1. Background

As of January of 2019, the Clinical Trials Office (CTO) of the University of Arizona’s Cancer Center did not have a training program in place for the clinical research nurse (CRN) position. New CRNs were informally trained by shadowing more experienced nurses for an indeterminate amount of time (usually 4-5 weeks). This informal training approach led to frustration for new CRNs, and inconsistent work practice.

2. Goals

The goal was to create a comprehensive training program to meet the needs of the CTO and ensure that all CRNs were trained, and their performance evaluated within an objective and consistent framework. An additional objective was to include our clinical partner’s (Banner Health) initial oncology specific training and biennial RN skill validation as part of the training program.

3. Solutions and Methods

A Research RN committee comprised of three CRNs collaborated to create the comprehensive training program. A literature review was performed to gather examples of training programs and competency checklists commonly used for research and/or oncology nursing. These included:

2. Oncology Nursing Society: “2016 Oncology Clinical Trials Nurse Competencies”

After the literature review a formal CRN training program was created and implemented. This program incorporated site-specific activities: clinical skills validation, Banner’s Oncology Academy training, research-specific Cerner (EMR) training, and a comprehensive list of CRN competencies to be taught by an assigned preceptor, and then observed and signed off. CRN training is considered complete when all activities and skills have been checked and signed off or a remediation action plan has been completed.

4. Outcomes

Although this training program is standardized, it allows for different learning styles and learning speeds. Assigning a preceptor to every incoming CRN has also promoted strong relationships and a teamwork culture within the CRN team. Since implementation of the RN training program, there has been a significant reduction in staff turnover. Before the program was implemented in 2020 turnover rate was 67%. After implementation in 2021, turnover rate fell to 0, and has remained low: 9% in 2022 and 18% in 2023. The average CRN longevity in months has also increased from 20.7 months to 25 months after the program’s implementation.

5. Lessons Learned and Future Directions

The timeline from identifying the need for a training program, to development and implementation was approximately 2.5 years. What started as a simple list of learning activities became a structured program through collaboration, observation, feedback, and evaluation. There are not many resources for training and education for CRNs; there was not a ready-made program that could be used. The final product is a program that is custom-made and tailored to the unique nuances of the CRN job functions in our CTO. We believe this program will continue to impact CRN retention and job satisfaction in the CTO.