We utilized a number of traditional QI methodologies to better understand the current state and determine the primary inefficiencies in the training process.

- Stakeholder interviews
- Fishbone diagraming
- Surveys
- Root Cause Analysis

RESULTS

- 100% survey response rate.
- Variable skill levels across domains (Fig 1).
- Initial training is overwhelming for staff.
- Ongoing training is required as CARE’s project portfolio increases.
- Current status of training program is not standardized and relies heavily on one person.
- If training is delayed, staff cannot perform their job.
- Enthusiasm in group for more learning opportunities (Fig 2).

Figure 1: Overall Comfort Across 14 Skill Domains for staff with 0-2 years' experience

- Domains: Research consenting, source documentation, case report forms, databases, operation manuals, IRB communications, regulatory binders, drugs, devices, budgets, sponsors, patient contact, bench research, specimen kits.

Figure 2: Staff Interest in Ongoing Training. Staff expressed interest in an average of 26 of 21 topics offered.

- Topics offered: Core skill domains, plus statistics, manuscript writing, site management, grant applications, data cleaning, protocol development.

CONCLUSIONS

Recommendations:

- Break up new training into modules
- Develop materials for each module
- Delegate each module to existing staff
- Establish weekly education training
- Supervisor, guest presentations
- As-needed breakout groups for P2P teaching
- Utilize dashboard to track training process
- Simple roadmap (Fig 3)
- Dynamic dashboard

Figure 3: Static research training roadmap

FUTURE DIRECTIONS

- CARE Research Education Rounds has been piloted and well received, and will continue.
- Develop training modules in coming months.
- Develop staff and create expectation of integrated training and pride of expertise.
- Continue to survey staff experience.

Acknowledgments: Thank you to the wonderful CARE group staff!