

## Podcast – Alice Thomson interviewing Gearóid Brennan

### Transcript

*Alice Thomson* speaking with Gearóid Brennan

*Time*

*0:10:* Welcome to this episode of Clinical Research Careers Conversations, brought to you by Edinburgh Clinical Research Facility. My name is Jo Merrifield, and today we joined a conversation between Alice Thomson, a research nurse here at Edinburgh CRF, and Gearóid Brennan, a liaison psychiatric nurse and NRS fellow in NHS Lothian, discussing his career journey in clinical research.

*0:37:* *(Alice)* Hello. So we are here today with Gearóid Brennan, who is a psychiatric liaison nurse and an NRS fellow. So, just to sort of settle ourselves in, would you like to just let us know what your roles are? Just give us a quick overview.

*0:52:* *(Gearóid)* Sure, I'm not sure myself that I know what my roles are sometimes. So a psychiatric liaison nurse essentially is a nurse specialist in liaison psychiatry, and what liaison psychiatry is all about is that interface between physical and mental health.

*1:07:* So essentially we're providing mental health care to the acute hospital site. And my role involves leading a team of nurse specialists, and what we predominantly do is provide specialist assessment to Clinical Toxicology and the Poisons Centre in terms of people who are coming in having harmed themselves.

*1:27:* We cover the Emergency Department during the day, so we're kind of first port of call for anything that's happening there - kind of with a psychiatric lens.

*1:35:* And then we also provide outpatient follow-up, attending case conferences and trying to bring lots of different bits of information together so that, when people are on the acute side, that we have a little bit of a plan or a little bit of what might be helpful for that person or what might actually be unhelpful as well too.

*1:52:* And then a lot of my role as team leader is about providing education and training to other clinical areas. I often get asked like for a lot of advice giving, not necessarily maybe seeing the patient, but supporting the nursing staff with various things.

*2:07:* And in my NRS fellowship, so I was really lucky to get one of these NRS fellowships. So there's two of us in Lothian who got it this year, but it's a competition that runs every year, and what it does is allows for 0.2 or essentially a day a week of your time to be bought out - like backfilled - for you to develop and lead on research. So the whole idea is that the research you're involved in is, like, clinically relevant to your role.

*2:34:* So it's a great opportunity. I have two mentors as part of that. So Professor Matt Reed from Emergency Medicine and Professor Aisha Holloway from Nursing Studies.

*2:44:* *(Alice)* It actually sounds really fascinating, that mix of educating staff, going out and seeing patients and things like that. It's one of those roles that I feel like you don't know exists until you know someone that does it. And then you're like, well, actually, yeah, that makes sense, why there's someone doing that role.

- 3:00: Yeah, totally. And we're really small, like there's only five of us on my team and then, (Gearóid) we sit in Psychological Medicine, which is a fancy name for liaison psychiatry.
- 3:09: *So obviously it's not a career that you kind of just jumped into straight away? There's obviously been a build up to it. You didn't just one day go, ah yes, that's what I'm going to do. So talk me through your career to date. Like how did you get here? How did you end up where you are now?*
- 3:27: OK, I don't know. Sometimes I think, how did I end up here, sitting here this morning? So I never actually planned on being a nurse. I actually always planned on doing teaching. So when I left school, I did a Bachelor's degree in English and German, with a side of history.
- 3:45: I had a part-time job when I left school, working in the local residential service for people with learning disabilities. I was put in a specialist unit for people who had sort of dual diagnosis, learning disability, and psychiatric illness, and/or challenging behaviour and/or forensic needs. It was wild. I loved it. I absolutely loved it.
- 4:13: So what started out as, very much, was always going to be a part-time job to fund my expensive student lifestyle actually turned into something really great.
- 4:23: And my boss at the time in the organisation was amazing. She would be the equivalent of kind of like a Band 8 in the NHS. She's like a nurse manager. And she's inspirational - Liz McGuinness. She was a triple trained nurse, and I said to her and I was like, oh, I'm thinking maybe, and she just laughed and goes, I knew this was going to happen. And her exact words were "Off to Scotland with you. You'll get a good training there. That's what you'll do." And I was just like, yeah, sure, yeah. And the rest is history.
- 4:52: So I applied for my nursing, got in, and I really enjoyed it. Well, no, I enjoyed the placements. I didn't enjoy the academic side, and actually that sounds really random for someone who essentially is a bit of an academic, well, cosplay as an academic, I suppose.
- 5:09: But I think it was because, and it's probably what motivated me actually into research was, I was really shocked when I came over here and kind of at the academic standard at university and the lack of curiosity and the lack of critical thinking in our programme. I just found this whole tick boxy NMC thing mental.
- 5:33: But I really enjoyed placement and I really enjoyed that side of things. So I aced my research module in Uni and undergrad, and I loved it. I absolutely loved it. I was just like, right, OK, so this is giving me the tools to find out for myself why we do what we do.
- 5:56: And that's what I found really interesting. I found reading research methods and reading about them and the difference of why you use such an approach over another. I actually just found that like, oh, that makes sense. Yeah, it just made sense in my head. It was just like, right, OK, this is how you write a research protocol or proposal. Oh, this makes complete sense. This is really quite logical actually, but also quite creative.

