Super User Q&A: Nov 2023

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— Anna Robertson, Research Data Manager, NHS Highland

USER PROFILE

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EDGE user since: 2022

01

How and why did you move into your current role within clinical research?
Believe it or not, this is difficult to explain briefly but I'll try keeping it simple. This is my first role within the NHS and clinical trials. I'd been working in Construction as a Quantity Surveyor for years and got Cancer. It completely changed my perspective and outlook on life and made the leap to leave my career and started researching the type of job opportunities there are, that work alongside Cancer patients. By comparing my transferrable skill set and the types of jobs that didn't involve medical degrees, I found research. I was really intrigued and applied for a job with the Cancer Research Team as a Data Manager. Luckily for me they hired me! It's been a big learning curve, however incredibly interesting and rewarding.

02

What does your role as Research Data Manager at NHS Highland in Inverness entail on a typical day?
Every day can be a little different. I currently have 7 active trials to manage with a couple in the wings awaiting set up. The trials aren't all recruiting at the moment so day-to day-work can vary on each one. I manage and update the ISF for all my trials and do correspondence with the trial. Some of the trials have patients on follow up appointments, so I'll access either the online CRF systems to enter the participant's information or write it into to a paper version for submitting via secured email. I'll also process any amendments that come through for a trial I'm working on, which involves ensuring everyone has access to relevant training, collating all relevant documents, localising Participant Information Sheets, etc. One of my trials involves me walking up about 12 flights of stairs to pick up a sample for transferring to labs, so that helps keep me fit!

03

How does the patient and research landscape currently look at NHS Highland?
We currently have approx. 40 studies running within Cancer Trials in various stages, equating to roughly 100 patient visits per month. In common with our colleagues in other Health Boards, we are faced with numerous challenges at the moment in trying to deliver a wide portfolio of trials. In particular, we are faced with a shortage of Oncologists who are able to take on the role of PI, and also have difficulty accessing the radiology service due to their other commitments. The benefits to both patients and staff of being involved in research are already well known, but we are hoping to use EDGE to demonstrate the financial contribution that trials make to NHS Highland, and thereby encourage

the entire organisation to be more "research friendly".

04

How do you utilise EDGE in your daily role?

Initially, we were only using EDGE for recording patient recruitment, logging patient appointments, recording trial and patient costs, pulling off reports, and occasionally use the workflows. We have recently started to use the document area for an eISF and set up one trial with the EDGE Delegation Log.

05

You've been using EDGE for over a year now. How have you learned and adapted to the system?

When I started initially, my colleagues taught me how to use the system. I then went through some of the KnowledgeBase on EDGE to see what else it could do. During this time, EDGE 3 was released so we got to have a sneak peek and had a few sessions with the EDGE team, who explained some of the changes. We even got a couple of individualised calls that explained some of the finance functions. I find the system very simple to use and look forward to seeing functions come through.

06

As a Research Data Manager at your Site, what is your favourite functionality to use in EDGE and why?

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of this process was actually not having to use and file lots of paperwork.

07

What are your/Site's plans for using and developing EDGE over the next 6-12 months?

We are currently getting to grips with using EDGE for the eISF, so it will be looking at the usages along those lines and whether more documents can be generated through EDGE rather than paper copies.

08

What are your favourite features of EDGE 3, which was now launched 6 months ago!

One of the new finance alterations has been very helpful; Our Research Nurses would have to add multiple costs individually to a participant, even though they were all the same date. Now you can add multiple cost items to a single date in one transaction, so it's made that process smoother, quicker and more efficient.

09

What is your "bigger picture?" That is, what do you find most fulfilling about your job?

I think the most rewarding part of the job is hearing back, via the nurses, how much the participants appreciate the extra support and contact they receive from us.

10

Describe/explain one of your team's recent achievements:

One of our haematology trials (RADAR) has recruited extremely well, thanks in large part to the enthusiasm of our Haematologists. In fact, at the time of writing, we are the best recruiting site in Scotland! We serve a very remote and rural community, but the patients have proved they are

still very willing to get involved in our various research projects.

11

One clinical research superpower that you wish you possessed:

I'd like to be able to teleport myself anywhere in the world. It would make getting all the forms signed off so much easier.

12

One thing that inspires you:

Chocolate 😋

13

One thing that people might not know about you:

I kayak off waterfalls on purpose ☺

14

The best thing about living in Inverness?

It's such a great city, we have beautiful mountains and awesome rivers on our doorstep when you are feeling outdoorsy and then there's loads of great independent foodie places for when you fancy some tasty treats.

Interview by Ken Brackstone, Clinical Informatics Research Unit
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