

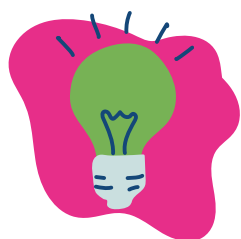


Recruitment Guidance: Feedback from staff at hospitals that are taking part in RAPSODI-UK



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'PARABLE' Animation

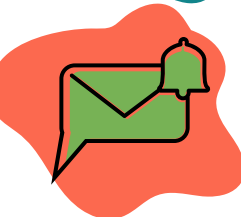
Advice on implementing the study



Consider how to implement the screening and recruitment **before being green lit**, so screening can start **straight away**.



Ensure **trainees / fellows / other clinicians** have a good understanding of the study so they can introduce it to patients.



Make use of **WhatsApp / group chat alerts** to flag up potential patients for the study.



Introduce the trial **early in the patient pathway**, by the **surgeon** if possible.



Do you have a **good routine for approaching patients**, so patients don't feel rushed and that the trial isn't 'sprung' on them at the last minute?

Remember to tell the patients the key points

1. **Either operation** will be **suitable** for them.
2. We are **genuinely not sure** which one is best.
3. Both are **commonly used in NHS practice**.
4. Both will **relieve pain** and **improve function**.
5. **Share local data with patients**, if available / appropriate, about how they will progress well with either operation



Tips to help surgeons with recruitment

There are **2 common concerns** to put to one side:

1. Study question and trial design:

- The need for **high-quality evidence** has been established in the design and has been robustly **peer-reviewed and commissioned by the NIHR**.

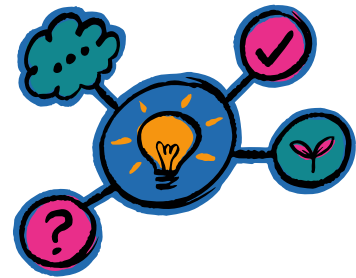


2. Personal experiences and concerns:

- Patients have the **right to know** about any ongoing study and what is involved, and then they will make that **considered decision**.
- Staff should **accept the uncertainty** and **allow eligible patients to decide** if they want to join the study.



For the study, you need to move from the position of certainty. **Accept the uncertainty** and say to patients that either treatment is suitable for them but that we do not know which treatment works better.



There may be individual views about which is the preferred treatment, but the **wider surgeon community has collective equipoise**. There is an **absence of strong evidence** in this area. Therefore the key step in recruitment is to be balanced between the two treatments. This will make it easier to approach patients and bring them into equipoise.

It is important to involve the research nurses after the initial conversation with the patient (and confirming their eligibility). The research nurses are trained to consent and can spend more time with patients in your busy clinic.



Maintaining a positive and balanced approach

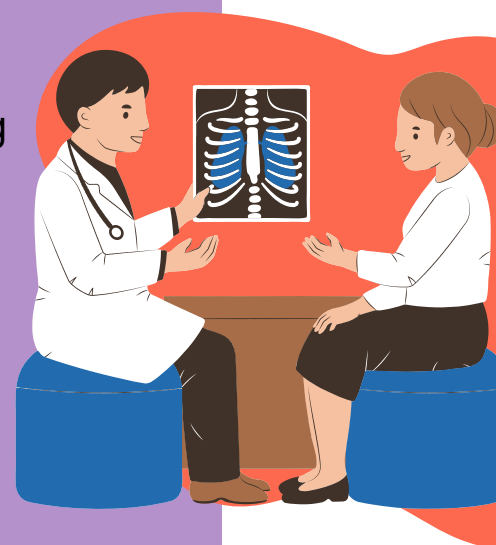
1. Sometimes the patient may ask you what would be the best treatment option?

A balanced response would explain that both treatments are routinely used in the NHS and both lead to good outcomes, however, we don't know if one is better than the other which is why the study is being done.

2. If a patient persists, then advise them that if they don't have strong preferences, it is best to take part in the study, because:

- it will help patients in the future benefit from getting the best treatment, and
- taking part in a study of national importance may improve patient experience of the treatment pathway.

3. If patients have a strong preference, bring them into the zone of equipoise. Explain the pros & cons of both options so they can make an informed decision.



Periodic Review

One process may not work for everybody at every site so **please take regular stock** as to what should be done to improve processes locally.

Please let us know on the below email address if you have **any feedback or suggestions** for other sites on how to improve recruitment.

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NIHR

National Institute for
Health and Care Research



University Hospitals of Leicester
NHS Trust



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