

## Podcast – Jo Merrifield interviewing Corrienne McCulloch

### Transcript

*Jo Merrifield* speaking with Corrienne McCulloch

*Time*

*0:11: Welcome to Clinical Research Career Conversations brought to you by Edinburgh Clinical Research Facility. My name is Jo Merrifield, and in this episode, I am talking with Corrienne McCulloch, the Deputy Director of Edinburgh Clinical Research Facility. She tells us about her career journey and her top tips for those interested in a career in research.*

*0:39: I'm with Corrienne, who is the Deputy Director of the Clinical Research Facility here at Edinburgh. I guess first of all, can you just tell us a bit about the day-to-day job of a deputy director. What does it involve?*

*0:52: Yeah, so the deputy director role, so you're responsible for the running of the Edinburgh CRF, leading the Edinburgh CRF, and that kind of fits into different aspects of that. So you have operational management and strategic planning, you're providing professional and clinical leadership across multidisciplinary teams.*

*1:11: So if we look at the Nursing and Clinical core, there's quite a lot of involvement in that core - it's one of the bigger cores - and the work that goes on there. So for example, as the deputy director, you sit on the Edinburgh CRF Phase 1 Committee and also the NHS Lothian Gene Therapy Committee, so you're an advisor on those committees.*

*1:30: And there's multiple different cores as well. I think people think of the Edinburgh CRF as being mainly nursing and clinical, but there are multiple different cores aren't there? So I guess you've got to have an understanding of what's going across the scientific cores as well?*

*1:43: Yeah, and I think, you know, probably part of the reason for that is the nursing and clinical core is the biggest and probably the most visible, you know. We have three facilities across three sites, and in terms of the day-to-day running of research, that is the point where people see us. So I think that's probably why that is more visible, but yeah, there is a lot of work that goes on as well within the other cores - you know, genetics, image analysis. And yeah, I think you're right. People don't always realise that that is all part of the Edinburgh CRF. We're quite a big organisation.*

*2:21: So there's a national presence as well where, on a regular basis throughout the year, we meet with other Scottish CRFs, the managers in those CRFs, and at present I'm the Scottish representative for the UK Clinical Research Facility Network. So with that I sit on the senior management team. So again, you're involved at that national level and influencing the direction of clinical research in the facilities across the UK.*

*2:45: And then there's also the financial management part of the CRF. So yeah, really close relationships with R&D Finance and across the cores. You know, each of the core managers are responsible for their core, but oversight of that as well.*

- 3:00: But I guess for me, I've just been in this post just over a year. So I think it's a post that will continue to evolve through time and in response to what's going on locally and nationally.
- 3:11: Any day you can be dealing with a variety of things. You know, you might be at that early stage meeting with an investigator who's exploring potentially bringing their work into the CRF and us supporting that. That could then progress on to looking at costing a grant application for them for our input right through to actually delivering the project. And, you know, when the project or research study is live and active, if there's any issues that may crop up along the way, you might then step in again just to see how you can resolve things and help make the project work.
- 3:45: But I think, in terms of the staff that work in Edinburgh CRF, they are all expert in being able to deliver research. That is really what we're all about. A variety of things come through in this role, and I think that's what makes it quite exciting that you can have that input, you know, on an actual facility level. So at a site versus then sitting with other directors and managers across the UK and discussing what's current and what you need to respond to.
- 4:16: *So what was your journey to become Deputy Director here at the CRF?*  
(Jo)
- 4:20: My very first step into research in, you know, being a registered nurse was becoming a critical care research nurse.  
(Corrienne)
- 4:51: *What got you interested in research to begin with when you were in critical care as a staff nurse? What made you go down the research pathway?*  
(Jo)
- 5:01: My interest in research was actually from before being a staff nurse in critical care.  
(Corrienne) Through my training at Queen Margaret University, there was quite a focus around evidence base and research and critical thinking. So yeah, I think my interest was sparked then and through doing the dissertation in 4th year.
- 5:19: And then I think coming into clinical practice as a registered nurse. I was always asking questions. I think that could be quite annoying to some people and then discovered that actually research is a good place where you can be asking those questions and finding answers. But yeah, in critical care certainly, seeing other research nurses in the unit, that really did inspire me to, you know... working in a bed space with a patient and a research nurse coming along and saying "this is what we're doing".
- 5:50: And yeah, I just find research really interesting. There's just so much variety in terms of the studies that come along, the patient groups you work with, the staff that you meet, the people that you meet.
- 6:05: My first research post was as a critical care research nurse. At that time, I was employed through the Edinburgh CRF to do that job.
- 6:13: *It's a full circle then?*  
(Jo)
- 6:14: Yeah, yeah, absolutely. And certainly at that point in time, this was not a job that I necessarily had my eye on or thought that'll be me in a few years' time. So yes, I've  
(Corrienne)

worked in clinical research for 15 years and held a variety of nursing roles in clinical research.

