**UCF Adult Development & Decision Lab**

The Dos and Don’ts of Conducting Research with Older Adults

1. **Recruitment**
	1. ***Determining eligibility***
		1. Do:
		* Ask **all** of the eligibility questions (“How old are you?”)
		1. Don’t:
		* Make assumptions about eligibility (ss pool info may be inaccurate)
	2. ***Scheduling friends and partners***
		1. Do:
		* Make participants comfortable while they wait (“Would you like something to read? Would you like a glass of water?”)
		1. Don’t:
		* Leave them alone without checking on them or asking other lab staff to keep an eye on them
2. **Cognitive Screening**
	* 1. Do:
		+ Make sure the participant is ready to be tested (“Do you need to turn off your TV or radio so that you can concentrate?”)
		+ Follow the script and *speak loud and clear*
		1. Don’t:
		+ *Do not ever* say your giving a “diagnosis” them or determining whether they have dementia (only a doctor can do this, we are just determining whether they fit criteria for a specific research study)
3. **Parking/Directions**
	* 1. Do:
		+ Provide directions *asap* via the method they prefer (paper mail, over the phone, email, or fax)
		+ Make parking reservations asap, and *edit them asap if necessary*
		+ Provide contact information (researcher running the session) in case they have questions or get lost
		+ Suggest bringing a cell phone if they have one
		1. Don’t:
		+ Assume the participant knows where to go, *even if they tell you they do*
4. **Contact and follow-up**
	* 1. Do:
* Make a clear plan with your supervising researcher about how you will contact participants, how you/they will follow up, and how participants will get scheduled
	+ Example: RA sends an IRB-approved study description to HM older women age 60-77, if they email back that they are interested – RA forwards the email to the grad student, grad student calls to schedule the appt
* Confirm by *phone as the default*, only confirm appointments by email alone if they is what the *participant requests*
	+ 1. Don’t:
* Leave voicemail messages with a lab phone number without a plan to receive the call or check for voicemails
1. **Demeanor, communication, and etiquette**
	1. Do:
* Be professional and respectful at all times
* Use terms like “seniors” and “older adults,” instead of “elderly”
* Expect a slower pace
	+ Example: Older adults often take more time and ask more questions for the Informed Consent
* Allow participants to ask questions, but if they are chatting, politely remind them that you need to move through the experiment and they can ask more questions at the end of the session (make time for this if necessary in study protocol)
	1. Don’t:
	+ Rush participants or act impatient (requires scheduling an appropriate amount of time)
	+ Use patronizing language or tone of voice
	+ Do not provide answers to questions about their health or study results if this is outside of your expertise
		- Example: Participants may ask, “What can I do to keep my brain healthy? Can I find out about the results of this study? How do my test scores stack up against your other participants?” Often, you will not know the answer, or it would be inappropriate to provide one. Be honest about this and/or refer them to your research supervisor.
1. **Instructions and clarifications**
	* 1. Do:
		+ Ask if they have participated in research before, if so, explain what a consent form is (i.e., all research must be reviewed by an ethics board, the form explains the research goals and procedures and your rights are as a participant)
		+ A standard orientation to computer, response keys, and mouse if participants will use it during the study
		+ If participants feel nervous about the task, let them know that we appreciate their participation no matter what, all aspects of the study are voluntary, and they should just try their best
		1. Don’t:
		+ Assume participants know what to do without instruction
		+ Deviate from your study “script”
* Example: Telling the participant, “We are examining age differences in memory” may result in poorer performance in your older participants (aka: age-based stereotype threat).
1. **End of study**
	* 1. Do:
			+ Point out where contact info is on the consent form and/or debriefing sheet so they can contact the grad student or PI with questions
			+ Be sure to ask them if they have questions and *thank them* for participating
		2. Don’t:
		+ Rush their leaving if they have questions or concerns
2. **Other possible concerns**
	1. ***Bathroom needs***
		1. Do:
		* Ask participants if they need to use the restroom before beginning the session and help them find it
		1. Don’t:
		* Tell participants that you have to finish the study before they can use the restroom
	2. ***Identity theft/Release of medical information***
		1. Do:
		* Remind participant that the information collected for the study will be associated with a participant number (not their name), we are under strict rules to maintain confidentiality, and they may skip questions if they prefer
		1. Don’t:
		* Ignore their concerns
	3. ***Mobility***
		1. Do:
* Provide help if needed
	+ Example: Participant is dropped off at Dept and needs a wheelchair but does not have one. Have a plan of action.
	+ Example: The study chair is too high and the participant is unstable on her feet. Offer to adjust the chair height so her feet are touching the floor.
		1. Don’t:
			- Ignore safety concerns (wet floors, unstable gait, etc.)