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Onboarding and training:  
Guidance for new anaesthesia  
research co-ordinators

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## Purpose of document:

This document outlines a structured and practical approach to onboarding and upskilling new research co-ordinators in clinical settings, particularly those without a clinical background, and reflects best practices in staff induction, training, and supervision.

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The development of the Anaesthesia Research Coordinator Network (ARCN) and ANZCA CTN toolkit is being led by the CTN office team, in collaboration with the ARCN sub-committee and the CTN executive. We gratefully acknowledge the contributions of the ANZCA CTN members, CTN office, ARCN sub-committee, and CTN executive in the creation, preparation, development, and review of this document.

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## Onboarding and training: Guidance for new anaesthesia research co-ordinators

As a research co-ordinator, one of your key responsibilities may be to introduce new research assistants or co-ordinators to the team and ensure they receive the necessary training and support to competently fulfil their role. The duration of the onboarding process will vary depending on the new staff member's prior education and professional experience.

Whether onboarding occurs regularly or only occasionally, having a standardised process is recommended. This could include a personalised flowchart or Standard Operating Procedure (SOP) tailored to your team, along with a checklist outlining target timelines for training and key milestones. Standard templates are available to assist in creating these resources.

This guidance has been adapted from the Anaesthesia Research Co-ordinators Network (ARCN) presentation by Dr Aine Sommerfield, Perth Children's Hospital (27 July 2020). It outlines a structured and practical approach to onboarding and upskilling new research staff in clinical settings, particularly those without a clinical background, and reflects best practices in staff induction, training, and supervision. Some of the following guidance may be site dependent and is not an exhaustive list.

A recording of this presentation can be obtained from the CTN Office at [ctn@anzca.edu.au](mailto:ctn@anzca.edu.au)

### 1. Pre-employment and preparation

- Coordinate with Human Resources (HR) to arrange the employment contract, Identification (ID) card, employee number, and institutional access. Ensure HR has cleared the staff member to commence.
- Arrange physical access to relevant hospital areas such as wards and theatres.
- Set up email and Information Technology (IT) access for research systems (e.g., Electronic Medical Records (EMR), clinical systems, Trial databases such as REDCap, theatre booking systems, network drives).
- Ensure immunisation status is reviewed and approved by infection control prior to commencement.
- Support staff to complete a police check and, for paediatric settings, Working with Children Check (WWCC).
- Notify Human Research Ethics Committee (HREC)/Research Governance Office (RGO) of new staff and relevant projects they are working on.
- Complete any confidentiality agreements, especially if not directly employed by the health service.

### 2. Initial induction and orientation

- Check if your institution has a mandatory induction for all employees.
- Facilitate institutional induction covering employment conditions, HR processes, risk and quality systems, Occupational Health and Safety (OHS) and emergency procedures and mandatory training:
  - Infection control, hand hygiene
  - Privacy and confidentiality
  - Cybersecurity
  - Basic life support
  - OHS
  - Emergency preparedness
  - Cultural competency and Aboriginal cultural awareness
- Maintain a central training tracker with certificates and dates.

- Conduct local area orientation, including maps, wayfinding, facility tour, and theatre etiquette.
- Introduce key personnel (anaesthetists, technicians, nurses and orderlies).
- Recommend visible ID markers for research such as ID badge or scrub caps labelled with the role (e.g., “Research – Emily”) if in theatre.
- Explain specific roles and responsibilities especially if the team is large or multi-disciplinary. This avoids role confusion.
- Assess need for additional digital or software training.

### 3. Good Clinical Practice (GCP) training

- All clinical research staff must complete Good Clinical Practice (GCP) training compliant with a local HREC approved training organisation.
- Track training completion and expiry in the staff training register.
- Note: Links to GCP courses are available in the ANZCA CTN toolkit.

### 4. Research-specific onboarding

- Introduce research SOPs including recruitment and consenting processes, data management plans, and Serious Adverse Event (SAE) or other reporting procedures.
- Train on local research documentation requirements.
- Discuss confidentiality, data handling, checking, and security processes.
- Orient staff to responsibilities around medical records, consent form filing, and trial master file accuracy.

### 5. Study-level training and competency

- Begin with 1 - 2 studies before expanding the staff member’s workload.
- If in a department with multiple research co-ordinators, the new research co-ordinator could shadow another team member to observe their processes.
- If joining a new department, the research co-ordinator could shadow an experienced research co-ordinator from another research department in your hospital, or from an anaesthetic department at another hospital.
- Scaffold learning: shadow -> practice spiel -> observed tasks -> independent work.
- Include staff on contact, delegation and training logs before commencing study tasks.
- Inform trial managers of the new staff member if they are working on specific trials.
- Provide tailored recruitment scripts for each study; rehearse with peers.
- Schedule ongoing refresher training on consent, data entry, and trial procedures.

### 6. Supervision, monitoring, and peer support

- Regularly review data for accuracy; correct and retrain as needed.
- Use team chat apps (e.g., WhatsApp) for communication, quick queries and clinical support.
- Schedule regular check-ins to assess staff well-being and training needs.
- Hold short informal refreshers weekly or fortnightly.

### 7. Professional development and networking

- Encourage participation in departmental meetings and research meetings.
- Promote engagement in seminars on statistics, grant writing, protocol development, etc.
- Connect new staff to [ARC�N](#), [the CTN office](#) and local research coordinator forums.
- Encourage research co-ordinator to attend ARC�N networking events (regional and at the CTN workshop).
- Explore development opportunities through affiliated institutions or universities.

### 8. Exit procedures

- Remove access to all IT systems, EMRs, and physical access points.

- Update delegation logs and notify HREC/RGO and trial managers.
- Inform multisite collaborators about changes in personnel.
- Set up out-of-office replies and redirect communications.
- Save communications and files centrally.
- Conduct handover of current projects and remaining actions.
- Confirm if former staff are open to being contacted for future clarifications.

### 9. Lessons learned from onboarding experiences

- 1:1 shadowing and gradual onboarding are highly valued.
- Roleplay and practical learning helps built staff confidence.
- Short, regular refreshers supported learning retention.
- “Anaesthesia 101” style sessions shadowing anaesthetists helped non-clinical staff understand the surgical environment.
- SOPs, structured checklists, and mentorship were appreciated.
- ANZCA CTN Toolkit for further resources.

### 10. Solo staff and start-up teams

- Even single staff members should document processes and maintain SOPs.
- Seek mentorship via ARCN or from local coordinators.
- Engage with research governance teams for onboarding support.
- Develop basic tools like cheat sheets, orientation plans, and trackers to support team scalability.

This structured onboarding guide helps integrate new research co-ordinators into your team and builds the foundation for competent, confident, and supported research professionals. Regular supervision, peer connection, and access to continued learning opportunities are key to long-term success.