

## Supplementary Material 11: Recruitment workshop materials

### **Recruiting to the Fresh Study – Help with describing the Intervention**

#### **What you could say to potential participants...**

‘Following a brain injury people make a very quick initial recovery, which is great. However, it is not until you go home and try to do more things such as return to work that problems may become apparent. The brain controls everything we do including things we don’t think about, such as helping us concentrate, remember things and think quickly. These things can be affected while the brain is recovering and it is not until you start doing more that they become apparent. It is no different to breaking a leg. You may be able to walk around at home but you are likely to struggle if you want to walk further and your leg will become tired quicker. We know through research that it takes the brain a while to fully recover as it is such a complicated organ. We have already conducted one small study which showed that having access to specialist help increased the number of people who returned to work. We are now doing a larger study to see if we can get the same results here.

In this study, we want to offer you extra specialist intervention when you leave hospital to find out a) if you have any problems when you go home and b) to see if this extra specialist help makes a difference. The specialist intervention will help:-

- - With any problems you may have as a result of your injury
- - You decide when is the best time to return to work
- - Provide rehabilitation to help you get fit for work
- - Support your family and employers if you want it to. It is up to you’.

#### **More information about the intervention that may help you to describe it**

The vocational rehab Intervention that will be used in this study (Early specialist traumatic brain injury rehabilitation - ESTVR)) was developed over 20 years as part of the Nottingham Traumatic Brain Injury service and the clinical experience of a specialist TBI occupational therapist. It combines best practice recommendations for VR in acquired brain injury (Tyerman and Meehan, 2004), evidence from our pilot study of VR for people with TBI (Radford et al, 2013) and the consensus of an expert panel of TBI specialists, VR service providers and service users.

ESTVR is an early, health based, occupational therapy/ case management intervention targeted at helping people with TBI keep their job with an existing employer. People with TBI who are employed at the time of injury are picked up early (on the hospital ward shortly after injury) and seen by the occupational therapist. She will work one to one with the person to understand the nature of the brain injury and the job they did before the injury and provide support and advice to the person, their family and to the employer (if needed), to ensure a smooth transition back to work.

Whilst still in hospital, the effects of an injury may not be obvious and its often not until the person tries to return to their former activities and roles, that difficulties become apparent. The OT can help, advise and support the person /family/employer during this time and direct them to other services if needed. for example, legal advice, financial/benefits, occupational health and she can advise on changes to the job or role that may be needed (e.g. extra breaks or additional support with some aspects of the role), equipment and access issues. Even people with mild injuries may benefit from this type of support, which may be as little as one appointment (info and advice/education) or may continue for up to a year dependent on the individual needs of the person with TBI (most people see the therapist around 7-8 times spread over a few months).

The therapist will work with/alongside other rehab services the TBI person may be getting to ensure good communication and support.

Patients are seen initially in hospital, but most intervention takes place at home, at work or in the community as often as was required. The intervention combines conventional OT with a case coordination role and involves:-

- Assessing the impact of TBI on the participant, family and their roles e.g. as a worker or student.
- Educating participants, employers and families about the effects of TBI and its impacts on work/education and finding acceptable strategies to lessen the impact e.g. use of memory aids, pacing techniques to manage fatigue.
- Work preparation i.e. helping participants establish structured routines with gradually increased activity levels and opportunity to practice skills necessary for work or education e.g. use of computers to increase concentration, daily walks to increase physical stamina, shopping and leisure activities to increase confidence in social interaction
- Liaison with employers, tutors or employment advisors to advise about the effects of TBI and to plan and monitor a phased return to work/education.
- Community reintegration training i.e. training in use of transport, increasing confidence to shop or re-use leisure activities when required

- The ESTVR intervention does not replace the rehab or any other support (usual care) the person may already be receiving but is in addition to and works in partnership with it.

### **FRESH- 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 that if they are allocated to receive the extra help and then don't need it, they may only be visited once – it's based on an individual's need.

#### **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.