The Cold-Calling Recruitment Method: Guidance for Researchers

What is Cold-Calling?
The “cold-call” refers to contact with a potential research participant by a member of a research team when the patient is unaware that the person initiating contact knows his or her medical information. In contrast, contact by caregivers is not considered cold-calling, as the patient (potential participant) can be assumed to believe that they are already privy to patient information.

Guidance
WCM does not generally encourage cold-calling as a recruitment method, however, it may be appropriate on a case-by-case basis. **Cold-calling should only be utilized in very specific situations. Researchers must provide justification for its use.**

There are times when cold-calling is the most appropriate recruitment method for a particular study:

- For higher risk (or more sensitive) studies, contacts might be tailored to those meeting strict criteria, thus targeting a specific population who is more likely to be eligible and interested in the research.
- For minimal risk (or less sensitive) studies, contacts may be geared to a broader patient population. It is generally preferred that patients be contacted in writing as the first mode of contact to allow patients time for independent thought.

Patients may be mailed a written letter or sent a message via the secure patient portal within the electronic health record (EHR). With all recruitment methods, extra care should be taken when recruiting those with stigmatizing or distressing diagnoses, such as ensuring that the patient is aware of his or her condition **before** contact, and that the recruitment setting respects privacy. Patients should be informed about how they were identified and provided with the research team’s contact information. All recruitment processes, including cold-calling recruitment, must be described in detail (e.g., who is calling, the message/script) in the IRB application and explicitly approved by the IRB before implementation.

References: