ECHO for Clinical Research Professionals (CRP) – Summary of (i) Key presentation and (ii) Problem discussion from session held on 26 June 2026

(i) KEY PRESENTATION: Recruitment and retention in clinical research by Julie Gundry RN, MSc(A) *(Slide deck attached).*

The presentation was on recruiting and retainning participants in clinical research studies. Key points made in the presentation were as follows. With regard to recruitment:

- Recruitment needs constant attention and relationship-building to keep studies visible and active. “It’s really all about keeping your study at the forefront.”
- Julie discussed both structural and relational strategies for recruitment. Notably:
    - Physical presence and regular updates help referrals and investigators remember and support your study. “One of the best ways that I’ve found to do that is actually just to be physically present in clinic.”
    - Tech tools (databases, AI matching) can help but require resources. “A searchable database to match participants with trials can be really helpful.”

With regard to retention:

- Retention is critical — missing follow-up data can change trial conclusions. “Retention is sort of the unsung hero of this of clinical research.”
- Plan for attrition up front and measure it during the study. “We want to plan for attrition when we’re setting our sample size.”
- Julie described retention strategies that were either structural or relational (see slides on next page).

Retention Strategies

Structural

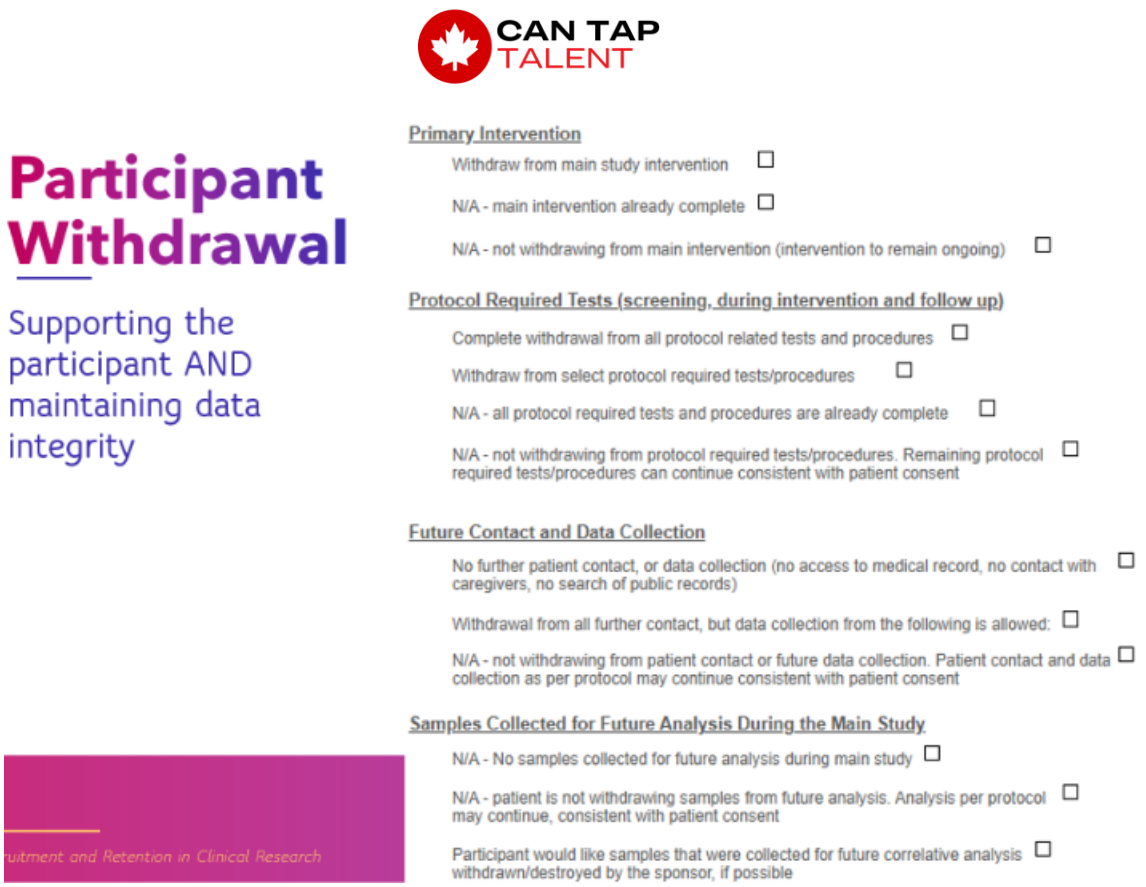
Planning for attrition when setting the sample size
Measuring attrition regularly
Reminders and prompts
Study newsletters or updates
Scheduling study interventions around routine care
Prepaid return envelopes
Make the clinic experience pleasant
Study anniversary or thank you cards

Retention Strategies

Relational

Developing rapport with participants and their families/caregivers
Being available, easily reachable and responsive to participant needs
Study staff and participants invested in outcomes
Being clear about follow up requirements at the time of enrollment
Setting realistic expectations for the treatment
Developing rapport between sponsor/lead site and participating site teams

