

# Effects of an enhanced trainee principal investigator package and digital nudging on recruitment rates

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<b>Registration date</b> 29/10/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 25/04/2022	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Randomised control trials (RCTs) are considered the gold standard when evaluating the efficacy and effectiveness of health care interventions. Unfortunately, a significant number of well-designed RCTs struggle with the recruitment of clinicians and patients, subsequently leading to a failure to reach their target sample size. In the UK, 55% of NIHR (National Institute for Health Research) trials between 2002 and 2008 met recruitment targets, but 45% of all trials needed funding extensions to meet their recruitment target. Studies within a trial (SWATs) are used to investigate ways of improving the conduct of RCTs. This study is a SWAT, embedded in the WHiTE 8 COPAL trial (a trial of two antibiotic regimens for hip fracture patients) to evaluate whether two interventions; Enhanced Trainee Principal Investigator (TPI) Package and/or an Additional Post Recruitment Email effects patient recruitment rates to the COPAL trial. These interventions have not been formally tested before in a RCT or in a hypothetical setting. The results of this SWAT will be used to inform the design of future RCTs to increase the recruitment rates of patients to multicentre trials in orthopaedics. The data will also inform future decisions regarding how best to deliver TPI training and improve trainee satisfaction during his/her period in the role.

### Who can participate?

Trial centres participating in the WHiTE 8 COPAL RCT

### What does the study involve?

Centres involved in the WHiTE 8 COPAL trial will be randomly allocated to one of four groups. Group A will receive the enhanced TPI intervention, group B will receive the enhanced TPI and digital nudge intervention, group C will receive standard practice and group D will receive the digital nudge intervention only. Groups receiving the enhanced TPI intervention (A and C) will receive education via telephone training, peer support through texting and WhatsApp and digital information. Groups receiving the digital nudge intervention will receive emails each time a new participant joins the WHiTE 8 COPAL trial, which will encourage and thank them for recruiting participants to the trial.

What are the possible benefits and risks of participating?

The benefit in participating is to contribute to a study where positive results may be used to influence the methodology of future RCTs to improve patient recruitment. There are no known risks to participants taking part in this study.

Where is the study run from?

Trial and Statistics Department, University of York (as part of a PhD project) (UK)

When is the study starting and how long is it expected to run for?

October 2017 to March 2020

Who is funding the study?

This research is not directly funded, but it is embedded in a RCT which is industry funded by Heraeus Medical GmbH (Germany)

Who is the main contact?

Nickil Agni

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## Contact information

### Type(s)

Public

### Contact name

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### ORCID ID

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### Contact details

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YO10 5DD  
York  
United Kingdom  
YO10 5DD

## Additional identifiers

### Protocol serial number

Swat repository store - Swat 67

## Study information

### Scientific Title

A factorial randomised controlled trial embedded within WHITE 8 COPAL looking at the effect of an Enhanced Trainee Principal investigator package and additional digital nudge on recruitment rates.

### Acronym

EnTraP

### **Study objectives**

The use of an enhanced trainee principal investigator package and/or digital nudge will increase the recruitment rate to a randomised controlled trial

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

The University of York Health Sciences Ethics Committee, 16/03/2018, Ethics Approval ID: HSRGC /2018/266/C

### **Study design**

Interventional multi-centre 2x2 factorial randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Other

### **Health condition(s) or problem(s) studied**

Recruitment to trials

### **Interventions**

All centres recruiting to the WHiTE 8 randomised controlled trial will be included, with the exception of the recruitment centre that the Chief Investigator (CI) for this factorial trial is based at. There will be a minimum of 20 centres involved with the trial and any additional sites brought online will also be included in this embedded study. The interventions will run for 6 months in each recruitment centre. We anticipate 2-3 centres opening to recruitment per month, therefore, we anticipate that this trial will run for 16 months in total. The factorial design will allow for the evaluation of two interventions in one trial thus presents a more cost-effective option than running two separate trials.

There will be four groups created through randomisation:

Group A – Enhanced TPI (trained principal investigator) Intervention only

Group B – Enhanced TPI and Digital Nudge intervention

Group C – Standard practice

Group D – Digital Nudge Intervention only

All groups will receive automatic emails when they randomise a patient to the WHiTE 8 trial as outlined in standard practice. There will be no interference with Group C to identify TPIs if the centres allocated to this group are unable to recruit to this role.

The WHiTE centres will be randomised 1:1:1:1 by minimisation to one of the four groups to balance key baseline characteristics. Self-reported site feasibility questionnaires completed by the recruitment centres will be used as information for minimisation. Minimisation will be based on the following factors:

1. Cluster size (Number of intracapsular hip fractures presenting per year, cut at median <300 or 300)
2. High vs Low recruiting centres (<9 or >9 per month)
3. Co-Recruitment to WHiTE 5 (yes/no)

This randomisation will be done by a specialist computer software MinimPy.