- 6:20: My personal tutor at the time was Fiona Carver, who has subsequently passed away. Fiona was just really encouraging of me, and she was like, you should do, you should, you know, maybe consider... And there was other people as well too - Martin Gaughan as well too suggested - so I started kind of googling Masters and I was like, oh...
- 6:40: And I came across the Masters in Nursing in Clinical Research at Edinburgh Uni Nursing Studies, which at the time, I was the second cohort to do it, but it was quite new and quite kind of novel in that they were giving us a bursary to come and study a Masters. It was amazing.
- 6:59: And what was brilliant about it was that it was really practical. So you had to do two research attachments. So one of them was kind of doing clinical research as sort of working with research nurses, and another one was more about nurse-led research, so working with nurse researchers. And I just caught the research bug. I just loved it. I was just like, yeah.
- 7:22: *This is what I want to do.*  
(Alice)
- 7:23: Yeah, brilliant. And I was just involved in all these like really big multi-site studies that I didn't even know existed, that we never talked about in our undergrad. I got to be involved in a big pile of cognitive behaviour therapy for people with treatment-resistant schizophrenia.  
(Gearóid)
- 7:41: And it was just fascinating. It was just really interesting, and I got to see how, well actually you still care for patients. Like you're still seeing patients and actually can provide probably quite a lot of nice care actually for people.
- 7:54: *Like you said, you catch the bug, it kind of just sucks you in. And then all of a sudden there's all this stuff there that you are like, who knew that happened? And obviously you're like, there is a reason that we do all this new stuff and there's a reason and it's gone through all of this, that and the other, but as you said, seeing that side of things just makes you go, oh, OK.*  
(Alice)
- 8:16: Yeah, and this is why we're doing what we're doing.  
(Gearóid)
- 8:19: And do you also find it as well too, you just come across the same people?
- 8:21: Yep.  
(Alice)
- 8:22: Yep.  
(Gearóid)
- 8:23: *Everyone knows everyone. Everyone knows everyone. And if you don't know them, you know their name, and you know, it's very much like, especially in Lothian, I feel like it's very much like this wee community of research and we're all here because we love it.*  
(Alice)
- 8:37: Yeah, exactly. I think that's the thing and it's amazing how, you know, people's research interests kind of cross collide and stuff like that.  
(Gearóid)
- 8:45: And at around the same time, I got a part-time contract working in child and adolescence and inpatient unit. That suited me down to the ground while finishing off

the Masters. And I really enjoyed CAMHS, but what I'd say is I found I was becoming a little bit de-skilled, so I went for a job, a full-time post in acute adult mental health, and it was super fun. So it was over in the old building, we still hadn't moved at that point. I just remember it being really, really busy. And had really good colleagues. I probably view it with rose-tinted glasses now, like a decade later. Those were the good old days.

9:23: And about a year, a year and a half later, Sheila Rodgers - Dr Sheila Rodgers – and Dr Suzanne Kean reached out to me and said, look, we have some PhD funding that might be coming up, and we think you should turn your Masters dissertation into a PhD. I was really sceptical.

9:45: So, Sheila's like, come in for a meeting. Come on in, we'll have a coffee. They were like, look, here's a thing. But Sheila was like, you're going to do one at one point. So, why not do it now and get it out of the way? So, I was like, oh, but what about this? And I really enjoy being a clinician, and I really enjoy like looking after people. I really enjoy being a nurse.