- 6:32: So yeah, first as a research nurse, probably within a year to two years of starting in that post, I became aware of a scheme called the CARC scheme - Clinical Academic Research Careers scheme. And this was a new pilot scheme. And it was looking at opportunities for, I guess, non-medics - nurses and allied health professionals - to become the researchers of the future. So I did hear about that and I thought, oh, that sounds quite interesting. And so anyway, time passed and I applied for that. It was a PhD scholarship. I was successful in getting that and it really was a great, great programme. So what happened was I was bought out of my research nurse role half-time to study and do my PhD. So I was called a senior practitioner and a research nurse. From quite an early stage, I had this kind of dual role and focus of, on the one hand, being a research nurse, but on the other hand, being the person involved in designing the research as well.
- 7:33: That was part time, so I did that for a number of years. But at the same time, in my research nurse post I progressed and became a lead research nurse in the critical care team. By that point, we had moved out of the CRF because the team had started to grow. And that post in itself was, it wasn't like a sort of lead research nurse in terms of leading and managing staff. It was specifically for commercial research within that team.
- 8:01: So yeah, I did that and then as the PhD, finally got that finished, I was very fortunate to get a fellowship as an NRS Fellow – so that's NHS Research Scotland fellowship. I know some of your podcasts, you will have some of the current fellows talking about what that means and what they do. So that was a three year fellowship. I had some protected research time in the NHS to then go and develop my research further from my PhD.
- 8:26: Probably what I haven't mentioned is the actual area that I was working in as a researcher. I was very interested in patient family nurse experiences in critical care and interventions that can help improve those experiences and evaluating interventions. My PhD was in an area of nursing, so critical care diaries, so diaries that were written for patients when they were in intensive care, to see if that would maybe help them with their recovery and come to terms with what had happened.
- 8:54: So yeah, so it's quite funny. So being a research nurse, very focused on clinical trials and devices and all that sort of thing, but then at the other end of the spectrum, doing qualitative research around people's experiences of illness and recovery. So yeah, it was like two extremes and you had these two different hats on at the same time.
- 9:18: *I think people get confused, don't they? Quite often they think of clinical research nursing as one thing, just being academic, but there is that sort of clinical research delivery side and that clinical researcher side and I guess doing both those roles, how did you find the time? How did you manage the boundaries between those two roles? Was that difficult or did they complement each other?*  
(Jo)
- 9:40: Yeah, so I think that the two roles definitely did complement each other because, as a research nurse, I had a really good grounding in what it took to make a study work and all the background, and what approvals you need, and so it almost felt when I  
(Corrienne)

went into that training programme, into the PhD, I had a bit of a head start, because I had that knowledge and background. But yeah, I think that the two roles did complement each other, and I suppose one area where they crossed over when I was working in the critical care team as a research nurse and nurse researcher, I developed an interest around patient public involvement, and that seems to bridge quite nicely. And so at that time when I was in the team, I was involved in coordinating what was going on with patient public involvement and had a patient advisory group. So that was probably one bit where it bridged. But yeah, it was quite tricky to...

10:34: *I can imagine.*  
(Jo)

10:35: But I suppose the good thing about the way that it worked out, you know, in terms of the CARC scheme, I had dedicated time to do that bit of the job and then I had dedicated time for the research nurse job, but there definitely was a crossover. And the same as when I became an NRS fellow, although I had my one day or two sessions' protected research time. Yeah, it was hard to... eventually it's like the two jobs kind of moulded together. It was hard to tease them apart.

11:04: But when I then came to join the CRF as Research Nurse Manager, there was quite a clear divide there because that is quite a full on busy job and, you know, that I really have to keep that separate to the NRS time that I had.

11:20: I was able to maintain that while I was in that post. But yeah, when the opportunity came up for deputy director, I made the decision that I probably should try and focus on one thing. Yeah, not to say that I'll never get involved in research in the way that was previously, but yeah, I really needed to focus on this job. It was quite a big step for me.

11:43: *And again, do you think having that research nurse delivery and that nurse researcher experience has helped you understand this job?*  
(Jo)

11:52: Yeah, and I think even the previous job as well. It certainly came in useful to have had that experience as a PI, as a sub-investigator, so then when you are speaking to people, you know, you can really see research from all angles and all sides, and I find that really, really helpful.

12:11: And I think having been there myself and, you know, trying to get through an Ethics Committee and all these, you know, all these different levels and what it takes to make research work as well as a research nurse, I think hopefully gave me a bit of credibility to, you know, be able to take this on.

