Super User Q&A: Feb 2023

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– Laura Price, Research Sister, Shrewsbury and Telford Hospital NHS Trust

USER PROFILE

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01

How and why did you move into your current role within clinical research?

Laura: Research honestly wasn't something I thought I could go into as a Nurse. When I saw the job advert and read into what a Research Nurse does, I thought that it seemed a perfect role for me as I'd still have patient interaction (which I enjoy) but also get to help contribute to making care better for people needing healthcare services in the future. I love talking to people and learning from them, and love to think that I can help to promote more positive and involved experiences for patients.

Colene: I had been working for a local G.P. surgery for a few years and saw this position as a step forward in working for the NHS.

02

What does your role as Research Sister and Data Co-ordinator at Shrewsbury and Telford Hospital NHS Trust (SaTH) entail on a typical day?

Laura: In the department the research nurses will work on commercial and non-commercial studies. I work on studies that are purely observational with long-term follow up i.e., record information from routine clinic visits regarding the study on a scheduled follow up basis. I will also screen these patients for potential adverse events i.e., hospital admissions and suspected/confirmed side effects, to report to the study centre. Other trials involve screening patients and liaising with medical teams and the study Principal Investigator, to then approaching, consenting, and following patients up through their study involvement. I'm also responsible for helping to set up and co-ordinate studies with the Quality Leads and then teaching other members of staff how to deliver the research.

Colene: I am here to assist the Generic Research Team. I make sure everything runs smoothly and make sure the team have all the correct documents when they see a patient so that the consenting process can go as smoothly and professionally as possible. Once a patient is consented, I will check the patient has been entered on to EDGE and process their paperwork.

03

How does the patient and research landscape currently look at SaTH where you are based?

Laura: We have two Sites at SaTH and have a Generic, Women's and Children's, and an Oncology Research Team. I'm not sure exactly how many studies we run altogether, but we are currently

actively recruiting to 9 studies in Generic Research Team, 19 in Women's and Children's, and 13 in Team Oncology. We have a total of 114 patients on these studies. We completed 646 follow ups between July – December 2022, which I think is a big amount for a little Site! The Oncology Research Team also completed 601 follow ups in this time frame!

04

Laura, you've been using EDGE for nearly 2 years now and Colene, you have been using the system for 8 years. How do you both personally utilise EDGE in your daily role?

Laura: In my role I use EDGE to register each patient recruited onto my studies. When registering patients on there, we add basic demographics so that we have the info needed to send out any correspondence to the patients. I will also select costings for each patient so that the Research Governance & Quality Assurance Leads can request expenses for study procedures and recruitment. I will also register any follow ups that have happened/due to happen on EDGE so that everyone involved in the study can find out when and how things are supposed to be happening. We are also able to record any PI oversight and visits on EDGE to keep an electronic record of these events.

Colene: EDGE took a little time to take off but is now used daily and as I am getting more familiar with it. I can now see the bigger picture of why it is an important tool in the workplace.

05

As a Research Sister and Data Co-ordinator, how does the use of EDGE make your job easier?

Laura: I believe EDGE helps make communication between the team working on a study more efficient. If you ever need information about the study or a patient, then it is more than likely been recorded somewhere on EDGE. The Research Delivery Team, Data Co-ordinators, Managers, Quality Governance Leads, and Study/Team Leads all have access to the studies they are involved in on EDGE so when everything from each party is entered into the same space in an understandable way, I think it just helps to make sure everybody knows what's going on and when, if things need doing, and if things maybe have been missed.

Colene: I can now see the journey that has been taken to get to where a trial gets the green light and how much work goes into setting up new studies - all that used to be behind the scenes. Now, with EDGE, you can easily access where on the journey it is at. So, it gives real time for preparation.

06

What is your favourite functionality to use in EDGE and why?

Laura: The thing I like the most about EDGE is how easy it is to record information. The thing I use the most on EDGE is the patient recruitment section that allows us to record if we have screened a patient, consented a patient (or not consented), and all the other info needed by study centres and the Research Delivery Team. My new favourite thing is having the functionality to record PI oversight through Project/Project Site notes, as before using EDGE we had to print out a templated document and complete it, then file it in the Site files. Using EDGE means it's a few clicks to the page you want and it's more easily accessible as long as you have a computer. This is great because sometimes PI oversight comes at a very welcome but unexpected time and EDGE just makes the documentation so much smoother.

