Going from an in-person to remote training program: how to ensure engagement

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Background

The COVID-19 pandemic confronted us with the challenge of having to quickly convert our highly interactive in-person clinical research training program to a fully remote instructor-led training (ILT) program. Our on-site training program consisted of:

- A series of required pre-requisites (self-paced, web-based courses) to attend in-person, ILT sessions
- Highly interactive ILTs consisting of exercises utilizing various training environments of various clinical research systems

Goals

1. Research available online training platforms that were compatible with our Learning Management System (LMS)
2. Research system requirements for staff to be able to participate remotely
3. Train the trainers in the new methodology (remote vs in-person)
4. Redesign content, while keeping the sessions highly interactive
   a. Modify content presentation to make it more dynamic and keep staff engaged
   b. Adapt the exercises utilizing training environments so that they can be accessed and completed remotely

Solutions and Methods

1. Worked with LMS administrators and clinical research system owners to ensure proper integration of learning platforms
2. Informed managers and supervisors of system requirements staff needed to participate remotely
3. Required all trainers to complete a Facilitating Virtual Training Certificate
4. Reformatted training content to make it suitable for remote trainings: added interactions utilizing various learning tools and assessments offered by the LMS to increase engagement and retention

Outcomes

1. **Technology enhancements.** Expanded use of the remote functions of our LMS, including implementation of its Virtual Classroom platform. Created instructional videos and handouts to ensure staff could log in and participate remotely. Although the logistics involved in our trainings became more complex once we went fully remote, we saw an increase in the satisfaction regarding logistics (see Table 2).

2. **Leadership support.** Received approval and support from leadership to restructure the training program to become fully remote.

3. **Developed internal capacity.** To ensure our Trainers met the requirements of remote trainings, they completed a Facilitating Virtual Training Certificate. This certificate, now a requirement for all Trainers, provides skills and tools that foster and maintain engagement within remote trainings.

4. **Interactive Learning Environment.** In order to maintain a highly interactive learning environment that we applied with our in-person trainings, training exercises were re-formatted to fit the remote format. Changes included required participation among all learners (e.g., called on all learners throughout training, use of chat feature), required use of virtual classroom tools (whiteboard, arrows, text boxes, etc.) to respond to exercises and contribute to discussions, and continued use of clinical research systems, but now via remote log-in.

