# **Enhancing Support for Clinical Trial Research Staff: Lessons Learned and Future Directions**

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## Background

- It is often underestimated, even by experienced healthcare professionals, the emotional toll of caring for patients with potentially terminal illnesses.
- The feeling of being a hero and the desire to save these patients can add to this challenge, particularly when early-stage drugs fail to work, and patients succumb to their underlying diseases. Research Nurses and Investigators may have more experience with the loss of patients due to clinical training, while this is often the first experience for research coordinators. Many clinical research coordinator positions are entry-level, generally filled by younger individuals for whom this is their first job experience.
- In response to the mental challenges of clinical research, healthcare organizations, including CUIMC (Columbia University Irving Medical Center), have implemented well-being and psychological support initiatives. However, despite their value, the HICCC (Herbert Irving Comprehensive Cancer Center) team at CUIMC found these initiatives insufficient and underutilized in addressing grief, loss, and enhancing team resilience and perceptions of a supportive environment. It was believed that the inter-departmental support offered was too formal and distant to be truly effective.
- Consequently, there was a recognized need to develop a more personalized and intimate solution to address grief, daily stress, and overall staff support.

# Goals

- Promote staff well-being and resilience by addressing grief and stress with a robust program that will identify and promote available resources
- Implement intra-department peer-led bereavement and stress support groups
- Create a manager "grief and stress" training toolkit
- Provide a safe outlet for staff expression regarding these topics
- Create a more inclusive and supportive environment where staff at all levels can share and connect based on their personal struggles in their professional roles
- Reduce burnout, stress, and disenfranchised grief

#### **Solutions and Methods**

Our team, in partnership with the CUIMC psychology-led wellbeing initiative, created intra-departmental training and resources tailored to our staff's specific needs.

Especially focusing on early identification, support and training on loss, grief, stress and burnout, along with peer support groups (facilitated by our staff members) where employees can feel connected through shared experiences.

	Group 1 - Acute/Trauma based	Group 2 – Ongoing
Content	I.e., loss of a patient, family member, staff	As needed topics
Type of Group	Closed, but allowed to join if commitment is made	Open to all, flexible commitment
Frequency	As needed - 1 x week for 1 month for initial management	2 x month
Desired Outcome	Grief support	Build resiliency and vulnerability in the office
Group Size	As needed	5-7 people initially
<b>Duration</b>	60 minutes	45 minutes
Shared vs Diverse Experience	Shared	Diverse and shared

## **Support Group Discussion Question Examples**

- Does anyone have something they would like to discuss?
- What were your highs and lows regarding this experience?
- What is one positive thing you can take away from this conversation?
- What is your plan of action to take care of yourself today/tonight?

#### **Outcomes**

#### Completed:

- Built manager toolkit
- Reviewed training guides and plans with Cope Columbia
- Completed mock support group sessions of each group type
   In progress:
- Train managers on toolkit
- Advertise initiative to the office
  - Meet with managers so they can notify their staff
  - Create a flyer marketing the support group
- Begin rolling out consistent group sessions available to the office
- Identify departmental improvement opportunities early on and address maladaptive coping mechanisms among staff
  - To help continuously improve these discussions as well as track our progress, our team will ask for feedback from participants after each session as well as have each attendee complete an anonymous questionnaire discussing their satisfaction and wellbeing at the beginning of each session

# **Lessons Learned**

- Our experience highlights the importance of recognizing and addressing the emotional challenges faced by clinical trial research staff, especially those in entry-level positions.
- Despite well-intentioned initiatives, such as well-being and psychological support programs, there remains a gap in effectively supporting staff in dealing with grief, stress, and the emotional toll of their work.
- Our efforts to create a more informal, close-knit, and supportive environment have shown promise, but ongoing evaluation and adaptation are crucial.

#### **Future Directions**

- We aim to further integrate peer-led support groups and manager training into our program, enhancing early identification and mitigation of burnout, stress, and disenfranchised grief.
- We recognize the need for continued collaboration with psychology-led initiatives and ongoing evaluation to ensure our efforts remain effective and sustainable in promoting staff wellbeing and resilience.

