

Managing Flexible Work Schedules Within a Disease Specific Team

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1. Background

In June 2022 the Medical College of Wisconsin (MCW) began formalizing flexible work arrangements. The Clinical Trials Office (CTO) understood that flexible work arrangements were a job satisfier and a benefit that helped with staff retention. MCW CTO created a baseline that “patient facing staff” were required to be onsite three out of five workdays and non-patient facing staff were required to be onsite two out of five workdays. The composition of the 40-hour work week for hourly and salaried staff followed the options available per institutional guidelines (ex. five – eight-hour days, four- ten-hour days, etc.) Guidelines from cancer center leadership included that these were options and that each team needed to determine what would work best given individual team business needs. Leadership wanted the teams to design the option that worked best for them. The goal was to provide maximum flexibility without undue stress, while meeting business needs.

2. Goals

By providing greater work schedule flexibility the institution hoped to be able to increase job satisfaction and retain clinical research coordinators and clinical research assistants.

3. Solutions and Methods

Methods: The clinical research coordinators and clinical research assistants met independently of the team manager and determined what minimum in-office staffing was needed for each day of the work week. Individual team members’ wish lists were then compiled into a proposed schedule and the team worked together to problem solve any discrepancies between the required coverage and the individual requests.

Solutions: The clinical team developed two separate schedules. One for fall/winter and one for Spring/summer as the team recognized the desire for more flexible schedules during the warmer months. schedules are re-evaluated quarterly summer/fall/winter/spring. staff often like to do something different for about three months, and then try something new or revert to conventional work schedules with changing work/clinic/home/school year needs.

4. Outcomes

Flexible schedules were implemented in July of 2022. We have seen an increase in satisfaction among staff and increased communication.

5. Lessons Learned and Future Directions

The flexibility in work schedules required staff to view the group more as a team with one mission as opposed to focus primarily on individual studies and a more collaborative approach to patient visits and cross-coverage of studies. Increased communication amongst the team related to workload and tasks was observed.

We are planning on compiling results of a staff survey in May/June of 2023 to investigate if flexible schedules have increased staff job satisfaction and retention.

Category: Training, Career Development, and Staff Retention - Work in Progress

Figure

Week 1					
	Monday	Tuesday	Wednesday	Thursday	Friday
CRC 1	8	8	8	8	8
CRC 2	8	8	WFH 8	8	WFH 8
CRC 3	NPF 10*	8	8	8	10*
CRC 4	WFH 8	8	WFH 8	8	8
CRC 5	WFH 8	8	8	WFH 8	8
CRC 6	WFH 8	8	8	WFH 8	8
CRC 7	8	8	WFH 8	8	8
CRA 1	8	8	8	WFH 8	WFH 8
CRA 2	WFH 8	8	WFH 8	8	8
CRA 3	9	9	9	9	WFH 4
Minimum Office/Working	3	4	3	2	4
Week 2					
	Monday	Tuesday	Wednesday	Thursday	Friday
CRC 1	8	8	8	8	8
CRC 2	8	8	WFH 8	8	WFH 8
CRC 3	NPF 10*	8	8	8	10*
CRC 4	WFH 8	8	WFH 8	8	8
CRC 5	WFH 8	8	8	WFH 8	8
CRC 6	WFH 8	8	8	WFH 8	8
CRC 7	8	8	WFH 8	8	8
CRA 1	8	8	8	8	8
CRA 2	9	9	9	9	WFH 4
CRA 3	9	9	WFH 4	9	9
Minimum Office/Working	3	4	3	2	4

Notes:
 WFH/OFF days can still be moved around amongst each other, respecting the minimum in office each day.
 *Off/Out/Away days also need to be mindful of the minimum in office each day, and someone may have to cancel a WFH day to accommodate vacations/sick days of co-workers.
 *People in blue responsible for making sure late coverage is covered between themselves.
 *Continue putting all WFH, OUT/OFF/AWAY in Team calendar