



Training and Professional Development

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Overview

1. Concepts

- a. Have all important concepts been captured?
- b. What else is missing?

2. Verification

- a. Do the findings seem right to you?
- b. Which are surprising?
- c. Which need further elucidation?

3. Implications

- a. What are the implications of these findings?
- b. Which findings could have the largest impact?
- c. Which ones would be easiest to disseminate and implement?



Types of Educational Opportunities

- Training
 - Policies
 - Practices
 - Monitoring and evaluation of training
- Professional development



Types of Participants

- Network level staff
 - Principal investigators/ Co-PIs
 - Other investigators
 - Study coordinators
 - Data management staff
 - Research assistants
 - IT staff
 - Lab staff
 - Administrative staff
 - Repository staff
 - Contractors
- Site staff

Note: PIs/Co-PIs considered network staff; No breakdown of site staff



Types of Training

- Research procedures
 - Protocol or study plan review
 - Compliance with International Conference of Harmonization/Good Clinical Practices
 - Disease/condition/practice under investigation
 - Adverse events reporting
 - Specimen management
- Study coordination and management
 - Study initiation
 - Manual of Operations training
 - Site reporting requirements
 - Document reporting/retention
 - Study closeout



Types of Training

- Activities related to study participants
 - Recruitment practices
 - Screening and enrollment
 - Participant education
 - Participant activities/procedure for study visits
 - Adherence practices
 - Retention practices
- Human subjects protection
 - Privacy requirements
 - IRB procedures
 - Human subjects management
 - Conflict of interest disclosures



Types of Training

- Data management
 - Data collection
 - Data reconciliation
 - Data retention
 - Electronic systems
 - Electronic security

Note: No post study training



Professional Development

- Pre-doctoral awards or training
- Post-doctoral awards or training
- New investigator awards or training
- Interdisciplinary awards of training
- Senior researcher fellowships
- Support of Continuous Research Excellence
- Research for Scientific Enhancement
- Initiative for Minority Student Development
- Nursing research grants

Note: Nothing specific to PBRN research



Quantitative Data

Subgroups:

- Age < 5 years vs. age ≥ 5 years
- Clinical Trial vs. Non-Clinical Trial
- NIH vs. Non-NIH



Age of Network

Older networks were:

- More likely to have a “regular method for sharing information on evaluation (of training) findings”
- Less likely to “provide funds for site-level staff professional development activities”
- More likely to report that “PIs and new investigators were involved in network-sponsored professional development opportunities”



Clinical Trial vs. Non-Clinical Trial

Clinical Trials Networks

- More likely to have written policies and procedures regarding training
- “Another network committee” addresses training (not “staff training committee”)
- IT staff more likely to receive training
- More likely to provide data management training for network staff



Clinical Trial vs. Non-Clinical Trial

Clinical Trial Networks:

- More likely to provide site staff training in:
 - Research procedures
 - Study coordination/management
 - Activities related to study participants
 - Activities related to data management
- More likely to provide paid time off for network staff
- Data management staff more likely to participate in professional development activities



NIH vs. Non-NIH

NIH Networks:

- More likely to have written policies and procedures and written training goals
- More likely to have developed training materials for network staff
- IT staff more likely to receive training
- More likely to offer and evaluate staff retraining



Qualitative Data

- Network longevity and University affiliation most important factors affecting approaches to training and professional development
 - Older networks offer more formal and robust training programs
 - University “umbrella” makes many opportunities available for network staff
- Ability/willingness to use IT and telephonic resources for training was key



Qualitative Data

Barriers to training included:

- Insufficient funding for training
- Insufficient time
- Site staff resistance
- Complex (multiple) and changing regulatory requirements

Evaluation of training was limited and incomplete in nearly all networks



Best Practice Interviews

- One Clinical trial network and one NIH network represented out of four networks included
- Focus almost entirely on concise, efficient, project-specific, useful, “just-in-time,” training
- As much (or more) emphasis on clinically or administratively relevant information about the topic being studied as about research methods
- Greatest concern about practical ways to reach large numbers of practices separated by distance
- Concepts of mentoring, peer-to-peer, and experiential learning mentioned

