

Podcast – Jo Merrifield interviewing Dasha Dyachuk

Transcript

Jo Merrifield speaking with *Dasha Dyachuk*

Time

0:11: (Jo) Welcome to today's episode of Clinical Research Career Conversations. My name is Jo Merrifield, and today's guest is Dasha Dyachuk, who is a clinical support worker, or CSW, at Edinburgh Clinical Research Facility. She talks about her role, the opportunities it has given her, and also a bit about her background. I hope you enjoy.

0:38: (Jo) *Hello. Today I'm delighted to be with Dasha Dyachuk, who is a clinical support worker at Edinburgh Clinical Research Facility. So thank you for joining me today.*

0:47: (Dasha) Thank you for having me.

0:49: (Jo) *So, we're going to dive straight in if that's OK, and I wonder if you could explain what does it mean to be a clinical support worker in clinical research? What does that role look like?*

1:01: (Dasha) Yeah, so I guess the most important name in that title is the support part. So it's what I think of as quite a supportive role. So we support the nursing team and the external research teams that kind of come and use our facility. So we kind of help with the day to day functioning of the unit. A big part of it is sample processing, so anytime there's samples on the unit, research samples, we're kind of in charge to process those samples and package them and send them off to their next destination.

1:33: We also do help with some participant visits, so different CSWs on our floor work on different studies, and we see participants do their assessments as per protocol, take their bloods usually, and process those samples. And so, yeah, we just kind of keep things running a little bit on the unit and see what the nurses need, what other investigators might need, and yeah, all around just support what needs to be done.

2:01: (Jo) *Brilliant. And that sounds like it's quite varied then. So it must be quite interesting, the different parts of the role?*

2:06: (Dasha) Yeah, very, very varied. Every single day is a little bit different, what you might be doing. So even, you know, for example, today I was more covering different roles like reception, but tomorrow I have a participant visit. So every day is a little bit different.

2:21: (Jo) *Great. So yeah, I was going to ask what a typical day looks like, but every day is a bit different, yeah. And I guess it will depend on the kind of studies you've got going on. And yeah, what else is going on the unit as to where your support is required.*

2:35: (Dasha) Yeah, for sure.

2:36: (Jo) *And what would you say your favourite part of the job is?*

2:38: (Dasha) I would say one of the best things right now is honestly the team. I think the team is very helpful and always wanting to teach and I think I've learned a lot from the team, and everybody's just so lovely.

- 2:49: I also think working in research, it kind of feels like you're working part of the bigger picture, so I feel like we're all working towards a common goal of, you know, improving the lives of patients and improving their quality of life and hopefully looking for some, you know, maybe cures for certain diseases or things like that. So yeah, it feels like you're part of a team and working on something bigger than yourself and just clocking in and out.
- 3:14:
(Jo) *Yeah, yeah, no, definitely I can understand that. And yeah, being part of that bigger picture is really nice to hear. And so you do quite a lot of hands-on work with patients - and do you enjoy that kind of interaction with people?*
- 03:31:
(Dasha) Yeah, I used to be - so I'm from Canada - and I used to be a nurse back home as well, so I do really love that seeing patients, chatting to them, seeing, you know, why they've come in today, and it is really inspiring to see a lot of participants really wanting to come here and be also part of the solution. So, yeah, I really love the kind of interacting with participants, but I also love the more 'sciencey', I guess, aspect of it, so going into the lab and really feeling like you're a scientist with all the equipment and centrifuging, so that's also just a really fun part of the job.
- 4:06:
(Jo) *Yeah, that's great. So you were a nurse previously, but what kind of development opportunities, or what skills have you had to develop in your role, and what opportunities have you been able to do?*
- 4:18:
(Dasha) Yeah, so I actually, I have worked in research in the past, but it's only been qualitative research. So I never had any sort of experience with clinical research, so things like, again, sample processing or following a protocol, collecting more clinical data, so I've never had really any experience with that. So that was quite a big learning curve, because most of the things that I've done with patients is kind of do surveys or interviews and things like that. That was a little bit of a learning curve. It's just even really making sure that the protocol is followed and sometimes there's - depending on which study - there's really no kind of room for interpretation. Things need to be done at certain times in certain orders. And yeah, and really the majority of the of the lab proportion of it was all brand new. I don't have a lab tech background, so really everything I learned was through, we had a lab development day that the education team put on, so that was really helpful. And the other CSWs who've been in this role for a very long time, taught me everything I need. I know now in terms of centrifuging samples, pipetting, getting all the PBMC and things like that. So yeah, that was like a big learning curve that I just kind of started here.
- 5:34:
(Jo) *Yeah, and so there's kind of that mixture then of actual formal taught classroom sessions, but also learning a lot from your peers and that experiential learning. That's really great. Obviously a skill now that you could potentially carry forward in your career that you might not have had otherwise. So that's great.*
- 5:53
(Dasha) Yeah, for sure.
- 5:56:
(Jo) *What made you come to Edinburgh Clinical Research Facility and do this role?*
- 5:58:
(Dasha) Yeah, so we... so like I said, I moved here from Canada just to have two years abroad somewhere that wasn't in Canada. And I have both a nursing background, I worked in research and I really love the mix of both and I wanted to stay in that kind of sphere. Now because nursing is very regulated, I would need to have a nursing registration