The enhanced TPI intervention involves education, peer support and digital supplementary information. This can be broken down into the following:

1. Education - one-to-one telephone training by the WHiTE 8 research fellow to the TPI, covering:
  - 1.1. Background to the WHiTE 8 trial
  - 1.2. TPI role and benefits of participating
  - 1.3. How to effectively perform the TPI role
  - 1.4. How to recruit and randomise to the WHiTE 8 trial
2. Peer support - support and advice through SMS/WhatsApp messaging, with follow-up emails and telephone calls if required for problems related to carrying out the role
3. Digital supplementary information - provision of the following supplementary material by email, including:
  - 3.1. Induction agenda
  - 3.2. TPI manual and new TPI checklist
  - 3.3. Induction summary presentation
  - 3.4. WHiTE 8 consent flow diagram and protocol
  - 3.5. TPI contact information consent form

The Digital Nudge intervention will be an email from the WHiTE 8 Copal Research Fellow each time a health care professional randomises to the trial. Each email will include these nudges:

1. Personalisation (clinician is named)
2. Encouragement through praise to continue recruiting
3. Statement of appreciation for recruiting a patient to the WHiTE 8 COPAL trial
4. Digital nudge within 72 hours after recruitment

The aim will be to email the recruiter within 72 hours and where a clinician has recruited multiple patients in the period, only one email will be sent referring to the number recruited in the period.

## **Intervention Type**

Mixed

## **Primary outcome(s)**

The total number of patients recruited in 6 months to the WHiTE 8 COPAL trial, which is routinely collected for the Oxford CTU on a monthly basis for all WHiTE trials. Data will be collated on an Excel spreadsheet for each trial centre on a monthly basis until 6 months in total.

## **Key secondary outcome(s)**

1. Time taken to begin each intervention from centre activation, taken from Oxford CTU records at the time of interventions commencing at each trial centre
2. Feasibility of delivering both interventions, determined from a logbook of data collected by the CI at 6 months
3. Conversion rate to recruitment from the proportion of those screened to be eligible in each of the intervention groups, taken from Oxford CTU records on a monthly basis
4. Feedback on the trainee perspective of the TPI role via a survey completed by the TPI in the last 2 weeks of their role
5. Time needed to conduct the 1:1 educational training session for TPIs, determined from a logbook of data collected by the CI at 6 months
6. Required time and method of additional contact for peer support of the TPIs, determined from a logbook of data collected by the CI at 6 months

## **Completion date**

01/03/2020

## **Eligibility**

**Key inclusion criteria**

All hospitals running the WHITE 8 COPAL RCT

**Participant type(s)**

Health professional

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

20

**Key exclusion criteria**

Does not meet inclusion criteria

**Date of first enrolment**

22/08/2018

**Date of final enrolment**

01/01/2020

**Locations****Countries of recruitment**

United Kingdom

England

Wales

**Study participating centre**

John Radcliffe Hospital

Oxford

United Kingdom

OX3 9DU

**Study participating centre**

**Leicester Royal Infirmary**  
Leicester  
United Kingdom  
LE1 5WW

**Study participating centre**  
**Poole Hospital**  
Poole  
United Kingdom  
BH15 2JB

**Study participating centre**  
**Queen Alexandra Hospital**  
Portsmouth  
United Kingdom  
PO6 3LY

**Study participating centre**  
**Queen Elizabeth Hospital**  
Birmingham  
United Kingdom  
B15 2TH

**Study participating centre**  
**Royal Berkshire Hospital**  
Reading  
United Kingdom  
RG1 5AN

**Study participating centre**  
**Princess Royal Hospital**  
Haywards Heath  
United Kingdom  
RH16 4EX

**Study participating centre**

**Royal Victoria Infirmary**

Newcastle Upon Tyne  
United Kingdom  
NE1 4LP

**Study participating centre****Southmead Hospital**

Bristol  
United Kingdom  
BS10 5NB

**Study participating centre****University Hospital Coventry**

Coventry  
United Kingdom  
CV2 2DX

**Study participating centre****Queens Medical Centre**

Nottingham  
United Kingdom  
NG7 2UH

**Study participating centre****University Hospital Wales**

Cardiff  
United Kingdom  
CF64 2XX

**Sponsor information****Organisation**

University of York

**ROR**

<https://ror.org/04m01e293>

# Funder(s)

## Funder type

Other

## Funder Name

investigator initiated and funded

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available as all data analysed will be available in the final peer publication and there will be no benefit to accessing raw data.

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		02/01/2022	25/04/2022	Yes	No
<a href="#">Protocol article</a>	protocol	22/07/2019	25/09/2019	Yes	No