## **CASE STUDY**

## **Recovery and rehabilitation observational study**

This investigator-initiated, multisite observational study collected outcomes data from 1050 participants, most >65 years old, before and three months after major elective surgery at four private hospitals. As participants were required to attend appointments and complete assessments additional to the usual care of their condition, and there was no direct benefit to the participants in taking part in the study, the study team focused on making their experience in the research as easy and engaging as possible.

This was achieved by involving consumers and site staff in the design of participant workflows and a dedicated communication plan. All participant tasks and assessment protocols (including online questionnaires, clinic visits and assessments done via telehealth) were piloted with consumers and study staff on location to get a realistic view of the time taken and any additional directions required. Messages were reviewed by consumer representatives for clarity, simplicity of language and tone, and used study staff’s names so participants knew they were interacting with people, rather than with a system.

Participants could contact study staff through a centralised telephone, a dedicated ‘text line’ with a consistent mobile phone number for SMS messages, email and via a postal address. The SMS system and its automation functions allowed personalisation, including in the type of instructions needed for telehealth appointments and replies to the sender. This channel of communication was particularly well-used by participants, who would regularly reply to ask clarifying questions, indicate if they were running late to an appointment or needed to reschedule or request a phone call for a discussion. All staff who had access to these communication channels had access to the study information and were trained in what they could discuss with participants. This meant that they could easily answer any participant questions.

The participant experience included being asked for their communication preferences (whether they would prefer study questionnaires in email or print, and if support people should be included) when they consented to take part in the study. Soon after, they received a welcome letter explaining the study's purpose in friendly, simple language and the timeline for when they would be asked to complete study tasks. After the surgery, they received a “wish you well” postcard, timed to remind them about the research at a time when they were likely to be well progressed with recovery and busy with usual life tasks again. The final questionnaire for the study was issued soon after this message. When participants attended their final data collection appointment with study staff, this triggered a thank you card that had been personalised with a message from the study team.

**Evaluation**

Participant retention and completion of study tasks was high. 97% of participants who completed a post study survey reported that their experience in the study was positive, with the top reason for this being their interactions with study staff. Feedback from participants indicated that being able to communicate with a ‘real person’ built mutual respect and that being able to reply to the actual sender of SMS messages, usually the same person who they would see for their assessment, was convenient and highly valued. Study staff felt that having the option to communicate with participants via SMS from a centralized system saved time compared with phone calls and emails, probably reduced did-not-attends and supported retention overall.