



THE NEW STANDARD

Virtual Study Training in Clinical Trials



Before 2020, most study training provided to clinical research sites relied heavily on monitors doing training at initiation visits, and web-based on-demand training was a novel concept used by only a few forward-thinking sponsors. When the COVID-19 pandemic hit, web-based on-demand training became a must-have, not a nice-to-have. In this digital ebook, learn how combining on-demand training with web-based meetings has become the new training best practice for clinical trials.

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Improve Training, Increase Participation, Reduce Redundancy, and Cut Costs: Why Virtual Study Training is the New Norm

The use of virtual training through web-based meetings existed long before COVID-19, but the pandemic made web-based on-demand training the new norm, particularly for clinical trials.

This shift allows us to compare online study training to in-person training, and the results are dramatic. Based on our work with clients, WCG Trifecta found that delivering on-demand training reduces training costs by 60%, cuts study training time by 50%, and gets enrollment started 55 days faster.

Why is there such a significant difference?

It comes down to redundancy. Site training content often overlaps from study to study, and clinical site teams frequently must complete training for a new trial that is identical or nearly identical to training they've previously completed for another project. This is not only wasteful, but frustrating for investigators and site staff.

Eliminate redundancy, and you solve both problems. Consider the experience of one biopharma sponsor using virtual site training: Over four years working with WCG Trifecta, clinical site staff were exempted from 98,166 hours of redundant training.

That's more than 4,000 days.

That represents just one aspect of the larger cost-savings picture. The savings on air travel, lodging, dining, and other expenses connected with an in-person meeting are substantial. Sponsors can then invest those savings into more training or other aspects of clinical development.

Additionally, virtual training offers an array of other benefits:

- **Convenience.** Because anyone from a site can attend, attendance is higher. Budget considerations often limit the numbers of participants in in-person training. Some



people can't travel, so they often miss out on training. Not only will you have more individuals attending—you'll also have more sites. It's common to see 100% of sites represented at a virtual meeting; that rarely happens with an on-site gathering.

- **Flexibility and speed.** Virtual training meetings can be on-demand. Sites can do training at their own speed and on their own schedules. It's much easier, for instance, to shift the dates for training. Some sponsors have put together virtual training in weeks—even days. These quick turnarounds are especially important for amendment training.
- **Easier onboarding of new staff.** On-demand training can be delivered right away as part of the staff initiation process.

NO "DEATH BY POWERPOINT"

You've probably heard the complaint, "Oh, it's virtual. It's going to be boring. No one's going to interact. Participants will be multi-tasking." But here's the open secret: People multitask at on-site training sessions, too. They get bored. Presenters can be dull.

But let's accept that lack of engagement is a greater concern in the virtual setting. We have many ways in virtual training to keep things engaging, including interactive quizzes and polls. Quizzes introduce a level of friendly competition and, at the same time, they assess just how well the attendees are absorbing the material and identify potential gaps in learning.

Designated Q&A time is essential to engagement. In the on-demand model, it's simply a matter of

scheduling stand-alone, live Q&A sessions. These have become increasingly popular this past year.

As sponsor organizations begin to approach virtual training as more than merely a stopgap measure, they need to focus on certain critical implementation considerations.

KEEP CONTENT CONCISE AND TARGETED

Developing training for delivery in a virtual environment, either live or on-demand, requires a focused approach to content development. The primary objectives and the endpoints of the study should drive that content, and training should address elements of the protocol that carry the most risk. Focus on risk mitigation, not on self-explanatory operational instructions.

In other words, it's essential to distill the training to the essentials: risk mitigation, necessary tasks and intended outcomes. The more the training attempts to cover every aspect of the protocol, the more weighed down the trainee becomes.

DON'T CONTRIBUTE TO THE SITE BURDEN

Training solutions should never add to the stress or workload of clinical site staff. It should make the task of training easier, not more difficult. Access to the training should be streamlined and password protected, and technical assistance should be immediately available.

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LISTEN TO YOUR SITES

Considering the voice of the site is critical. Successful sites have insights that can help struggling sites get up to speed. Ask prominent investigators in the study or in the therapeutic areas to provide feedback and information that could be included during the live Q&A sessions. Listen to the feedback from sites and address concerns during live meetings.

CENTRALIZE TRAINING MATERIALS AND DOCUMENTATION

On-demand training and the training associated with the protocol must be accessible by 24/7/365. All live sessions, including the stand-alone Q&As, should be recorded and transcribed so salient questions and answers can be housed in the on-demand training platform for ongoing access. Store FAQ documents, newsletters, etc. here. In addition, all study training documentation should be in one location. This is important for accessibility in general and for audits.

