

Pragmatic trialists need to plan for adequate effort and resources to train personnel in delivery of interventions at intervention sites, and incorporate approaches to reduce cost and effort for the study team

Resource requirements for training existing practice staff to deliver diabetes interventions in a pragmatic hybrid implementation-effectiveness trial

Dennis Gurfinkel MPH¹, Angela Lanigan MPA, RD², Natalie Ritchie PhD^{1,3}, Jeanette Waxmonsky PhD¹, Kristin Cassidy MS⁴, Martha Sajatovic MD⁴, Bethany Kwan PhD MSPH¹

¹University of Colorado Anschutz Medical Campus; ²American Academy of Family Physicians National Research Network; ³Denver Health and Hospital Authority; ⁴Case Western Reserve University

Context

- Pragmatic trials examine effectiveness of health interventions in real-world settings, often using existing healthcare personnel to deliver interventions
- Invested in Diabetes¹ tested 2 approaches to shared medical appointments (SMAs) in primary care settings, as delivered by personnel including health educators, behavioral health specialists, peer mentors, and providers with prescribing privileges.

Objective

- We describe training content, resources, adaptations, and evaluations for practice staff to deliver diabetes SMAs as part of a pragmatic trial.

Methods

Trainings:

- Health educators and behavioral health specialists attended 6-hour SMA facilitator trainings to learn project protocols, group facilitation skills, and their assigned SMA curriculum.
- Peer mentors attended 4-hour trainings as adapted from materials from Peers for Progress; some participated in the general SMA facilitator training.
- Providers participated in 1-hour "lunch & learns."

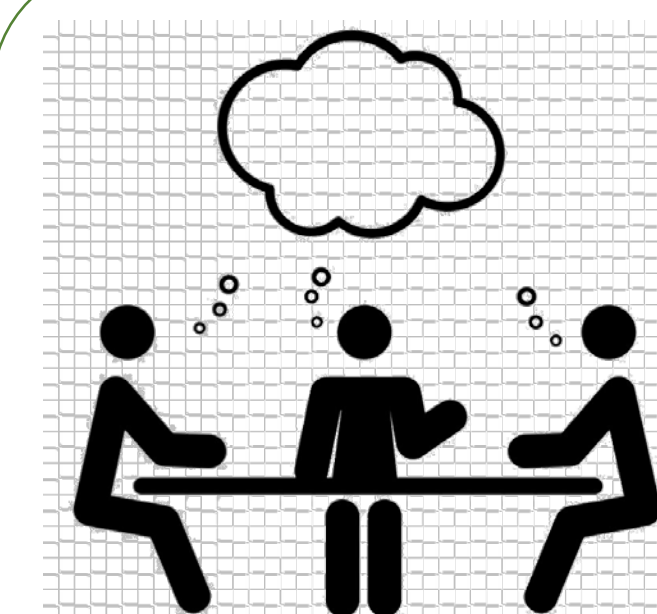
Data collection:

- Training events were summarized via agendas and notes.
- Adaptations, including number of trainings, content, and style, were documented.
- Satisfaction surveys were collected after trainings.

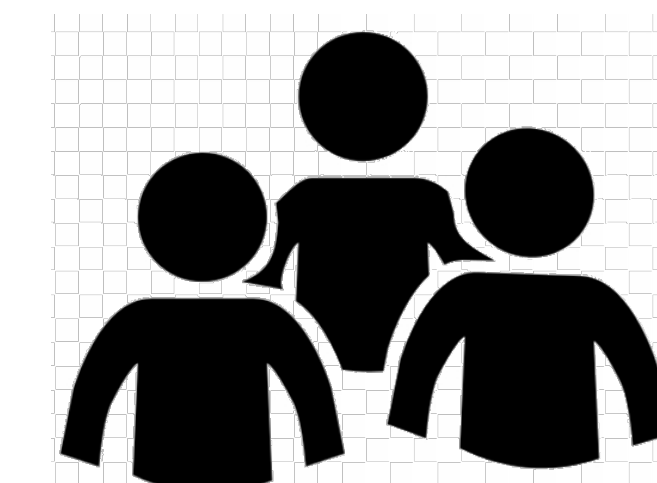
Training type	Total Trainings	Research Staff Hours	Practices Represented	Individuals Trained
Facilitator	26	330	50	118
Peer Mentor	9	66	18	26
Prescribing Provider	13	16	14	22



Virtual and hybrid trainings reduced resources needed for travel and staff time, and became essential during COVID-19



Based on feedback from practice staff and peer mentors, trainings increased skills in facilitation and role play exercises, while providing instruction on the protocol and curriculum



As trainings evolved, fewer research staff were needed for trainings, and the main trainer role was expanded from investigators to research assistants



Training satisfaction scores were high, regardless of training modality or staff involved

Discussion

Plan sufficient effort:

- Pragmatic trialists should anticipate a high level of resources (especially research staff time) to adequately train practice personnel to deliver interventions.
- In addition to initial trainings, plan for booster trainings and training new hires.

Be adaptable:

- Allow modifications to training protocols, including adaptations to decrease cost.
- Solicit feedback from trainees after the training and during implementation to help identify additional training needs.

Increase efficiency without sacrificing value:

- Approaches that save time and effort for research staff should be explored, which may include hosting virtual trainings (if travel is would otherwise be needed), training multiple sites at once, utilizing all research staff (i.e., train-the-trainer approaches), or pre-recording content for asynchronous delivery as able.
- Check-in with trainees to ensure value is retained in lower-cost training models.

References

- Kwan, B.M., Dickinson, L.M., Glasgow, R.E. et al. The Invested in Diabetes Study Protocol: a cluster randomized pragmatic trial comparing standardized and patient-driven diabetes shared medical appointments. *Trials* 21, 65 (2020). <https://doi.org/10.1186/s13063-019-3938-7>