

# **SWAT 8: Telephone screening versus face-to-face screening for the identification of participants in a multicentre trial**

## **Objective of this SWAT**

To assess the effects on recruitment of telephone versus face-to-face screening for the identification of participants in a multicentre randomized trial.

Study area: Recruitment.

Sample type: Patients.

Estimated funding level needed: Low.

## **Background**

Low response is a potential source of bias in survey research [1] and declining participation rates in epidemiological studies is a common problem.[2,3] There are several reasons for this development, such as proliferation of research studies during the last decades, decrease of voluntarism and higher demands on participants in studies because of their complexity.[3] Research is needed to identify cost-effective means to improve recruitment to prospective trials.[4] If potential participants cannot be approached personally, telephone screening may be a cost-saving alternative.

## **Interventions and comparators**

Intervention 1: Potential participants are screened for eligibility by telephone and receive information and instruction for the trial in this way, and are sent the study package, including study information, consent form and questionnaires by mail.

Intervention 2: Potential participants are screened for eligibility in a face-to-face meeting and receive information, instructions and the study package (including study information, consent form and questionnaires) in person in that meeting.

Index Type: Method of Recruitment

## **Method for allocating to intervention or comparator**

Randomisation.

## **Outcome measures**

Primary outcomes: Number (and proportion from the eligible population) of participants who are recruited.

Secondary outcomes: Number of reminders about the study sent to women who do not return their consent form.

## **Analysis plans**

Descriptive analysis will be done to compare the type of screening on recruitment and the use of reminders. Bivariate analysis will be done for comparison of the participation rates, if reminders were necessary and the number of reminders between the randomised groups. Multivariate analysis will be done with the dependent variable "participation in the study" and the covariates "screening type", "need for at least one reminder", "number of reminders" and socio-demographic variables.

## **Possible problems in implementing this SWAT**

The healthcare providers responsible for recruiting participants to the trial may be challenged by their daily work load, and feel so overwhelmed by the collection of additional information and the completion of additional questionnaires or tables that they are discouraged by the potential, additional complexity of taking part in the SWAT.

## **References**

1. Barclay S, Todd C, Finlay I, Grande G, Wyatt P. Not another questionnaire! Maximizing the response rate, predicting non-response and assessing non-response bias in postal questionnaire studies of GPs. *Family Practice* 2002; 19(1): 105-111
2. Baruch Y. Response rates in academic studies - a comparative analysis. *Human Relations*, 1999; 52(4): 421-438.

3. Galea S, Tracy M. Participation rates in epidemiologic studies. *Annals of Epidemiology* 2007; 17(9): 643-653.

4. Treweek S, Mitchell E, Pitkethly M, Cook J, Kjeldstrøm M, Johansen M, Taskila TK, Sullivan F, Wilson S, Jackson C, Jones R, Lockhart P. Strategies to improve recruitment to randomised controlled trials. *Cochrane Database of Systematic Reviews* 2010; (4): MR000013.

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