- Use structural strategies (reminders, schedule around routine care, prepaid envelopes) to reduce burden. “Sending structured reminders and prompts to patients or participants can be a helpful strategy.”
- Relational strategies (empathy, approachability, personalized contact) strongly influence retention. “Patients want to help…that relationship with the study staff can be really important in reinforcing that we are appreciative of their help.”
- Set realistic expectations at enrollment about follow-up and likely outcomes. “It is important to be upfront about the follow-up requirements at the time of enrollment.”
- Tailor reminders and follow-up methods to individual participants. “Patient A may only need a printout…whereas patient B may need in-the-moment phone call reminders.”
- Maintain staff continuity where possible — turnover and inconsistent contact can hurt retention. “Less participant contact or inconsistent study team members may possibly hinder retention.”
- When participants want to withdraw, seek partial solutions that preserve key endpoints (e.g., long-term phone follow-up). “While supporting them in that, I may ask if they would be willing to continue on with long-term follow-up phone calls.”
- Use a documented consent/withdrawal worksheet (see slide on next page) to record exactly what participants withdraw from. “We do have a consent withdrawal worksheet that sort of prompts people through that discussion.”



- Watch early warning signs (missed/rescheduled visits, slow responses, impatience) and intervene proactively. “If you notice that your patient…is starting to miss, or frequently requesting to reschedule study visits, that could be a sign…”
- There’s limited high-quality comparative evidence on which strategies work best — this is an opportunity for QI research. “There is not a lot of definitive information about what recruitment and retention strategies actually work.”

The closing message was that successful trials depend on both visibility and relationships. Recruitment works best when studies stay top of mind for clinicians, while retention improves when studies are designed to reduce burden, respond to participants’ needs, and make people feel genuinely valued.

Julie emphasized that teams should anticipate dropout, track attrition, and document withdrawals carefully so data integrity is protected. In short, recruitment brings people in, but thoughtful follow-up and respectful communication retain participants and keep the study going strong.

(ii) PROBLEM DISCUSSION:

The problem or question presented was: “**How is compliance with protocol-required home medication documented at your site?** At our site, we use a smartphrase in Epic to review compliance with the patient/caregiver. However, we face the following challenges:

- If the home medication was administered before the patient’s next visit, it does not appear in the current outpatient medication list in Epic on the day of the visit. In these cases, additional documentation must be entered in the patient chart by the clinic team, which can be easily missed.
- If the home medication was administered by a homecare nurse, there is no documentation provided to confirm the date of administration.”

Discussion related to the following areas:

Psychological support for participants

- Question about: Availability of psychological support for patients who must withdraw due to adverse effects.
- Highlights:
  - Emotional burden of trial participation.
  - Potential indirect impact on adherence and reporting honesty.

Tailored patient contact and engagement

- Importance of:
  - Human contact in supporting adherence.
  - Tailoring frequency and type of contact to patient preference.

Financial and logistical support

- Provide travel reimbursement for in-person visits.
- Ensure consistent coordinator support during follow-ups.
- Budget these supports with sponsors at study initiation.
- Reduces barriers to participation and supports compliance.

Drug accountability processes

- Provide drug accountability logs at study start.
- Patients can:
  - Update logs regularly (weekly/monthly).
  - Submit via email or through home care nurses.

Structured/forced documentation systems

- Electronic systems should:
  - Require all fields to be completed.
  - Prompt justification for missing entries.
- Prevents incomplete compliance documentation.

Continuity gaps with home care nurses

- Community/home nurses may not be familiar with protocol-specific documentation requirements. Suggested solution: include documentation tools in a patient care book.

Medication handling education

- Reinforce comprehensive patient education on:
  - How to take medication.
  - Proper storage.
  - Proper return procedures.
- Example: The patient returned the correct number of pills, but not in the original container, creating a documentation and handling issue.

Accessibility considerations for medication use

- Ensure patients can physically manage medication packaging:
  - Child-proof containers may be inappropriate for some populations (e.g., elderly, dexterity issues).
- Physical barriers can affect adherence and accurate reporting.

Sponsor responsibility and early planning

- Sponsors should define:
  - Processes for medication return (how/when).
  - Accountability expectations at study outset.
  - Emphasizes importance of planning compliance workflows early.
  - Patient education should begin at study initiation.

Resources shared in the ECHO session:

Shared by Faculty Member, Heidy Morales:
A book recommendation for those working in research: 'Research Is Ceremony - Indigenous Research Methods' by Shawn Wilson
https://fernwoodpublishing.ca/books/research-is-ceremony-shawn-wilson?srsltid=AfmBOoquPgZX6iMsy2pS1Z-U-2id4URTDW2W2HeiYCcTS2fc3s7hd0iW

Next ECHO session starts in September with a brand new cycle!

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