

**IECRN National Leadership Forum
May 31, 2006
IECRN Findings: Recruitment and Retention**

Presenter:

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MS. DIANIS: Now, I am going to move on to recruitment and retention, and there is the magic oval again, and I am going to follow the same format in terms of talking about definitions, general findings, some themes, and then talk about best practice.

So we did define recruitment and retention and it's right there for you to take a look at. It relates to strategies and procedures for planning, implementing, and monitoring and evaluating recruitment and retention of study participants.

So let's take a look at some of the findings.

This was gratifying. About two-thirds of the CRNs report recruitment relationships with community-based physicians. Again, we've heard a lot about it in the short time we've been together today, but that really critical; and, that most patients don't have providers who are in academic settings, but rather they are in community settings. And so how can we draw those providers, as well as participants, into the research process.

Now, once the patient is eligible and is enrolled, the

challenge is to keep that person in. Sometimes that doesn't always happen. So we need to think of creative ways to keep the patients involved or contact them.

So about two-thirds of the CRNs do contact inactive participants when retention is lower than expected. What this finding also implies is that people actually monitor recruitment and retention and that is a very good thing to do.

It is also fairly simple to do, but you need to do that, as well. And then some people use tracing method procedures, as well, to locate inactive participants.

So this graph shows, in descending order, the types of strategies that are used for recruitment. Believe it or not, most people seek subjects from their own institutions. They also provide recruitment materials, information about the protocols.

The least utilized strategies are those using central mailing lists or recruitment firms or a consultant.

The recruitment and retention theme, which probably is not a surprise, is staff commitment.

As this quote says, "The most successful sites have this phenomenal teamwork between the site coordinators and the site investigators." I don't think I can elaborate on that. I think everyone would agree.

Here is time, again. Time is something else that we have to be very aware of with recruitment and retention. It always takes, exponentially, about four or five times longer than you think it is going to recruit and retain patients as you are writing the protocol and getting it approved.

Also, all the research staff are not committed a 100 percent to your particular activity. Many have other clinic responsibilities. So it is helping them sort out their time.

Communication, this one pops up again. Again, here, this is the communication in the context of communication with the site staff and the participant, between the site staff and the patient population, between the site staff and community agencies, between the site staff and the providers.

Another theme is create a partnership for all stakeholders and this quote came from a network that works with families and, as this quote says, "When there is a research group that joins with families and shows that they are really interested in trying to make a contribution, there is a sense of shared mission."

Now, we might not say, "Come on, participant and family, join in this mission," but I think most of you know how to convey that to them, because we have to keep our staff motivated, we have to keep the participants motivated, we have

to keep the providers motivated.

These are some strategies from best practices. Again, partnership we have talked about; working with local partners; adapting recruitment strategies to the idiosyncrasies of your site. And it also helps if you can have a dedicated recruitment coordinator.

Here is a best practice example. This is from a network that is based globally and domestically. There are sites here in the U.S., there are sites in Asia, there are sites in Africa. So they learned early on that a potential issue was bias, a cultural bias to keep people out of studies.

So they decided to leverage local knowledge to help them with recruitment strategies.

What they did was asked some behavioral scientists to work with them to understand the local cultural issues about medicine, about research, and then they used this knowledge to development recruitment strategies that were effective.

And, again, this quote, I think, is really, really relevant. It says, "It is research with the community health centers as opposed to research on the community health centers." That made the difference in this situation.

So here are some conclusions in terms of recruitment and retention. Again, establishing links between PIs and

community-based physicians.

I didn't talk much about selecting study sites, but that certainly is critical. If you get a group of individuals who is excited and interested up front, your chance of success is much greater. And, again, foster relationships with participants and the site staff.