here, which just for two years is not... would have been a very long endeavour. So then I wanted just to continue combining research and a little bit more hands on work that I'd done in the past. And so I just went on the NHS site and just typed in "research", and this job just popped up.

6:39: *Brilliant! Meant to be.*

(Jo)

6:40

(Dasha)

Yeah, so it was kind of... yeah, and then I just read the job description and I thought, oh, this sounds like both a bit of nursing, a bit of research, something that I've not done before, so hopefully, you know, I was like I'm not going to be bored at this job. And I thought it was just a good combination for both and then I just, on a whim, just applied and yeah, and I had a Teams interview at 2 o'clock in the morning. And then yeah, that's how kind of... yeah, it was very spontaneous.

7:07: *Yeah, no, that sounds brilliant and well done to you for being brave and taking that plunge. And has it lived up to your expectations?*

(Jo)

7:15:

(Dasha)

Yeah, it's been really, really, it's really been fun. I definitely think at first, I think that maybe the thing that people might struggle with the most, especially if you haven't done research, but it does take a while just to get started, kind of reading how a protocol is made, how to follow it, but then once you actually get started and doing that hands-on work, it's really rewarding and the team here at the Wellcome Trust Clinical Research Facility are just some of the best co-workers I've ever worked with. So they've made the experience so much better as well. So I think if you have a good team and you're curious, you want to engage in research, I think this is a great opportunity.

7:54: *Brilliant. That's so nice to hear. You've said that you've done research in the past. What is it about research that you particularly like, and why?*

(Jo)

8:01:

(Dasha)

Yeah, I think research is all about kind of generating new knowledge. I mean, for me, I'm very curious. I get bored quite easily. I'm always thinking what things can be done better, what can we try, both in quality improvement, and in certain disease processes as well. So I think I'm just curious and the only way to find out is to ask questions and throw something at the wall and see if it sticks. A lot of my qualitative work was done working with communities who are facing marginalisation and seeing how we can get them access to services. So I find that quite interesting and rewarding to think about communities that might need heavy access to services, but they don't have the opportunity. So how can we solve that problem?

8:50:

Because I think that's what research is just... you have a problem. Some of them are very big, some of them are very small, but you're trying to find innovative, clever solutions, sometimes with a lot of constraints, you know, both financial and maybe some bureaucracies and political, but it's all about how do we figure out what's best for people. And I also just, yeah, I think people are also very keen and I think interested also to help because I think as just a person out in the world, if you're not in healthcare... I know a lot of my friends, for example, they've always wanted to help but never knew how. So it's nice to like connect with people that way because yeah, it feels like we're on the same team and we're trying to find a solution together. So I find that it's also nice connecting with people in that way.

9:35: Sometimes in healthcare, you see people in their worst times, but I feel like in research it's a little bit the opposite. I feel like we always see people on the same mission trying to... even if they're going through something hard, they want to make it better for others, and the researcher is also there for that reason. So it's kind of nice to connect with people on that level.

9:56: *Yeah, that's really a nice explanation there. So you've spoken a little bit about the research you did previously. And so was that things that you led or were you part of a team there?*
(Jo)

10:06: Yeah, a little bit, a little bit of both. So I am a nurse and then I actually went to get my Masters in nursing. So a lot of how I started in research was actually as a student, so I was part of different labs, basically. They were all qualitative, none of them were clinical. And so I started as a research assistant there.
(Dasha)

10:25: But, for example, now I still have a little part-time job with a university back home and that project I'm currently leading and we're looking at mental health in undergraduate nursing students to kind of make sure that nursing - new nurses - don't leave the profession early and seeing how we can retain the nurses that we do have. That's kind of my first project that I'm leading really and then... but in majority of my other ones, it's been more in a research assistant coordinator role, yeah, so a little bit, a little bit.

