SWAT 43: Use of local champions to contact and recruit potential participants

Objective of this SWAT
To assess the effects of contacting potential participants (healthcare practitioners) through a local champion for the study or directly by the trial team.

Study area: Recruitment
Sample type: Participants
Estimated funding level needed: Low

Background
Multi-centre trials might use “local champions” to contact potential participants for the study especially if these belong to an existing network of individuals (such a healthcare practitioners), or contact them directly from the central office for the trial. This SWAT will investigate the relative merits of these approaches given that, for example, the use of local champions might slow down recruitment while these people are being identified.

Interventions and comparators
Intervention 1: Initial approach to potential participants by a local champion
Intervention 2: Initial approach to potential participants by the trial team centrally.

Index Type: Method of Monitoring

Method for allocating to intervention or comparator
Randomisation

Outcome measures
Primary: Recruitment of participants to the host study.
Secondary: Time to recruit participants to the host study (including the time needed to identify local champions); burden on the local champion (for example, through responding to queries that arise following their initial approach).

Analysis plans
Relative statistics will be calculated for the proportion of participants recruited by the two strategies. The time taken to recruit participants will be a sum of the time from invitation to recruitment and the time to identify the local champions for Intervention 1 versus the time from invitation to recruitment for Intervention 2 (given that for the purposes of this SWAT, Intervention 2 might be delayed until the local champions are in place for Intervention 1).

Possible problems in implementing this SWAT
A cluster randomised trial might be appropriate to minimise contamination between the potential participants in the two intervention groups, but this would not be sufficiently powerful without a large enough number of clusters.

References

Publications or presentations of this SWAT design

Examples of the implementation of this SWAT

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