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| Having a service/staff within a service who are interested in the study having mental health professionals who value service users making their own informed decision making about taking part in research |
| Demonstrations and doing these as often as possible so that as many clinicians have the chance to try it out Giving people the chance to try before they agree to consent Bring the kit along to appointments so people can see what it is really like Example images of what the patient will see on the promo materials Videos of the tech in action |
| An ability to get participant information to service users without it being filtered or reinterpreted by clinicians or other gatekeepers. Payments for participants. Clinical leadership and commitment to research and development in teams where recruitment is taking place. Clear and accessible participant information. |
| a small laminated inclusion criteria with contact info for staff diaries; having a broad inclusion criteria; being able to show staff the intervention and/or the theory or research evidence up to that point of the intervention. Going in to give training on specialist areas like PANSS assessments and Command Hallucinations; giving staff sweets, fruit, mugs, pens, travel mugs, certificates based on referral performance. |
| Clinical service support in advertising / supporting introductions to consumers Social media presence of the project can facilitate sharing among consumer networks Financial reimbursement (cash, not gift cards or bank deposit) A clear KT plan - potential participants know precisely what the research outcomes will be used for in a practical sense Flexibility - ability to meet participants in neutral settings (e.g., library, home) Long recruitment period |
| Being able to identify participants who are motivated and willing to explore something new. Having clinicians who understand and are on board with the technology, in order to share this enthusiasm with the service users. |
| - utilising social media advertising |
| technology is perceived as exciting and people like the idea of using it; most of what it does is engaging and easy for people to follow; it is easy to access; portable and allows for data capturing remotely saving people to travel to the clinic; as bad as it sounds to clinicians it doesn't involve talking to a person so for people that finds this difficult using technology is an advantage. |
| We found that showing a video of one of the early clients talking about how they found the intervention helpful and it had changed their life to be very helpful in mobilising professionals to refer their clients into the study. This also helped to clarify how technology was being used in the therapy. The fact that this was not a young person, might have helped dispel myths about what population groups use technology with ease. We regularly showed this video to mental health teams when trying to reach professionals to get referrals for the study. Offering a mobile phone (which contained the app) also worked as an incentive for clients to take part, even though they knew there was a 50/50 chance of being randomised to treatment and only those were offered the phone. Still, the followup rates were very high for both groups. |
| Better communication between researchers and physicians. |
| - PPI! We trained one of our service user consultants on the trial to help deliver presentations alongside RAs, to the teams and it helped with referrals! The teams loved hearing from someone who had used the app and their own experiences with it. - Study material. We had clinical leaflets, ppt leaflets, posters, website that really helped when going into teams. And go with biscuits, pens and study merchandise (if there is any)! - Be flexible - Do home visits if possible! That helped with our referrals when we opened up to the idea of seeing people in their homes! |
| Determined researchers Un-glitchy tech that can be used on multiple platforms HELPFUL CLINICAL STAFF!!! |
| Positive relationship with researchers Positive reputation of researchers Advertising Social media Practitioner enthusiasm Project champions within services Top down support from service managers Snowballing |
| Identifying a key member of the team who can be responsible for helping identify participants. Perhaps offering the opportunity to be involved in the research further as an incentive. Offering training for teams in important measures they use in the team. Flirting with male staff in the NHS (research delivery positions and other roles). It's totally shameless and this shouldn't happen, but I've noticed a direct relationship between the level I flirt with a specific male staff member and the number of referrals we get. |
| Its an opportunity when participants can borrow a smartphone and learn how to use it When your intervention is 'hot' or exists for a while is quite helpful A colleague who works as a clinician who can recruit participants and make colleagues enthusiastic |
| Clear description of what the intervention involves. Researcher can promote the study on a regular basis in the clinical teams. Ideally, giving the opportunity to service users to refer themselves to the study of of interest to them. Portable equipment. Clear information about the study . |
| 1. Clarity re intervention - what it is and what it’s not. 2. Explicit evidence of co- developing treatment with people with lived experience of psychosis. 3. opportunity to try VR. We have found an excitement about the intervention and tech not seen in other trials - as such we have found fewer barriers to recruitment. The co-production and quality of programming seem to be the key distinguishing features from previous work using VR. |
| engaged clinicians |
| 1. Flexibility from researchers - meeting and engaging referrers in a way that builds trust and interest in supporting the project 2. Giving end users direct choice about involvement (i.e. reducing risk of clinician gate-keeping) 3. Providing feedback on the recruitment and enrolment process and timelines (e.g. not making people wait for long periods without update information) |
| I assume that knowing that support is there with using the phone/App gave potential participants confidence in taking part. I think going straight to the participant and not via the NHS staff may have been helpful. One drawback of this approach might be that potential participants might be concerned about how they were referred/how we accessed their information. Providing the technology so that participation is more accessible. The same applies to providing data. Giving people as long as they need to consider taking part, as with any research. Helping staff to get the information out to people – information leaflet, offering to follow the person up ourselves. Taking the extra work away from staff as much as we can. |
| incentive, good reputation |