THINK BEYOND TRAINING

With the right platform, sponsors can connect with sites in ways that make more efficient use of everyone's time. For instance, virtual site initiation visits can be more efficient than face-to-face ones. It also offers a more effective way to conduct internal training.

FIND THE RIGHT FIT

Some training probably needs to be done face-to-face, especially when a hands-on approach is required. The key is to choose the right modality for the training. Once you succeed with a particular approach, keep using it. But before settling on the modality that works best for you, be sure to find out what works for the site.

Technology has given us improved methods to deliver clinical trial training and to collaborate

with our sponsor partners, with research organizations, with vendors and with the clinical site staff, and the pandemic has given us the opportunity to test them. Now, it's time to take what we've learned and begin to connect in new and better ways, making our training—and perhaps all our interactions—more fruitful.



Frequently Asked Questions About Study Training

The use of virtual training existed long before COVID-19, but the pandemic made web-based on-demand training a necessity. As on-demand training and virtual investigator meetings become more common, sites, sponsors and other stakeholders have many questions on the subject. Here are a few of the most common questions we receive on virtual study training:

Q How much saving can we expect from a move to on-demand virtual clinical trial training?

Internal data show that delivering on-demand training to sites reduces cost by 60%, gaining 55 enrollment days on average, and it reduces 50% of sites' time by eliminating redundant training.

Q Of the various meeting platforms, Zoom, Webex, GoToMeeting, Adobe Connect, etc., is one especially good for training?

No one platform is more appropriate than another. It depends on your specific needs. Ask yourself:

- Is an attendance record important to you?
- Is security important to you?
- Is interactivity important to you?
- How large is the audience? Is it an internal meeting with just your study team or is it investigator meeting with clinical site staff?
- Do you want everybody to have an open telephone line, or do you want to control when questions are asked?

Each situation has its own solution, depending on how you answer those and other questions.

Q **As we've seen in education settings, there is some sensitivity about asking participants to be—and stay—on camera. How do we negotiate that issue during your training?**

It requires empathy. Someone may be having personal issues at home and isn't comfortable being on camera. You want to try to get everyone on camera, but we need to be sensitive. Everyone's situation is different. It might be case by case at times.

Q **Presenters in virtual meetings have different levels of proficiency. They may not be able to use polling, or they're unsure about how to get the video up. This is awkward in a meeting and could be even worse in a training session. What advice do you have?**

It's important to rely on those with expertise in running virtual training, even if it's just internal training for a small group. It makes sense to invest in a platform to make it professional. So many things can go wrong, and you don't want that headache during your live meeting.

Here's what one of Trifecta's clients has to say: "That's why we have used Trifecta for even our more informal internal meetings, and everyone's live on microphone. For me running the training, being that facilitator, it made my stress level much lower because I knew they were there to provide support; we had presenters with different issues, but we had that support, and it went very smoothly."

Q **How do you keep people engaged and attentive during virtual meetings?**

Start with icebreakers, as with any meeting.

Every six to eight minutes, put in an audience-response question. That can be anything. It can be testing their knowledge or a quiz on material content that's being presented. It could be something to do with how their site is equipped or what their recruitment strategies are.

Set aside times for Q&A. Typically, presenters like to move through their presentation. At the end, they'll say, "I'm happy to take any questions." Then, after a 10-second pause,



the agenda moves on. We recommend that you set aside 15 to 20 minutes for questions. Publish on your agenda that there will be a Q&A session. Then, allow people to raise their virtual hands. You give them an open mic, and you have communication between the sites and the study team.

Have some polling questions. Keep it interactive. Consider a chat box: Some people just aren't going to be comfortable to speak up and ask a question. They'll be more comfortable with a chat box that allows them to communicate with the presenter and not the entire audience.

Q If we move to on-demand training, how do we form trusting connections with sites and investigators without in-person meetings?

By including live sessions. If your training is largely on-demand, you still have the opportunity for a live virtual that allows the site staff to communicate directly with the study team. It's especially important to hold live regular live Q&A sessions.

Be sure to record and transcribe these sessions so salient questions and answers can be added to the ongoing FAQ documents housed in the on-demand training solution for ongoing access.



WATCH THE WEBINAR

The New Standard: Virtual Study Training in Clinical Trials

[On-Demand Webinar](#)

[Webinar Highlight Reel](#)

Presented by:



Brian Schilb

Sr. Director, Training Solutions

WCG Trifecta



With over 15 years of study start-up experience for clinical trials, WCG Trifecta is a proven leader in study training, safety letter distribution, and regulatory document management services. When you partner with us, you benefit from a platform designed to help streamline every phase of your research.

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310.385.8652 | www.wcgclinical.com/studytraining
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