

Supplementary Material 17: Fidelity Monitoring Checklist, Therapist Summaries

Fidelity Monitoring Checklist Summary, Therapist A

Intervention component	Visit 1 (30.10.14)	Visit 2 (19.3.15)	Visit 3 (10.7.15)	Total	Extent to which these were conducted
1. In the acute ward, a research assistant recruits the PwTBI to FRESH and this initial data is sent to the OT/CM with TBI and VR expertise who	1			0	
2. makes contact with the PwTBI in hospital or at home to establish a rapport, commence the TBI & RTW education and support PwTBI & family.		4	4	3	
3. Visits weekly on ward or within 10 days if at home					
4. Especially advise not to RTW too soon i.e. until impact of TBI is understood and coping strategies formulated.	1	1	1	1	
5. Also conducts a risk assessment of the home situation	5	5	5	5	5 Never
6. and commences completion of the CM Ax form (assessment of general and vocational rehabilitation needs).		1	1	1	
7. Establishes which other community services.g. ABI team, SALT are involved and collects relevant information on the organization.		1	1	1	
8. Establishing and maintaining communication with the employer i.e. liaises with workplace as required and informs them of rehab goals.	3	1	1	2	2 Often
9. The participants are advised that CM is available for problem solving and assistance during office hours.	1	1	1	1	1 Always
10. Patient's GP is informed by letter that the individual is participating in the project.		1	1	1	
11. Actively liaises and communicates with everyone involved (health teams, family and work), spending time to support prior to and to clarify what was said and agreed in meetings.	1	1	1	1	1 Always
12. Individualised interventions for OT & CM are explicitly work-focussed (fidelity proforma will capture detail) but importantly will entail	3	3	3	3	3 Sometimes
13. Assessing the impact of TBI on function and work role and providing individualized education to PwTBI, family and employer.	1	1	1	1	1 Always
14. Developing strategies for the PwTBI to explain the effects of their TBI to others.	1	1	1	1	1 Always
15. Developing strategies to manage effects of their TBI in everyday life and work/study.	1	1	1	1	1 Always
16. Assessing the work/study role, work duties/functions, work/job demands.	1	1	1	1	1 Always
17. Supporting the PwTBI in seeking and accepting feedback about their (work) function.		1	1	1	
18. Exploring RTW options.		1	1	1	
19. Retraining or practicing work skills/functions.	4	3		2	
20. OT to negotiate a graded RTW with monitoring <i>at least weekly in the 1st 1-2 weeks then weekly for the next 4 weeks then every 2 weeks for the next 8 weeks then checks every 6-8 weeks unless decided otherwise by PwTBI.</i>	4	3	3	3	3 Sometimes
21. CM to support PwTBI and family and feedback work issues i.e. meet before & after workplace review meetings.		1		0	
22. OT & CM to support PwTBI to develop and maintain coping skills to deal with risks to job retention. <i>Monitor every 4-8 weeks once the graded RTW plan is completed.</i>		1	1	1	
23. The (voc)rehab plan is based on the results of the assessments.	3	1	1	2	2 Often
24. All planning is done in consultation with the PwTBI.	1	1	1	1	
25. The OT/CM informs other professionals and care providers regarding the plans made.	1	1	1	1	1 Always
26. CM ensures that non-work focused activities are coordinated and remain on-going.	1	1	1	1	1 Always
27. OT has contact <i>every 1-2 weeks except in cases where more frequent contact is needed.</i>	1	4		2	
28. CM has a review with participants <i>every 6-8 weeks except in cases where more frequent contact is needed.</i>	1	1	1	1	1 Always
29. At the end of the workplace intervention, OT writes thank you DC letter to employer and cc GP.		5		2	

