

## PARTNER study: Recruitment and Retention

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## Recruitment

- Integrating study screening into clinical care:
  - GUM nurses / Health Advisors
  - HIV Specialist nurses
  - HIV clinicians

} they ask all the right questions on a routine basis!
- Study referral simple – just an email from the clinician to research nurse with potential participants email address
- Research nurse can then email participant with info and how to get involved
  - Follow-up email 2/52 later

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## Recruitment

### Keeping up the momentum/interest in clinic:

- Fortnightly emails to clinic with an update on:
  - referrals and enrolment
  - any PARTNER news/results?
  - other study results that may be relevant?
- Remove formality of referrals
- Encourages everyone to refer
- keeps staff interested

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### Study Fatigue

- Length of study can work in our favour – EVERYONE should know about the study by now!
- Results of PROUD study and implications on who will be eligible for PrEP (in the UK)
  - increased attention on HIV prevention
  - what about those in stable monogamous relationships?
- Results of START – everyone is starting treatment earlier – larger pool of potential recruits

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### Retention

- Establishment of study requirements during baseline visit
- Email contact encouraged
- Sexual health screen for Negative partner at follow-up visits
- Email questionnaires in advance of appointment for completion
- Squeeze in a final visit for relationships that break-up if appropriate

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### Summary

- Does not have to be ‘hard study to recruit to’
  - Lots of healthcare professionals in clinic asking the relevant screening questions every day
  - Make referrals to study nurse / researcher simple
  - Regular reminders to clinics
- Make being in the study easy for the participants
  - Sexual health screen at visits
  - HIV bloods for positive partner if attending
  - Flexible follow-up appointment ~ 6/12 if necessary

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