Colene: Once I have put a study name in, I can then look at both Sites and at all the patients that have been recruited. I check at a glance that all the relevant boxes have been filled and ticked, it's easy to review and see if everything is done.

07

For any relatively new users to EDGE, what tips or advice would you offer to fellow Research Sisters and Nursing Teams commencing the use of EDGE for the first time?

Laura: 100% my best advice would be to have someone who is an EDGE Expert show you the basics and guide you through what it is for, how it's supposed to work, but then, actually take time yourself to login to the system and click around studies (once you've been allocated to studies) and learn where you'll find things and what the data entry forms look like. This helped me very much, but I am very much a do-and-learn person rather than a listen and learn. Obviously, I learn when I listen, but also actually using the information really helps to embed it into my practice.

TOP TIP - Persist. EDGE was a very new system for me before coming into research and I had never had to do data entry/recording of patient information, recording of documentation, events, and processes before in my clinical nursing roles before being here. It was a bit mind-boggling to start off with, as is any new process. It's worth persisting and once you've used it a few times it becomes second nature…until something new gets added in, then you have to learn that too, ha-ha!

Colene: Don't be afraid!!! Seriously, it's a great tool so give yourself time to have a good look at it and don't be afraid to use it.

08

What are your/Site's plans for using and developing

EDGE over the next 6-12 months?

Laura: Well, we have just had the teaching for EDGE 3 and I'm looking forward to using the new calendar function. There are filters for appointments per projects and team members so you can view project appointments against staff calendars which is an improvement on EDGE 2. This looks great and mega helpful. We are having a bit of a responsibility shuffle in our team at SaTH, so the band 6's will be more involved in set up earlier on in the process than we previously have been, so I expect my use of EDGE will be expanding quite a lot in the next 6-12 months as I will need to use more functionalities on the system.

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

Laura: My bigger picture in research is just to help make care better for patients. Whether that is just affording people time to discuss things (I work in an acute hospital so sometimes patients really appreciate this). Research hypothesis for studies is created because something has been identified that is potentially missing or could be made better in practice. To be able to help collate and identify that data and contribute to finding out if we truly ("we" being healthcare services) are doing the best we can (this is great), or that if we can improve on things (also great), really makes me feel proud of the work we do in research. I also like that we work alongside some very intelligent, caring professionals, and it is a pleasure to have the opportunity to learn from them and grow in my practice in research and as a Nurse.

Colene: The bigger picture is to find the answers to the unknown. What is most fulfilling is to see a paper at the end of a study and

to know you have been part of a success to getting new innovative treatment out there.

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Describe one of your team's greatest achievements:

Colene: It must be the terrible situation we found ourselves in at the beginning of COVID. Everyone was told by the government to stay at home, but that was not an option for the Research Team. It was rolling your sleeves up and getting stuck in and that's exactly what they did. It was up to our team to go in to see COVID patients and to get them to sign up for clinical trials. So much was unknown and quite terrifying but every day, several times a day, the nursing staff went in to see poorly COVID patients to offer drugs with no one knowing if they would work. The volume of poorly patients was overwhelming and it was the sheer hard work and determination by all medical staff and supporting staff that this virus is now going to be part of history.

Laura: I agree with Colene on this one.

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One clinical research superpower that you wish you possessed:

Laura: Being able to look at someone and automatically know if they would be eligible for a study would be super cool. Can you imagine having some funky glasses that scanned someone and just ticked or crossed all the answers for you?

Colene: A Super Memory. Like a computer chip in your brain that never forgets where you can pull all the information you need with just a 3-word search.

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One thing that inspires you:

Laura: Patient feedback about the work we do in research. Often people I speak to are quite interested in research and knowing that it's something people are interested in and hopeful for too is pretty cool.

Colene: Commitment. Research Nurses have such invested commitment to find a cure for some of the most appalling illnesses.

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And finally, in which way does EDGE resemble your personality?

Laura: It prompts questions and makes sure you don't miss things. I definitely ask lots of questions 😊.

Colene: It's methodical and it's tidy. Everything has a place, no folders with umpteen documents hanging on the outside.