Fidelity Monitoring Checklist Summary, Therapist B

Intervention component	Visit 1 (23.10.14)	Visit 2 (13.12.15)	Visit 3 (11.6.15)	Total	Extent to which these were conducted
1. In the acute ward, a research assistant recruits the PwTBI to FRESH and this initial data is sent to the OT/CM with TBI and VR expertise who	1		5	2	
2. makes contact with the PwTBI in hospital or at home to establish a rapport, commence the TBI & RTW education and support PwTBI & family.	5	5	2	4	4 Seldom
3. Visits weekly on ward or within 10 days if at home					
4. Especially advise not to RTW too soon i.e. until impact of TBI is understood and coping strategies formulated.	1	1	1	1	1 Always
5. Also conducts a risk assessment of the home situation	1	1	5	2	2 Often
6. and commences completion of the CM Ax form (assessment of general and vocational rehabilitation needs).	5	5	1	4	2 Often
7. Establishes which other community services.g. ABI team, SALT are involved and collects relevant information on the organization.	2	1	2	2	1 Always
8. Establishing and maintaining communication with the employer i.e. liaises with workplace as required and informs them of rehab goals.	1	1	1	1	1 Always
9. The participants are advised that CM is available for problem solving and assistance during office hours.	1	1	1	1	1 Always
10. Patient's GP is informed by letter that the individual is participating in the project.	1	1	1	1	1 Always
11. Actively liaises and communicates with everyone involved (health teams, family and work), spending time to support prior to and to clarify what was said and agreed in meetings.	1	1	1	1	1 Always
12. Individualised interventions for OT & CM are explicitly work-focussed (fidelity proforma will capture detail) but importantly will entail	1	1	1	1	1 Always
13. Assessing the impact of TBI on function and work role and providing individualized education to PwTBI, family and employer.	1		1	1	
14. Developing strategies for the PwTBI to explain the effects of their TBI to others.	1	1	1	1	1 Always
15. Developing strategies to manage effects of their TBI in everyday life and work/study.	1	1	1	1	1 Always
16. Assessing the work/study role, work duties/functions, work/job demands.	1	1	1	1	1 Always
17. Supporting the PwTBI in seeking and accepting feedback about their (work) function.	3			1	
18. Exploring RTW options.	2			1	
19. Retraining or practicing work skills/functions.	4			1	
20. OT to negotiate a graded RTW with monitoring <i>at least weekly in the 1st 1-2 weeks then weekly for the next 4 weeks then every 2 weeks for the next 8 weeks then checks every 6-8 weeks unless decided otherwise by PwTBI.</i>	1	1		1	
21. CM to support PwTBI and family and feedback work issues i.e. meet before & after workplace review meetings.	1	1	1	1	1 Always
22. OT & CM to support PwTBI to develop and maintain coping skills to deal with risks to job retention. <i>Monitor every 4-8 weeks once the graded RTW plan is completed.</i>	1	3	3	2	1 Always
23. The (voc)rehab plan is based on the results of the assessments.	1	1	1	1	1 Always
24. All planning is done in consultation with the PwTBI.	1	1	1	1	1 Always
25. The OT/CM informs other professionals and care providers regarding the plans made.	1	1	1	1	1 Always
26. CM ensures that non-work focused activities are coordinated and remain on-going.	1	1	1	1	1 Always
27. OT has contact <i>every 1-2 weeks except in cases where more frequent contact is needed.</i>	1			0	
28. CM has a review with participants <i>every 6-8 weeks except in cases where more frequent contact is needed.</i>	3			1	
29. At the end of the workplace intervention, OT writes thank you DC letter to employer and cc GP.	1			0	

Fidelity Monitoring Checklist Summary, Therapist C

Intervention component	Visit 1 (23.10.14)	Visit 2 (12.2.15)	Visit 3 (11.6.15)	Total	Extent to which these were conducted
1. In the acute ward, a research assistant recruits the PwTBI to FRESH and this initial data is sent to the OT/CM with TBI and VR expertise who	1			0	
2. makes contact with the PwTBI in hospital or at home to establish a rapport, commence the TBI & RTW education and support PwTBI & family.	1	5		2	2 Often
3. Visits weekly on ward or within 10 days if at home					
4. Especially advise not to RTW too soon i.e. until impact of TBI is understood and coping strategies formulated.	3	3		2	2 Often
5. Also conducts a risk assessment of the home situation	5		5	3	3 Sometimes
6. and commences completion of the CM Ax form (assessment of general and vocational rehabilitation needs).		4		1	1 Always
7. Establishes which other community services.g. ABI team, SALT are involved and collects relevant information on the organization.	4			1	1 Always
8. Establishing and maintaining communication with the employer i.e. liaises with workplace as required and informs them of rehab goals.	3			1	1 Always
9. The participants are advised that CM is available for problem solving and assistance during office hours.	1	1		1	1 Always
10. Patient's GP is informed by letter that the individual is participating in the project.				0	
11. Actively liaises and communicates with everyone involved (health teams, family and work), spending time to support prior to and to clarify what was said and agreed in meetings.	1			0	
12. Individualised interventions for OT & CM are explicitly work-focussed (fidelity proforma will capture detail) but importantly will entail	1	1		1	1 Always
13. Assessing the impact of TBI on function and work role and providing individualized education to PwTBI, family and employer.	1	1		1	1 Always
14. Developing strategies for the PwTBI to explain the effects of their TBI to others.				0	
15. Developing strategies to manage effects of their TBI in everyday life and work/study.	1	1		1	1 Always
16. Assessing the work/study role, work duties/functions, work/job demands.	1			0	
17. Supporting the PwTBI in seeking and accepting feedback about their (work) function.	4			1	1 Always
18. Exploring RTW options.	1			0	
19. Retraining or practicing work skills/functions.				0	
20. OT to negotiate a graded RTW with monitoring <i>at least weekly in the 1st 1-2 weeks then weekly for the next 4 weeks then every 2 weeks for the next 8 weeks then checks every 6-8 weeks unless decided otherwise by PwTBI.</i>	4		3	2	2 Often
21. CM to support PwTBI and family and feedback work issues i.e. meet before & after workplace review meetings.	5		3	3	3 Sometimes
22. OT & CM to support PwTBI to develop and maintain coping skills to deal with risks to job retention. <i>Monitor every 4-8 weeks once the graded RTW plan is completed.</i>				0	
23. The (voc)rehab plan is based on the results of the assessments.	1	1	2	1	1 Always
24. All planning is done in consultation with the PwTBI.		1	1	1	1 Always
25. The OT/CM informs other professionals and care providers regarding the plans made.				0	
26. CM ensures that non-work focused activities are coordinated and remain on-going.	3	3		2	2 Often
27. OT has contact <i>every 1-2 weeks except in cases where more frequent contact is needed.</i>				0	
28. CM has a review with participants <i>every 6-8 weeks except in cases where more frequent contact is needed.</i>			3	1	1 Always
29. At the end of the workplace intervention, OT writes thank you DC letter to employer and cc GP.			4	1	1 Always

