BACKGROUND

Disorganized training leads to disengaged new hires and an increase in turnover. Training and onboarding methods at the Taussig Cancer Institute had an opportunity for evaluation. The main approach was peer to peer training led by busy research coordinators (RC) with time constraints due to competing workloads. Feedback from new hires revealed that training was inconsistent and not robust. Dating back to 2016, Cleveland Clinic employee satisfaction surveys as well as exit interview data showed that the lack of descriptive training contributed to turnover and job dissatisfaction. The financial cost of RC turnover was high and turnover averaged 36% between 2016 and 2018.

GOALS AND METHODS

Our goals are to:
- Reduce turnover to 22% annually
- Increase morale
- Standardize training

Essential to the success of any clinical trial unit is effective and robust training for non-clinical, research coordinators. We justified the need for a dedicated trainer position based on the low survey scores surrounding training, the exit interview data and the financial impact of turnover – calculation below. A dedicated trainer was hired into the role in Feb. 2019. We standardized training by creating a 30 day, rotating curriculum introducing people to oncology, regulatory, research data and regulatory rules and responsibilities. The training curriculum includes 33 distinct training modules presented in a small group, interactive live session with continuously updated tools for reference. This training is complimentary to the existing, online, Clinical Trial Management Tool (CTMT) developed in 2014 and traditional mentor based training.

RESULTS

11 new hires completed the full training program in 2019. All 11 trainees completed a post training, new hire feedback survey indicating that they have the tools to do their job and feel the training was effective and successful. (See graphs below.) Turnover has decreased from 36% (2016 through 2018 combined years) to 26.87% in 2019. Turnover to date in 2020 is at 9% which is projected to be at 18-19% by the end of the year. Improved engagement was also demonstrated via the feedback survey illustrated by positive comments and/or informed, creative suggestions in the open feedback section.

Training topics, New Hire Survey results and a screen shot of a remote class in session:

CONCLUSIONS

- Training must include a multi-faceted approach to be effective in a large scale setting
- It is critical to connect every new hire with a dedicated mentor within their specific disease area
- Supervisor engagement is vital to the success of the program
- 2 skill assessments currently in development are focused on:
  - Confirming that new hires are properly learning and retaining key information
  - Assessing the appropriate timing of training modules
- Also newly created is an investigator initiated trial (IIT) training module led by the lead of our multisite IIT department

References/Resources:

1. 22% annual turnover goal is based on an informal survey conducted in Dec 2019, of AACI member respondents combined with turnover reported in the healthcare industry obtained from various sources including:

There are no relevant conflicts of interest to disclose.

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1. Turnover equation: 
   - New Hire Feedback - 11 new hires throughout 2019:
   - Are your trainings...?
   - Responses
   - Are your...?
   - Responses
   - Have you...?
   - Responses

   Turnover equation: 
   - # employees present who leave by year’s end divided by the # employees present at the start * 100

   Turnover Cost per RC = X(400) + Y(120)

   New Hires (trainers) - Cost/Hr

   Average # of training

   Cost of Turnover - Calculated through sunk salary costs (includes fringe)

   ** 120 hours, across 3 months is the total time invested behind each new hire.

More data and references available upon request.