12:30: *Well, thank you for talking us through that. Sounds like you've had a really busy and quite a varied career. Do you have any tips for anyone who might be considering a career in research? Maybe they're at the beginning of their research journey or thinking about a career in research. Do you have any tips for them?*  
(Jo)

12:49: One of the things that I realised quite early on is, you know, if you want to progress in your career, you're responsible for that. There's people that will definitely help you along the way, but there's not going to be one person sitting there going "This is what you need to do". You know, you can look for advice from people, but really you need to get yourself out there and look for those opportunities. And, you know,

I guess those opportunities aren't always obvious and aren't always in front of you. So yeah, if anything, if you're setting out in this way and you see opportunities, have a look at them, even if it seems like it might not quite be what you're looking for.

13:27: I'm just thinking even around the PhD, you know, there's lots of different ways that you can get onto a PhD programme or do a PhD. And for me, I was very fortunate. I was able to develop my own research idea and I had the funding to do that. But sometimes you might go down a route where there's a project that that's what needs to happen as part of the PhD. So I think it's just what you want to get out of it and what's important to you, as to how far you're willing to compromise. I don't know if that makes sense at all?

14:04: *Yeah, definitely.*  
(Jo)

14:05: But yeah, I think the other thing, really good advice that somebody gave to me -  
(Corrienne) again this is going back to when I was doing my PhD - this was somebody that I really had a lot of respect for and I'm very fortunate throughout my career to have many people that I've looked to and really admired. And I remember this person saying to me, you know, the PhD, it will take as much out of you as you give it. And I think it's not to say that you don't give what you need to give to a job or whatever it is you're doing, but I think just that whole thing about how important it is to have that balance between your work and your life. You know, as we all know, things come up in your life, things come up in your work, and I think if you're not quite strict about that balance to start with when you have those periods of craziness on one side or the other, it can be really hard to manage that. I know we hear people saying that all the time, the work life balance is really important, but again, when you're in control of that, be in control of that, don't let one take over the other.

15:02: *Yeah, I can imagine doing a PhD can take over your home life as well as your work*  
(Jo) *life. So yeah, creating those boundaries is so important, isn't it, for well-being if nothing else.*

15:14: Yeah, but I think in terms of, you know, a career in research, whether that's the  
(Corrienne) desire to go on and be a researcher or to progress in a research nurse career or whatever it is you're doing, I was thinking of some top tips or lessons that I learned early on, and for me, one of them that I did learn really early on is that attention to detail is really important in clinical research, really important, and that's something that I've kind of kept with me throughout my career.

15:45: The other thing that I learned fairly early on, and it's a hard one, but you know, if you're not sure, just ask questions. Obviously, there can be a time and a place when you ask those questions. But yeah, make sure you ask those questions. And if you are sure, or you think, actually, this is right, what I think, then please, you know, speak up. You need to speak up and have the evidence to back that up. And that can be tricky if you're in there, you know, as a new research nurse, or even just as a research nurse, and you're working with a clinical team with researchers, it can be hard to be that person that says, actually, no, this isn't quite right. And this is why it's not quite right. So yeah, just have that confidence to speak up.

16:30: And the other thing that I learned as well when I worked in critical care, we had a really good person that led us and led the team and I always remember, I think I went to this person once with a problem and said, right, I've got this problem. What

would I do about it? And they said to me, well, what do you think we should do? So yeah, I suppose the point is, if you come across an issue or a problem, try and come up with some solutions before you... That's an approach that I've kind of taken throughout my career is if I find something or uncover something, it's trying to work out, well, what are the potential solutions? I think it is easy to just not have that confidence or just quickly, you know, ask, but yeah, take some time to just think through it and how you might be able to solve that problem. And then you can go to whoever it is.

17:25: *Yeah, bring solutions, not problems.*

(Jo)

17:30: And yeah, I suppose just touching on there talking about people I admired, the role models, you know, look out for who those people are. They don't necessarily need to be senior to you, you know, it might be a colleague that you think, actually, I really like the way that you dealt with that situation, and it might be people that are more senior to you. I have had a few that I've really looked to and admired. So yeah, I think look out for who those people are and what you value, and finally, it's so important just to enjoy what you're doing and the people that you work with. And, you know, if you're not enjoying what you're doing, have a think about why that is and, you know, is there anything you can do to change that situation. It's not about if you decide to go in a different direction. It's not that you failed, you know, it's just sometimes you might be going in a direction that's not working for you. And it's OK to change direction and I think part of that comes from, thinking about my own career, as I said at the start, I never thought when I was a research nurse that I would then in 10 or 15 years' time be deputy director in the CRF. That was never part of the big plan, whatever that might have been, but it was an opportunity that came up. It's OK to consider other options and change direction.

18:54: *Well, thank you very much. There's some really good tips there. Thank you very much for speaking to me today.*

(Jo)

19:12: *Thank you for listening to this episode of Clinical Research Career Conversations. It was great talking to Corrienne and finding out about her role as deputy director and also the journey she took to get there. She also gave some great tips for those interested in a career in research. Hopefully you found these helpful. Until next time.*