

A Quick Guide to Recruiting Cardiac Arrest Survivors in Research Studies

“Price is what you pay. Value is what you get.” – Warren Buffett

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1. Preparation before the initial approach

- Familiarize yourself with the patient's narrative

- o Explore the medical record, not for medical knowledge, but rather an understanding of their experience and their feelings while in the thick of things
 - Read beyond the history of the present illness. What was the context of the arrest? Was a cause identified? Are they working with rehabilitation therapists? What are the next steps for hospital discharge?
 - Understand social contexts from social worker or case manager documentation. Who do they live with? Who is at bedside? Who was present during the cardiac arrest? Are they employed? What workload does that role entail? How functionally dependent were they before cardiac arrest?
 - Remember names!
- o Are they part of another research study?

- Consult the bedside nurse of the patient before entering the room

- o Eligibility, mental status, and cognitive impairments can be deduced from the medical records, but a quick check-in with the nurse can tell you a lot about the patient's mood, concerns, and appropriate timing of approach.
- o Is the patient scheduled to work with therapists today? Do they have any scheduled procedures? Is there any information about the estimated date of discharge (e.g., an antibiotics course that prevents immediate discharge)?

- Knock, wait, knock again, enter

2. Rapport building is the critical step

Hi, are you [insert patient's first name]? Is that how you pronounce it?

Hi, I'm Danielle.

I'm part of a recovery study for survivors of cardiac arrest here at [insert site's name] that would be a perfect fit for you. But before we get into that, I'd like to introduce myself to you and get to know a little bit about you.

- Introduction
 - o Begin with confirming the patient's name. Use first name. Ask to clarify pronunciation if necessary.
 - o Introduce yourself with your first name only
 - o Do not use the word "program" as it generates confusion

Do you mind if I come a bit closer?

- Non-verbal language matters. Reposition yourself in the room
 - o Stand near the patient's head, back facing away from the door when able, feet always pointed to the patient
 - o Smile (even through a mask it shows)

Are you [insert patient's name] [insert relationship role]?

Hi, what's your name?

Hi, [repeat family member's first name], nice to meet you, I'm Danielle.

- If the family is present, include them in the conversation
 - o Acknowledge them as the patient's advocate
 - o Confirm with the patient that they're able to stay in the room

How are you both doing today?

- Use active listening, notice speech hedges, and engage everyone in the room.

- Hospital experience rapport: If a holiday/birthday is nearby, make mention of the challenge of being away from family
 - o If mention a child or grandchild, follow up with personal questions (e.g. name, age)

- Cardiac arrest survivor experience rapport: Acknowledge move out of the Intensive care unit as already overcoming one aspect of recovery
 - o “Did the medical team inform you that you had a cardiac arrest?” Answer questions about cardiac arrest, and inquire about what they remember.
 - o If they say heart attack, provide distinction from cardiac arrest the first time only

- Family member experience rapport: Acknowledge the value of strong support at the bedside, the sacrifices they might’ve made to be present, the appreciation you have for their care, and the understanding of their role

3. Information about the premise of the study.

- Why participate: Connect their concerns to personalize study aims
 - o Use learned information to highlight their concerns and re-present in an organized way with a clear connection to study aims for example, “We’re also asking those same questions” or “Our research team is investigating”

- What questions do you have: Leave space to address concerns
 - o Maintain eye contact, be comfortable with silence, acknowledge when you don’t know, and follow with an introduction to the principal investigator or message to the medical team

- When to consent: They may need more time to decide or proceed with the consent right away. There are three unique outcomes-

1. Need reassurance – Research is a new (e.g., unfamiliar, uncomfortable) concept for most and they might need personal follow-up, PI involvement
1. Need to discuss with family or another support person – offer to be involved in that conversation, schedule time to return, and leave the flyer.
2. Want to proceed with consent – follow the IRB guidelines for informed consent

4. Consent Process

- Collaborative review
 - o Hand document to patient (represents that they're in control)
 - o Follow along with pointed guidance
- Use playback method (e.g., after describing procedures section, frequency of visits)
- Summarize long sections (e.g., “There are *three* major takeaways in this confidentiality section”)
- After every important section during the consent process, Ask if there are any questions
- Respond to non-verbal language, maintain eye contact
- Cover everything written, and don't be afraid to supply more information verbally (e.g., “If you're not available at 1-month, just pick up my call and let me know; I'd be happy to schedule another time with you”)
- Before signing, confirm all questions are answered and there is nothing they'd like more information about

5. Exit the conversation in the most gentle way

- Thank them for participating
 - o “I look forward to connecting with you on your recovery journey”
- “Before I go, is there anything else I can do for you?”
- e.g., Offer water (assuming medically cleared) if there was a lot of talking, or bring a blanket or call the nurse
- Provide a copy of the consent form and collect contact information of patient and family members

Sharing Best Practices

The guidance provided in this document is just the beginning and we encourage you to share your best practices to inform recruitment and retention of cardiac arrest patients.

Please mention your details and thoughts below

- Your Name:
- Your Site:
- Your Thought:

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