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| |
|--------------------|
| OPTOMETRIST |
| Snellen Visual a |
| Screen for glauc |
| Complete Screenir |

| |
|-------------------------------|
| Not a glaucoma suspect |
| Continue usual care |

| |
|---------------------|
| Not glaucoma |
| Continue usual care |

| |
|---------------------|
| Not eligible |
| Continue usual care |

Note: If the hospital cancels surgery, and a new date for surgery is given, the **"clock starts again"** and the two month deadline worked out again

| |
|-------------------------------|
| Refuse to participate |
| Complete "reasons why refuse" |

| |
|--|
| Not randomised to MIG |
| Give "Silent Thief of Sight" |
| Check that a follow up appoinment has been given for 1 month |
| Say goodbye |

ON 1st POST SURGERY DAY |

ON TRACING DATE |

FOLLOW UP

NURSE
Acuity
Glaucoma
Referral form

Glaucoma suspected
Take to ophthalmologist

OPHTHALMOLOGIST
Detailed examination for glaucoma
Send for visual fields and disc photos

VISUAL FIELD TESTERS
Visual fields, LogMAR VA disc photos
Print out visual fields. Add date and name

OPHTHALMOLOGIST
Confirm that eligible to be recruited
Select study eye
Give date for surgery. Inform patient
Enter name in surgery book
Briefly explain that the hospital is doing a study
Take to Project Manager with eligibility form

PROJECT MANAGER
Enroll: give/read out information sheet.
Take consent: keep a copy; give participant a copy

Agree to participate
Issue a unique study number
Enter data into Excel spreadsheet
Return participant to ophthalmologist
Complete Section 2 of MAIN Form
Enter surgery date and tracing dates in Excel
Accompany to ophthalmologist

OPHTHALMOLOGIST
Complete Section 1 and Section 3 of MAIN FORM
Accompany to interviewers

INTERVIEWERS
Check name of participant against forms
Check Study no is written on ALL forms & visual fields

Randomization to MIG or no MIG
Take next **brown** envelop: write study no & name on it

Enter sequence number in Section 1 of MAIN Form
Open the envelop. Note if MIG or not
Put envelop in sealed container

Randomization to interviewer A or B
Take next **white** envelop: write study no & name on it
Open the envelop. Note which interviewer
Put envelop in sealed container

Perform MIG: first session
Complete the "working alliance inventory for MI" form for both interviewer and patient
Give "Silent Thief of Sight"
Check date given for surgery: confirm with participant
Check name/date/study no in surgery book
Give date for second session if required

Perform MIG: second session
Complete the "working alliance inventory for MI" form for both interviewer and patient

ASSESSING TRIAL OUTCOME
PROJECT MANAGER / Dr Abdull
Update surgery date and tracing date, if needed
Check whether patient had surgery on surgery date
If yes, complete Section 4 of main form

IF NO - WAIT UNTIL TRACING DATE
On tracing date, call to see if they have had surgery
Complete lower parts of section 1 and 4
If they have not had surgery ask why not
If they have not had surgery and still want it, ask them to return to the hospital for reassessment

Examine patient and fill section 5 for follow up in 1,2,4,6 and 12 months respectively