Does Mentorship Improve CRC Retention Rates and Employee Satisfaction?

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1. Background

The Helen Diller Family Comprehensive Cancer Center (HDFCCC) Clinical Research Support Office (CRSO) experiences high staff turnover of nearly 50 percent annually. The CRSO hires, trains, and manages all cancer clinical research staff. Of the CRSO's 130 employees, 100 are clinical research coordinators (CRCs). CRC turnover accounts for the majority of staff loss. High turnover results in loss of institutional knowledge, lower productivity, higher costs, and lower staff morale. Possible barriers to retention include low engagement and a lack of growth opportunities. Many CRCs are recent graduates from undergraduate or master's programs with little to no professional or clinical research experience. We seek out candidates who will remain in the role for a minimum of two years as most CRCs will need six months of training before they function at full capacity. While a majority of these staff work at HDFCCC for two years, some stay for less time. Some CRCs may leave the university because they lack growth either in particular areas or titles. While leadership opportunities often open up across the 13 distinct disease programs that comprise the CRSO, staff may not view them as a favorable option. Since programs function independently, staff are siloed and develop a personal devotion to their disease program and its patients and clinicians. Additionally, programs vary in size and scope of work. The smallest program comprises one clinical research manager (CRM) and one CRC, whereas a larger program comprises one CRM, two clinical research supervisors (CRS), one protocol project manager (PPM), one senior CRC (Sr. CRC), and 15 CRCs. A CRC in a small program is unlikely to be as familiar with these other roles. Based on the HDFCCC programmatic structure and inherent professional growth limitations, we have developed a mentorship program to match CRCs and Sr. CRCs with more seasoned UCSF staff mentors. The intent of the program is to expose staff to roles outside of their disease group, break down silos that exist within programs, and foster a supportive environment to openly discuss professional goals and ways to develop skills to work towards achieving those goals.

2. Goals

The goals of the mentorship program include fostering community within the HDFCCC and providing professional development, leadership, and skill-building opportunities to both mentors and mentees. The mentorship program is considered successful if the participating mentees work at the HDFCCC longer than the median length of time that staff in their same type of role typically stay. The median length of time that CRCs and Sr. CRCs work at the HDFCCC is being calculated and will be included in the poster. We will also survey mentees and mentors before and after the completion of the program to evaluate employee satisfaction. This qualitative data will provide real-time feedback on how each participant viewed the program, and the effectiveness of various aspects: 1:1 mentor/mentee meetings, group events, and overall format of the program.

3. Solutions and Methods

We opened the call for applications to the mentorship program in November 2019. Of 100 eligible staff, 25 applied to be mentees. After reviewing applications and availability of mentors, we selected seven mentees and 10 senior staff to serve as potential mentors. As the relationship between mentor and

mentee is a critical indicator to successful mentorship, we allowed mentees to determine which mentor would be a good fit for them. All participants attended a "matching event" in February where each mentee spoke with each potential mentor. After, participants ranked their top five mentor choices. After pairing the seven mentees with seven mentors, we hosted an orientation event to review expectations. Participating mentors and mentees are expected to commit to two to four hours per month for six months. There will be a one-to-two-hour monthly group event covering topics ranging from resume building and writing, to professional communication. Mentors and mentees are expected to meet on their own at least once a month for 30 minutes. We developed a "Mentoring Agreement Form" to guide the discussion and expectation about the frequency and length of their check-ins.

4. Outcomes

Due to the pandemic, additional events beyond the February kick-off meeting were halted. As a result, we have not completed the first cohort and cannot present outcome data at this time. The following monthly events are planned once the program resumes, in addition to mentor/mentee meetings:

- Resume and career management document workshop
- Professional communication workshop
- Mock speed interviewing with feedback
- Mentor job presentations

5. Lessons Learned

Thus far, the 25-percent application rate demonstrates interest in mentorship among staff. CRMs and CRSs were eligible for the program but did not apply, which shows a greater interest by those in more entry-level roles. The program was interrupted by COVID-19 pandemic as UCSF went fully remote as of March 12, 2020. We resumed the program remotely in April 2021.