

Building a Clinical Career Ladder

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Background

During interviews, most study coordinator (SC) candidates say they seek growth and upward mobility. The reality in our Clinical Protocol Office (CPO) was that once an SC wanted growth, they had three options: become a manager (limited opportunities), switch to another role laterally within the CPO, or leave altogether. Staff would often go to industry (common given our location within the Research Triangle) in search of more opportunities.

Providing regular support for staff was also challenging. Our clinical branch consisted of two leadership positions overseeing approximately fifty staff across four buildings. Between physical barriers and numerous obligations, supervisor availability to all staff was insufficient. Staff need and deserve consistent resources for assistance and support.

Goals

We sought a way to provide SCs with support and growth opportunities. We posited that implementing a career ladder would embed more support within the office, resulting in greater protocol compliance. We also felt this would provide built-in growth and professional development opportunities, resulting in greater staff satisfaction and retention.

Phase 1: November 2017

- **Study Coordinator 1 (SC1)**
 - One year study coordinator experience or experience in oncology clinical trials
 - Duties: 100% study coordination; other duties as assigned
- **Study Coordinator 2 (SC2)**
 - Two years study coordinator experience, one year oncology trial coordination experience
 - Duties: study coordination; participating in advisory groups, precepting, SSVs, other duties as assigned

Methods

Clinical Structure Before



Clinical Structure After



Methods (cont'd)

Phase 2: November 2018

- **Study Coordinator 3 (SC3, Lead Study Coordinator)**
 - 3 years study coordinator experience, 2 years oncology trial coordination experience
 - Certification with SOCRA or ACRP required
 - Duties: 50% study coordination; portfolio management, team lead, program support, other duties as assigned

Once identified, SC3s were provided support, regular leadership meetings, and HR training, as we recognize that this new part of the role is vastly different than what they have previously experienced.

Though phase two of the career ladder is still new, we are already seeing positive effects, such as:

- More clinical staff are interested in obtaining professional certification
- More leaders who can provide mentorship, being closer to the work
- Staff feel more supported via daily interactions with their leads
- Better portfolio management (identifying trial needs, monitoring activation timelines, etc.)

Outcomes

Conclusions

Our SC3s are still new to their role, so we are gradually giving them more responsibilities in order to not overwhelm them. We continue identifying more HR trainings for them to attend and occasionally have HR leadership attend our meetings to help address specific areas of interest. We will also read a leadership book together and facilitate discussions. In the next several months, we also plan to hire additional managers to provide additional support and oversight.