...with Tressy Pitt-Kerby

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How and why did you move into clinical research?

I have worked at Yeovil Hospital for 25 years primarily as a medical secretary. For 9 of those years, I was medical secretary to one of the colorectal surgeons who was PI to a couple of research trials. I found these interesting and I enjoyed chatting to the research nurses who appeared at the door with paperwork to sign. A position became available in the research department for an administrator at the same time as restructuring of the secretarial staff, and I decided to try for a change in career. Happily, I was successful and I have been with the research department for the last five years.

How do you utilise EDGE in your role as Clinical Trials Administrator?

As an administrator, I look after the paperwork that nurses generate once they have recruited a patient into a trial. Anything that needs to go on EDGE is done by the administrators rather than the nurses. For many years the nurses have completed a data sheet in their patient pack, which is then used to collect source data. We have used data sheets to enable us to add patients and their information into EDGE. We think that nurses are better utilised at concentrating on recruiting patients and the administrators are better at data management, therefore ensuring consistent data capture.

EDGE is open all the time on my PC. We have a "Study Tracker" which is basically an Excel Gantt chart, and I update recruitment for our studies from EDGE onto the Tracker.

This gives an overall visual update of our recruitment on all studies open.

How do you effectively utilise these visuals from EDGE, and which tasks and processes do they often lead to? (e.g., if recruitment on specific studies are down).

The Study Tracker has helped everybody in the department because they can open it to see how their studies are doing.
Each member of staff can view how long their study is open for and how long follow-up will last. Each recruitment is then recorded accordingly. It helps our manager to gauge the number of studies open compared to those in follow-up and therefore to adjust capacity issues. It also helps with our speciality recruitment meetings for the same reason. If I didn't have EDGE it would be very difficult to keep the Tracker completely accurate.

How has your use of EDGE evolved over the past 5 years? (i.e., comparing your tasks/roles in EDGE when you first started compared to how you use it now).

There is a vast difference here. Once upon a time, we only added patients recruited. But after attending our EDGE User Group meetings with the network in Exeter, I have learnt from my colleagues all about costing templates and attributes.
We have been using the costing templates for a few years now, and I understand that this helps with all things financial! I can now run reports for our departmental monthly meetings ensuring that everyone knows how each study is doing because of the attributes that have been set up.

Which personal skills do you feel has been enhanced by the deployment and familiarity of EDGE?

I have always enjoyed learning new computer programs and entering data. I suppose I am a bit particular when it comes to making sure that it is correct, uniform and consistent.

Which aspects of EDGE provide the most pleasure and satisfaction?

The final figures!

One hope for the future of EDGE in clinical research administration:

It is good to see that EDGE is constantly evolving and picking up ideas from users from all over the country. I am sure this will continue. For me, I am trying to learn Power BI and to use the EDGE downloads to create great visualisations for our department.

Your love your data visualisation! What more do you plan to do with data visualisations for your department, and how do you plan to share them?

My learning is really in the early stages, but I can see the potential and enjoyed the webinar run by Leeds. My aim is to have the data visualisations set up so that the PIs can see how their studies are running. I hope to achieve this and much more over the next year.

One great thing that you think clinical research has achieved:

Continued advancements in treatments.

One challenge that you think clinical research faces in the UK, and why:

I am sure that there will be challenging times ahead with Brexit and financial cuts.

However, let's leave that to the politicians and focus on continued clinical research for the good of mankind!

How would you increase and enhance opportunities for patients to participate in clinical trials in the future?

I think one way is to get clinicians involved in research from medical school. If it was part of their curriculum and placements in hospitals, they would understand more about research once they start their practice in hospitals. When they decide on which career path to take – be it in a hospital or in primary care – they would know that there are studies available all the time, and that these could be offered to the patients that they see in their clinics. What's the saying? Grab them while they're young!

One of your greatest personal achievements:

There has been a few: winning at the Arab Horse Society National Championships with my mare Yasmika; running the London Marathon for the Anthony Nolan Trust; and running the Stockholm Marathon for the local Freewheelers and local hospice.

One thing that inspires you:

Watching the Paralympians – especially the Equestrian dressage team.

The best thing about living in Somerset, and why:

You are never too far away from the coast, but you can also enjoy spectacular scenery wherever you are. It is great for exploring on the motorbike!

And finally, one piece of EDGE functionality that resembles your personality:

The name. I've got the "EDGE" on all things IT in the department!