset and difficult to recruit • Do not have enough time in clinic to consider the study • Travel, parking and long delays in clinic – reluctant to wait longer than necessary or return for the purposes of research • Anxiety questionnaire can be useful when approaching upset patients • Concept of study easy to grasp
Change to target population	<ul style="list-style-type: none"> • Premenopausal scheduled for surgery can be difficult to track/catch in time. • Screen MDTs
Samples	<ul style="list-style-type: none"> • Path lab unable to accept samples after a certain time (often 3-5pm) • Lack of freezers, freezers located at other sites • Clinics earlier in the day

Setting up a one-stop-clinic

Whilst a one-stop-clinic is by no means the only way to ensure high recruitment rates, it is recognised by the Trials Office as correlating highly with greater recruitment. Not all sites have these available, and of those that don't, not all will be able to set one up, however if you are able to, it is likely to benefit recruitment. Below is a quick overview from the PI of one of ROcKeTS' top recruiting sites in how they went about setting up a one-stop-clinic.

Background

The one-stop-clinic was initially set up in response to concerns about unnecessary referrals to oncology clinics. It was therefore setup with the intention of 'intercepting' oncology clinic referrals. Once setup, it successfully resulted in triaging many benign cases away from these oncology clinics, helping to save time and prevent/reduce unnecessary patient upset. Those patients still seen at the oncology clinic came armed with more information.

One-stop-clinic setup

In their instance they found setup to be very easy, with the following steps involved:

- Seek involvement of relevant clinicians.
- Obtain management approval.
- Find suitable room.
- Obtain a clinic code.
- Write a short protocol on how clinic would work, triaging patients, etc.

Once the one-stop-clinic was setup they subsequently audited it:

- This demonstrated that no cancers were missed/incorrectly triaged
- The PI estimated 50% of patients due to be seen in oncology clinic were triaged away from it, this could have been 66% had they been stricter with some patients.

Ultimately the one-stop-clinic demonstrated:

- More efficient use of time and resource
- Reduction in unnecessary upset.

If you would like further information about setting up a one-stop-clinic then please contact the ROcKeTS Trials Office – contact details can be found at the front of this document.