

## **Structured Training and Staff Retention: a Three-Year Review**

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### **1. Background**

High turnover among clinical research staff—including clinical research coordinators (CRC), data coordinators (DC), and regulatory coordinators (RC)—poses significant risks to study quality, protocol compliance, and operational continuity. This presentation examines how structured training and education programs can enhance workforce stability within clinical research settings.

### **2. Goals**

A structured training program was implemented in the Clinical Trials Office (CTO) at the University of Alabama at Birmingham (UAB) due to an increasing rate of staff turnover. In early 2023, the Education Department in the CTO set the goal of creating a structured training program to assist in the stabilization of staff turnover and provide career development pathways for CTO staff.

### **3. Solutions and Methods**

In alignment with broader optimization initiatives including workload assessment, workflow redesign, and study pipeline management, our center implemented structured onboarding, competency-based training, annual competency evaluation, and ongoing professional development. Twelve-week initial onboarding includes in person lessons, self-guided electronic training modules and assessments, and role specific shadowing with research duties performed under supervision. Dedicated paper-based competencies assess readiness for independent work. A six month post onboarding assessment is completed to evaluate learning outcomes presented in weeks one to twelve. All staff complete an annual assessment and competencies evaluating quality of work. Results are provided for staff feedback on performance as well as readiness for promotion. Continued education is provided at least once monthly delivered in person and distance accessible focusing on broader research topics. These initiatives strengthen staff proficiency in Good Clinical Practice (GCP), protocol execution, and regulatory compliance, and foster a supportive work environment that promotes engagement and professional growth.

### **4. Outcomes**

Our program has demonstrated that structured training in combination with workload assessment and study pipeline control has significantly improved staff retention and performance.

- The turnover rate of CRC has dramatically declined- from 49 percent in 2023 to 17 percent in 2025 as our training program has fully developed within the CRC role
- Steady decline of informed consent errors
- The turnover rate for DC has shown decline from 14 percent in 2024 to eight percent in 2025
- Data collection for RC is ongoing

### **5. Lessons Learned and Future Directions**

Over a three-year review, we learned that structured training assists in stabilizing staff turnover. It also

became clear that training content must be tailored to the career ladder level, experience, and medical and clinical research knowledge of the staff. We have learned that providing data-based feedback to the staff on their strengths and weaknesses builds trust and allows assignment of acuity of trials to match the knowledge level of the employee. An on-site education team provides an additional layer of real-time support for management and staff, promoting a culture of collaboration. While we recognize the requirements for training may seem overwhelming, our data supports the effectiveness of the program. Future directions include expanding the recently implemented research training for nursing and ancillary staff through the Cancer Service Line and further expanding our educational footprint in the inpatient setting to continue our efforts to seamlessly integrate clinical research operations into standard of care processes at UAB.

Figure

