

Going From an In-Person to Remote Training Program: How to Ensure Engagement

V. Tomaselli, M. Nicola

Memorial Sloan Kettering Cancer Center

1. Background

The COVID-19 pandemic confronted us with the challenge of having to quickly convert our highly interactive on-site clinical research training program to a fully remote instructor-led training (ILT) program. Our on-site training program consisted of:

- A series of required pre-requisites (self-paced, web-based courses) to attend in-person, instructor-led learning sessions
- Highly interactive ILTs consisting of exercises utilizing various training environments of various clinical research systems

2. Goals

1. Research available online training platforms that were compatible with our Learning Management System (LMS)
2. Research system requirements for staff to be able to participate remotely
3. Train the trainers in the new methodology (remote vs. in-person)
4. Redesign content, while keeping the sessions highly interactive
 - a. Modify content presentation to make it more dynamic and keep staff engaged
 - b. Adapt the exercises utilizing training environments so that they can be accessed and completed remotely

3. Solutions and Methods

1. Worked with LMS administrators and clinical research system owners to ensure proper integration of learning platforms
2. Informed managers and supervisors of system requirements staff needed to participate remotely
3. Required all trainers to complete a Facilitating Virtual Training Certificate
4. Reformatted training content to make it suitable for remote trainings: added interactions utilizing various learning tools and assessments offered by the LMS to increase engagement and retention

4. Outcomes

2019: 84 in-person ILTs, 436 total attendees

2020: 86 trainings (18 in-person ILTs, 68 remote), 409 attendees

Learner feedback:

“I felt like I was at an in-person course training. I enjoyed that there were live trainers available to guide me through all of the training guides and information. I also enjoyed how the students were able to remain engaged by doing in-class activities and quizzes.”

“Remote training allows for information and practice in clinical systems to be accessible during a time where many of us are not able to be on site.”

5. Lessons Learned and Future Directions

The COVID pandemic forced a complete restructuring of our clinical research training program; a program that serves ~900 staff. We faced multiple challenges in ensuring our new remote training program was as highly interactive as our in-person trainings. To avoid disruption to the training program and continue to meet the training needs of an ever-growing and changing training population, we had to make the changes in a two-week period.

1. Assessments of our new remote trainings based on learner feedback and trainer observations allowed for us to make required revisions; additional interactions with the learners were included to address the difficulty of retaining attention and interest that can occur with remote trainings
2. We created instructional materials on how to address/troubleshoot technical issues; delivering a highly interactive session remotely added new technical challenges, therefore, providing additional instructions on how to address potential technical issues allowed the sessions to run more efficiently

As we move forward with our fully remote training program, we are continuously implementing changes to meet current demands and challenges. As we train, we learn how to better deliver content to increase engagement and retention.