10:05: So, Sheila was just like, you're coming up with excuses. She's like, there's always going to be something. It'll be a new house, new relationship, new job. There'll always be a reason not to do it. So, here's the deal. It's February now. Stick in your application and even the week before in September, you can pull out. And maybe by the time September comes, you'll accept your fate. And that's what I did.

10:31: *Yeah.*

(Alice)

10:33: So, I did my PhD in Nursing Studies. Yeah, and I kept my clinical role. So they allowed me to keep one day and then I kept two. So I maintained clinical practice throughout, yeah, which was spicy.

10:53: *Yeah, I was going to say. Hard, I can imagine.*

(Alice)

10:54: I wouldn't recommend it always.

(Gearóid)

That was for three years' funding, and then I ran out of money. My three years... Guess what? Fun fact - didn't have it done.

11:14: *I was going to say – wasn't finished – yep! Tends to be how it goes.*

(Alice)

11:16: So again, just about like how sometimes the stars align, but they were looking at creating some posts in nursing studies with sort of specific focus, but they were like, well, look, there's 2.5 days if you want it, but you'd have to obviously, because you have a mortgage, you'd obviously, you know, need to think about the other part of your week and, very serendipitously, clinical roles get advertised here, so nurse specialist role, and I'd done a placement here, I'd done a research attachment here.

11:48: So Joyce Foland, who was my manager - again, amazing nurse - so I messaged her and I was like, you know, can I apply? I think, and at this point I didn't actually have the job at Edinburgh, so I was applying on a full-time basis. And she was like, oh yeah, please apply. Yeah, yeah. So on the Monday I had my interview for nursing studies and got

offered the job, and I think on the Wednesday I had my interview here and I got offered the job.

12:14: So I was really upfront at interview and said, look, I got offered this other thing. Would you consider me part time? And they were like, yeah, someone else wants to job share it, and we actually want to employ you both, so this would work out amazing for us as well too. What days do you want to work?

12:29: *Sounds like the dream outcome.*  
(Alice)

12:30: Yeah, and I sort of like was like, oh my God, this is amazing.  
(Gearóid)

12:36: So I did that till 2021. So I finished my PhD in 2021 and then a lectureship came up, at Stirling. And again, I was like, well, I'm not giving up my clinical role, you know, was there any chance you'd accept someone part-time? And they were like, yeah. So I got the job. I started there in 2021, and I think I had a bit of a realization, because I've always kind of considered myself a little bit of a clinical academic, and that's how I want to be. And I think the definition of that for me has shifted over time.

13:11: And I know there's official definitions and like policy documents, but I think it's not always that and for me it was like, you know, you can do both, and I was always really annoyed that I felt like you had to choose one or the other, and I was just like, no, you won't tell me what to do. I'm not choosing A or B. What about C? Why can't I have C?

13:31: And I started essentially all the time sort of creating my own job, essentially. And that's what I sort of did. And I suppose what I got really annoyed with - why I don't do kind of an academic role anymore - is that people don't realize that lectureship has a kind of quite defined split in terms of workload. So it's meant to be 40% teaching, marking, supervision, 40% research, and then 20% everything else like service, personal tutoring, all that jazz. My workload was about 120%.

14:05: *Amazing.*  
(Alice)

14:06: People in the NHS do work really, really hard. We know that. We absolutely do because we can see it every day. I think it's really hard for academics to make the case that they're hard done by because people don't see the work, you know, it's very ... But if you say to anyone in the NHS and show them my work plan, they were like, what? Absolutely wild. And I never got my research time.

14:29: And you know. There's always other priorities, and I just kind of realised like, I'm never going to be able to get my research career going, or I'm going to have a career that I'm just quite dissatisfied with. And that's not to say I didn't like teaching. I love teaching, but we have this perception in nursing that if you're a lecturer, oh you're teaching, you're teaching the students, and it's undergrad students, forgetting that there's actually Masters and PhD students, and actually that's where we need as a profession to throw money at. We need to be getting people into Masters programs. We need to be getting them excited about - even if they never do a whole lot of research - but we need to be where there isn't such a separation between clinical and academic, that you can be a clinician who does a bit of research. And that's why I always kind of wanted... I think that's why I came to realise that, well, that's actually what I've always wanted.