Fidelity Monitoring Checklist Summary, Therapist D

Intervention component	Visit 1 (21.11.14)	Visit 2 (9.4.15)	Visit 3 (30.7.15)	Total	Extent to which these were conducted
1. In the acute ward, a research assistant recruits the PwTBI to FRESH and this initial data is sent to the OT/CM with TBI and VR expertise who	1	1		1	
2. makes contact with the PwTBI in hospital or at home to establish a rapport, commence the TBI & RTW education and support PwTBI & family.		4		1	
3. Visits weekly on ward or within 10 days if at home					
4. Especially advise not to RTW too soon i.e. until impact of TBI is understood and coping strategies formulated.	3	2	2	2	2 Often
5. Also conducts a risk assessment of the home situation				0	
6. and commences completion of the CM Ax form (assessment of general and vocational rehabilitation needs).	1	5	5	4	4 Seldom
7. Establishes which other community services.g. ABI team, SALT are involved and collects relevant information on the organization.	3	1	1	2	2 Often
8. Establishing and maintaining communication with the employer i.e. liaises with workplace as required and informs them of rehab goals.	1	2	2	2	2 Often
9. The participants are advised that CM is available for problem solving and assistance during office hours.	1	1	1	1	1 Always
10. Patient's GP is informed by letter that the individual is participating in the project.	1	1	1	1	1 Always
11. Actively liaises and communicates with everyone involved (health teams, family and work), spending time to support prior to and to clarify what was said and agreed in meetings.	1	1	1	1	1 Always
12. Individualised interventions for OT & CM are explicitly work-focussed (fidelity proforma will capture detail) but importantly will entail	1	1	1	1	1 Always
13. Assessing the impact of TBI on function and work role and providing individualized education to PwTBI, family and employer.	1	1	1	1	
14. Developing strategies for the PwTBI to explain the effects of their TBI to others.	1	1	1	1	1 Always
15. Developing strategies to manage effects of their TBI in everyday life and work/study.	1		1	1	
16. Assessing the work/study role, work duties/functions, work/job demands.	1	1	1	1	1 Always
17. Supporting the PwTBI in seeking and accepting feedback about their (work) function.	1	2	1	1	1 Always
18. Exploring RTW options.	1	1	1	1	1 Always
19. Retraining or practicing work skills/functions.	1	3	1	2	2 Often
20. OT to negotiate a graded RTW with monitoring <i>at least weekly in the 1st 1-2 weeks then weekly for the next 4 weeks then every 2 weeks for the next 8 weeks then checks every 6-8 weeks unless decided otherwise by PwTBI.</i>	1	1	1	1	1 Always
21. CM to support PwTBI and family and feedback work issues i.e. meet before & after workplace review meetings.	1	1	2	1	1 Always
22. OT & CM to support PwTBI to develop and maintain coping skills to deal with risks to job retention. <i>Monitor every 4-8 weeks once the graded RTW plan is completed.</i>		1	1	1	
23. The (voc)rehab plan is based on the results of the assessments.	1	1	1	1	1 Always
24. All planning is done in consultation with the PwTBI.	1	1	1	1	1 Always
25. The OT/CM informs other professionals and care providers regarding the plans made.	1	1	1	1	1 Always
26. CM ensures that non-work focused activities are coordinated and remain on-going.	1			0	
27. OT has contact <i>every 1-2 weeks except in cases where more frequent contact is needed.</i>		3	3	2	
28. CM has a review with participants <i>every 6-8 weeks except in cases where more frequent contact is needed.</i>	3	3	3	3	3 Sometimes
29. At the end of the workplace intervention, OT writes thank you DC letter to employer and cc GP.		4	1	2	