



**Report of Breakout Sessions and  
Discussion:**

**Training and Professional  
Development**

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# Comments about the survey

- ▶ In the survey instrument, the definitions of "network staff" and "site staff" may not have been clear to everyone, and differently structured CRNs may have put the same types of people into different categories.
- ▶ Community educators, data management, statisticians, and economists were not listed in the survey.
- ▶ There are currently varying definitions of and targets for "professional development." Insufficient information exists about what needs to be done or is being done in this area, especially for site staff.



# Comments about the survey

- ▶ Other subgroup analyses might include comparison of
  - CRNs affiliated with academic centers versus CRNs without academic center affiliation

Or alternatively

- CRNs affiliated with academic medical centers with certain types of resources (e.g. GCRCs) versus those without those resources



# Comments about the survey

- ▶ Survey questions appeared to be overly focused on NIH networks
- ▶ Results seem to show that succession planning (training of future staff in older networks) is less likely, but this seems to be counter intuitive
- ▶ Who are the Clinical Trials Networks that are not NIH-funded? (e.g. funded by Cystic Fibrosis Foundation, Arthritis Foundation, or CDC)



# Implications and Suggestions

- ▶ Standardize role definitions – i.e., what is a CRA, site coordinator, project director, study coordinator, etc.?
  - Standardize core competencies for the different roles, then develop role certification
  - Use of a training matrix may be helpful.
  - Standardize training and definition of roles may assist with educational efforts



# Implications and Suggestions

- ▶ Standardize required basic research training
  - Standardize required GCP, HSP training so site staff do not have to take multiple courses
  - Have one web-based HSP training with levels for different types of research and different research roles
  - Standardize training modules with an eye to cross-institution portability of the training between sites/CRNs/Universities



# Implications and Suggestions

- ▶ Develop recommendations for CRNs on basic training competencies and techniques, including issues like timing, relevance, dissemination over distance, etc
  - These could be included in a "network tool kit"
  - Include a chapter on negotiation and conflict management



# Implications and Suggestions

- ▶ Training materials should be based on a needs assessment.
  - Training must be relevant to site staff and clinician researchers
  - Offer CME and/or reimbursement to community practitioners who participate in training



# Implications and Suggestions

- ▶ Timing is important – information does not sink in until someone is applying knowledge
  - Determine what training can be provided at any time and what needs to be provided "just-in-time"
- ▶ Need to evaluate the effectiveness of training
  - Develop a trans-network evaluation process for training programs



# Implications and Suggestions

- ▶ Stress protocol development that addresses reach, effectiveness, adoption, implementation, sustainability, spread (RE-AIM), and dissemination
- ▶ Don't overburden all CRNs with translational requirements as this requires behavioral research efforts that are independent of the CRN's scientific questions



# Implications and Suggestions

- ▶ Sponsors should fund curriculum development, staff development training, and evaluation of training effectiveness



# Implications and Suggestions

- ▶ Incorporate research training into the basic curriculum of medical and other health professions schools



# Implications and Suggestions

- ▶ How might CRN mentorship be facilitated?
- ▶ Can national online K-30 trainings be developed/disseminated?
- ▶ Develop specific professional development activities to prepare junior faculty and interested others (e.g. community clinicians) to participate in clinical research in a network
  - These could be included in the CTSAAs
  - Case Western Reserve University just received an R25 grant to train PBRN researchers



# A final thought

- ▶ Should research be a vehicle for improving practice? If so, can we find a way to shorten the feedback loop – using continuing education for the clinician researchers who contributed.
  - For example, should we train control group clinicians and staff on the intervention protocol, if effective, after study is over.
- ▶ Could CRNs be re-conceptualized as "learning communities?"