- 15:20: So I kind of got to the point where, you know, reflecting on the pandemic, reflecting on finishing my PhD and that whole journey being over and just kind of taking stock a little bit of life and kind of going, what actually makes me happy? What do I actually enjoy doing, and what do I want? And I love my clinical role, I really do.
- 15:38: And Joyce was retiring and she was like, you know, my job is coming up. And it was a really big risk. It was a complete gamble. But I think you have to take risks. You know that Madonna song, you know – Jump, get ready to jump. I think you always do need to be ready to just jump, OK. And sometimes jumping, actually, not when things are bad, actually maybe when things are going really good for you is I think the time to be like, actually I don't want to get too comfortable. I'm going to try this. The worst, it goes wrong, you just go back again. That's what I think. You can always go back.
- 16:10: So I went for it and I just instantly knew I'd made the best decision. So I left academia. So I had to... I started the role here part time. So I came back full time in October last year, and I'm in a year, and then I started my NRS in April. So I start applying this time last year, probably October last year. I think the deadline's usually the end of November.
- 16:32: Yeah, so I don't think I've taken the kind of conventional route, I suppose. And while I love my job now, you know, in five years' time I might be sitting here going, oh, I've decided to do something else. There's such an opportunity came up, and I just think you always have to be open to what might happen next.
- 16:47: *I completely agree. I think there's always something out there that you would be willing to move on to. You might not know what that is at the time, but you know, as long as you're open to that fact.*  
(Alice)
- 16:56: Yeah, I agree.  
(Gearóid)
- 16:58: *So one thing that I just wanted to ask before we finish up is, do you have any tips for people that are wanting to pursue an academic career? Anything that you would say, go do, or any hints, tips, tricks?*  
(Alice)
- 17:15: Yeah, so I think first of all, have some tenacity. OK, yeah, I think a lot of it is actually stickability, and being able to be stubborn enough to stick around and do it. What I've always been amazed at is that there's sort of this kind of perception that academics are like stuck up and unhelpful, and there is an element of competitiveness, there's no doubt about it.  
(Gearóid)
- 17:37: I have to say I've been really lucky that I've worked with some really great, lovely people, and being a student who is interested and keen to be a student, I've been amazed at the number of academics - nursing academics in particular - who've been just so generous with their time, and who have thrown me emails randomly going, oh, I saw this and thought you might be interested in this.
- 17:59: And I think a lot of that is getting yourself known. So, you know, being on social media, following what's going on, following the kind of research funders as well too. Network, network, network - I know people hate that word because it feels quite contrived or something, doesn't it?

18:18: *I know, but I love a bit of networking, you know. Why not?*  
(Alice)

18:20: Yeah, absolutely, and I think not being afraid to ask the question and not being afraid to go, look, I'm really interested in that. You don't have any opportunities coming up? You'd be amazed how that pays dividends.

18:31: So I think it is about not being afraid to ask questions, go to conferences, signing up for newsletters. I think Master programmes are great. I think everyone's like, oh, should I, shouldn't I? Just go for it. Sheila's right - there's always going to be a reason not to. She's absolutely right. And I think that if you're thinking about a PhD in a research career, you probably do nowadays need a PhD, and I think a PhD is like a driver's licence. It's a tick box to say yeah.

19:03: And I think a mistake I've probably made is, I'm very qualitative and that's kind of how I did my PhD, but I probably regret that I didn't take more of an interest in statistics because now I'm like...

19:19: *I know that feeling.*  
(Alice)

19:20: Yeah, I'm trying to teach myself, and I think actually to be a really good researcher in the health service and in nursing, I think you do need a bit of both.

19:27: Research isn't this big scary thing at all, and it can be so enjoyable. It's a slow burn. You don't always get the satisfaction straight away, but when you do, it's amazing and so worth it and it just makes your job just a bit more interesting.

19:49: *Amazing. Well, thank you so much for chatting to me today and hopefully we'll reach lots of people that are interested in research and want to come and join us.*  
(Alice)

19:52: Thank you for having me.  
(Gearóid)

20:02: Thanks Alison and Gearóid for a fascinating and insightful conversation. I hope you enjoyed listening to it as much as I did. Gearóid gave some really useful tips to help advance a career in research. So remember to get networking and seek out opportunities. Thank you for listening. Until next time, bye.