# Simplifying and Improving Training and Delegation Documentation

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### BACKGROUND

Training and delegation are a primary focus of the Code of Federal Regulations and Good Clinical Practice guidelines. The Huntsman Cancer Institute (HCI) Clinical Trials Office (CTO) identified several areas for improvement in the current training and delegation documentation process:

- Multiple signatures required by the Principal  $\bullet$ Investigator (PI).
- Frequent changes due to staff turnover.
- Quality control issues.
- No defined process for collecting electronic signatures.
- Sponsor overreach due to too much flexibility in Standard Operating Procedure (SOP).

## METRICS/GOALS

- Decrease the signature burden on Pls.
- Increase compliance.
- Move from wet ink to an electronic platform.
- Decrease ambiguity for sponsors.

### **METHODS**

- HCI CTO leadership reviewed posts from the American Association of Cancer Institutes Listserv.
- Three primary components were developed:
  - Research Personnel Profile Page for each research role (Figure 1)
- 2. Protocol Assignment and Training Log (Figure 2)
- PI Statement of Oversight and Delegation (Figure 3) 3.



### Figure 1



### Figure 2

PRINCIPAL INVESTIGATOR STATEMENT OF OVERSIGHT AND DELEGATION

### IRB#: Protocol Title: Sponsor Name: Sponsor ID/Short Title: PI Name:

In accordance with the Huntsman Cancer Institute (HCI) Clinical Trials Office (CTO) Standard Operating Procedure "Delegation of Authority and Protocol Training Documentation," this document serves as confirmation that I, the Principal Investigator of the above-named clinical trial, maintain full responsibility for the conduct of the study and execution of the protocol. I have agreed to utilize the HCI

### Figure 3

PROTOCOL ASSIGNMENT AND TRAINING LOG IRB#: Principal Investigato

### Study Title: Trainee Name Role\* Trainee Signature Trainer Name or Training and SIV (N/A where Delegation Start orrespondi Date number) applicable)

1 - Principal Investigate 2 – Sub-Investigator

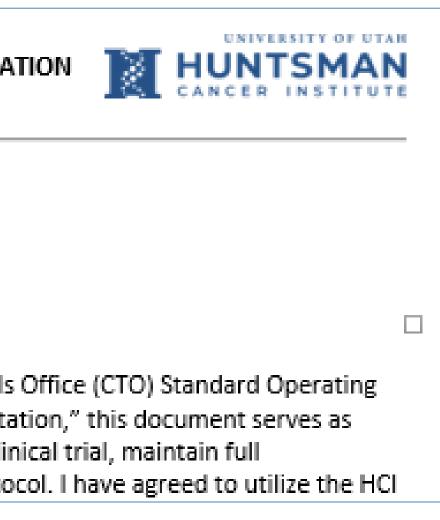
3 – Coordinator (Clinical Research Coordinator, Clinical Research Nurse, Study Coordinator, Research Data Coordinator, Project Administrator, and Program Manager) 4 - Regulatory Coordinato

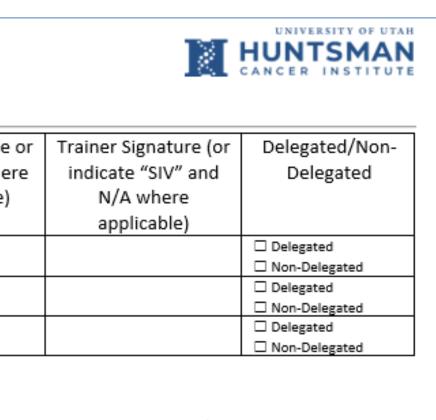
5 - Specimen Processor

6 - Designated IDS Pharmacist 7 - Other non-delegated role



AH N TE	
nical Research Nurse, Research Data and Program Manager)	
le) iting process	
but not limited to blood, tissue, etc. uch as quality of life questionnaires and electronic CRFs (eCRFs) as applicable	





## **OUTCOMES**

After the SOP and other related documents were drafted, a pilot was begun in January 2022. • The pilot team was able to identify and correct

- multiple issues.
- be more convenient.
- process.

# FUTURE PLANS

- After a successful pilot, we will roll out the new process to the entire department.
- selected studies to the new process.
- adjustments as we move forward.

**Acknowledgements:** We appreciate the other cancer centers who contribute to the AACI Listserv.



Staff and investigators have found the new process to

• Monitors have provided positive feedback for the new

Study teams will begin the process of transitioning • We look forward to full implementation and process