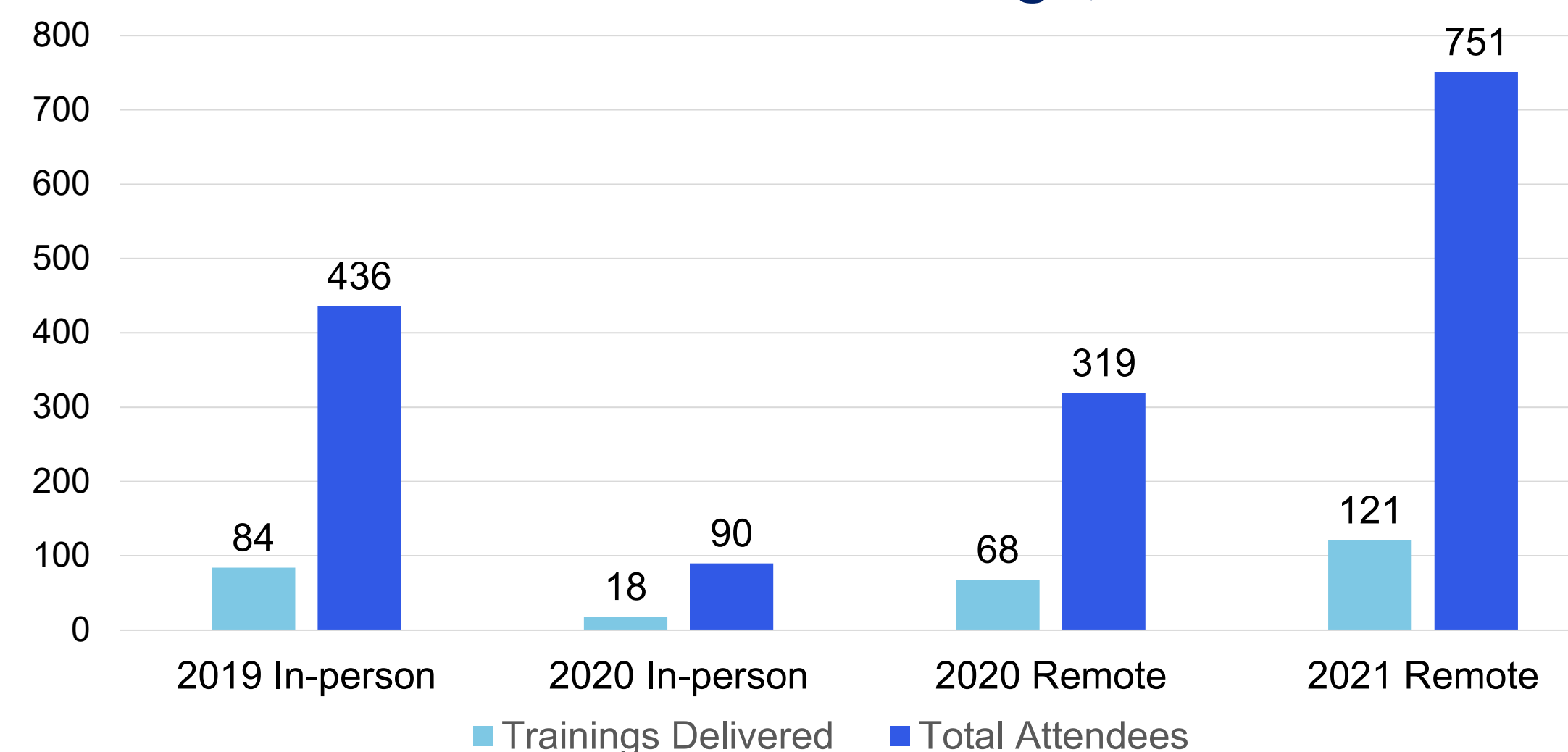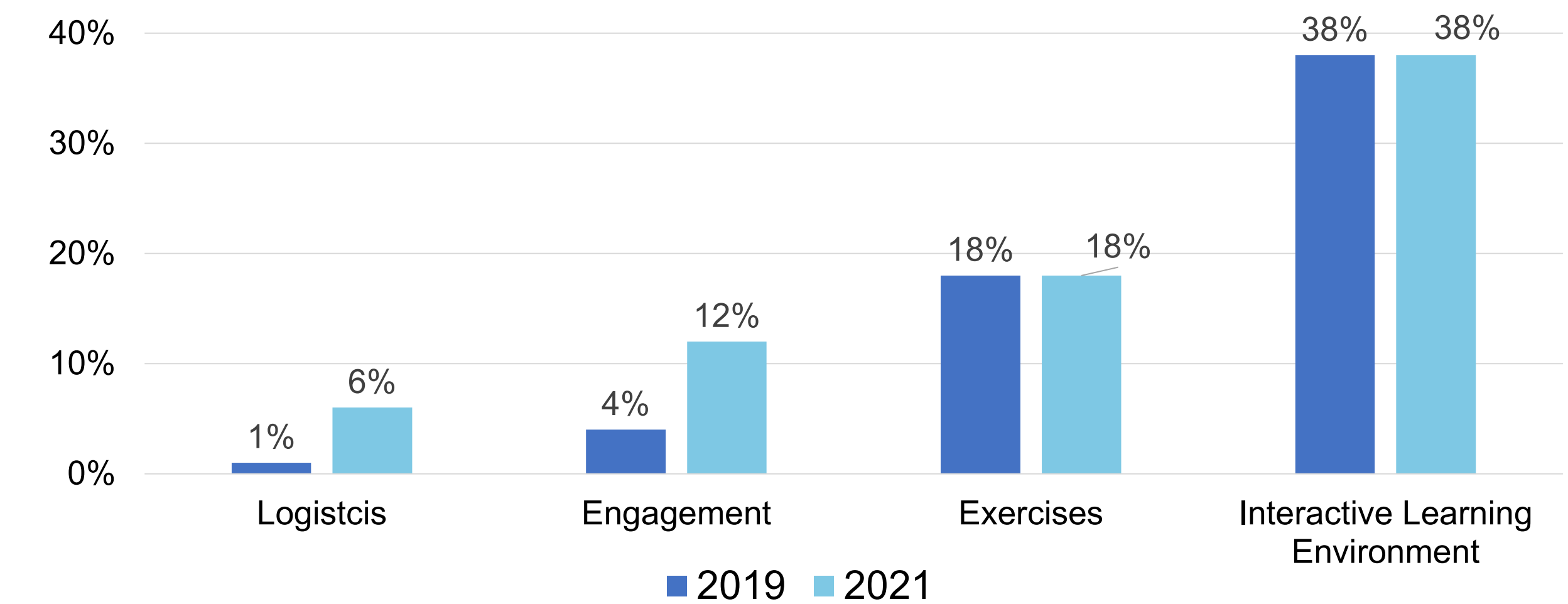### Table 1. "Core" ILT Trainings, 2019-2021

Bar chart showing Trainings Delivered (light blue) and Total Attendees (blue):
- 2019 In-person: 84 / 436
- 2020 In-person: 18 / 90
- 2020 Remote: 68 / 319
- 2021 Remote: 121 / 751

Table 2. What did you like most about the training?

Bar chart comparing 2019 and 2021:
- Logistcis: 1% / 6%
- Engagement: 4% / 12%
- Exercises: 18% / 18%
- Interactive Learning Environment: 38% / 38%

Learner Feedback, Remote Trainings, 2021

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I liked the varied forms of participation to keep engagement up.

I liked that we were kept engaged throughout and had several activities to test out knowledge.

I thought this was very well done and easy to stay engaged, which can be hard for online courses.

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Lessons Learned and Future Directions

The goal of the training program for ~900 clinical research staff at MSK is to provide immersive and engaging training experiences to ensure staff retain information and can apply the information in appropriate situations/procedures. Our well-established training program was forced to quickly adapt to the changes brought upon the COVID pandemic. Restructuring from a fully on-site to remote program required various technology enhancements, guidance and approval from leadership, and internal capacity building.

COVID changed the landscape of training, making remote training a necessity. Although we continue to experience new demands that come with providing flexible and adaptable remote trainings, our commitment to providing an interactive and engaging training program remains our guiding principle and reason for our continued success.