**Additional File 3 Fidelity Visit Checklist**

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| **ESTVR Intervention Components*****Words in italics are related to frequency of intervention*** | **Extent of delivery (always, often, sometimes, seldom, never)** **Also consider content, coverage, frequency, duration** | **Moderators - +ve & -ve****Also consider participant responsiveness, resources, recruitment, context, comprehensiveness of policy description, strategies to facilitate implementation, quality of delivery** |
| 1. OT and CM interventions are tailored to each participant and explicitly work-focused (content form will capture detail). However, they include the following essential intervention components (numbers 13-19).
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| 1. Assessing the impact of TBI on function and work role and providing individualized education to PWTBI, family and employer.
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| 1. Developing strategies for the PWTBI to explain the effects of their TBI to others.
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| 1. Developing strategies to manage TBI effects in everyday life and work/study.
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| 1. Assessing the work/study role, work duties/functions, work/job demands.
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| 1. Supporting the PWTBI in seeking and accepting feedback about their (work) function.
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| 1. Exploring options for returning to work.
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| 1. Retraining or practicing work skills/functions.
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| 1. OT negotiates a graded RTW. The OT then monitors the PWTBI *at least weekly in the first 1-2 weeks; weekly for the next 4 weeks; then every 2 weeks for the following 8 weeks; then every 6-8 weeks unless decided otherwise by PWTBI.*
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| 1. CM supports PWTBI and family with work-related issues and provides feedback, e.g. by meeting before and after workplace review sessions.
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| 1. OT and CM support PWTBI to develop and maintain coping skills to help them deal with risks to job retention. *OT monitors this every 4-8 weeks once the graded RTW plan is complete.*
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| 1. OT formulates vocational rehab plan on the basis of the assessments results.
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| 1. All planning is done in consultation with the PWTBI.
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| 1. OT/CM informs other professionals and care providers about the VR plans.
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| 1. CM ensures that non-work focused activities are coordinated and continue.
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| 1. OT contacts PWTBI *every 1-2 weeks except in cases where more frequent contact is needed.*
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| 1. CM reviews participant *every 6-8 weeks except in cases where more frequent contact is needed*.
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| 1. At the end of the workplace intervention OT/CM writes thank you letter to employer and cc participant’s GP.
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| AdherenceContent – was each of the intervention components implemented as planned?Coverage – what proportion of the target group participated in the intervention?Frequency – how often was the intervention provided?Duration – how long was either each intervention session and/or the overall duration of the intervention? | Moderating factorsParticipant responsiveness – How were the participants engaged with the intervention service? How satisfied were the participants and how did the participants perceive the outcomes and relevance of the intervention?Recruitment – what procedures were used to attract participants? What constituted barriers to maintaining involvement of individuals?Context – what factors at the political, economical (resources, money and time) or organisational level affected the implementation?Comprehensiveness of policy description – How specific is the intervention description?Strategies to facilitate implementation – what strategies were used to support implementation? How were these strategies perceived by staff?Quality of delivery – how was the quality of the intervention components? |