11:01: *Yeah, well it sounds like that research is really valuable. If someone can solve the retention problem in nursing, they're on to a winner there. So, well, good luck with all of that. So how far are you through your two years?*
(Jo)

11:17: Oh, I'm a year in.
(Dasha)

11:18: *You're a year in, so you've still got a year?*
(Jo)

11:20: Yeah, I've got a year left.
(Dasha)

11:22: *OK, and what are your plans afterwards? Are you going to build on what you've developed here and take it back?*
(Jo)

11:29: Yeah, I think so. And I think we actually talk, I still talk a lot to the PIs that I work with back in Canada and, having this clinical background as well, we have a lot of - I don't know if you guys have this role here - but we have a clinical nurse specialist.
(Dasha)

11:49: *Yes.*
(Jo)

11:50: And you can specialise really, well in anything, and one of the jobs that I did before I moved here was a research coordinator for a pool of CNSs, and they actually specialised in research. So I was kind of thinking, oh, wouldn't it be kind of nice to combine that when I go back home? Now, I don't know if that role will exist or if I'll have to make it up, so I have been thinking about that. I've also been thinking about potentially going back to school and getting my PhD, which will be very long. I've never really thought about doing clinical research until this job really, but I think it would be nice to, when I come back, to look at more opportunities in clinical research as well and kind of combine the two and do mixed methods. I think that would be really, really neat. So, yeah.
(Dasha)

- 12:38:
(Jo) *Oh, that's really nice to hear that not only, you know, you've learned a lot here, but actually how that might shape your career going forward, that's excellent. Have you noticed any different - obviously you said you've not worked in clinical research per se, it's more qualitative in Canada - but are there big differences that you've come across here? Is it similarly regulated over there?*
- 13:00:
(Dasha) Yeah, I think so. I think it does seem very similar and, even as I was looking back in Canada, different kind of roles and what they require, the language is very similar. So things like, you know, good clinical practice, like maintenance of site files, investigator files, so I think it's quite transferable, it seems, because at least I'm reading the job descriptions and I'm like, oh, I know what that means. So I do think there's lots of similarities between the two, yeah. And I think it's also some differences - the Canadian healthcare system is different, but there are lots of similarities as well. So I could see that research would also be done not just in the private sector back home, but also within like a hospital setting, like in, you know, just in a public setting. So yeah.
- 13:50:
(Jo) *OK, that's good to know that it's quite transferable. So would you recommend the experience that you've done to others, if someone was back home in Canada. Would you recommend...?*
- 14:00:
(Dasha) Yeah, for sure. Yeah, because I think again, it's very transferable, I think. And also I think what I would say is back home, I don't think I would have gotten this opportunity. I think, without having a biomedical science degree or something like that, it's quite hard to get a, I would say, like a kind of an entry level position in research back home. Like you really need to have a Masters, a PhD, to even kind of start, whereas I feel like here I did get so much training on the job and I didn't feel behind not having a biomedical, you know. I've never worked in a lab, but I didn't feel like I needed a biomedical degree because I got so much support and training on the job.
- 14:42: So, now that I have this experience, I can go back to Canada and, even though I still don't have a biomedical degree, I can say "but I've worked for two years, you know, in a clinical research facility". I know how to maintain flow sheets and how to keep track of samples and how to process them and how to keep everything in order. So I think that's really valuable.
- 15:02:
(Jo) *Obviously you're a registered nurse back at home. Has it been strange not being able to do the full remit of that over here? Or has there been enough to keep you occupied anyway, if that makes sense?*
- 15:15:
(Dasha) Yeah, it has been a little bit strange, I think. I have done - I'm quite adaptable - so I have done, like when people ask me what do I do for work, I feel like I've kind of been all over the place, so it is a bit different because I, you know, I've been, I was a nurse for like 2, 2½, 3 years. So then, you know, even in emergency scenarios, I have a different role than a nurse would, because this is an accredited place, so I can't because I'm not a registered nurse here. I can't do registered nurse tasks. So it is different. Even things like when we do like emergency scenarios and I'm like, oh yeah, I'll do that and then my nurses say "oh, we know you can, but you actually can't". And I'm like, oh yeah, I know I can't, you know, so it is a little bit different, but again, I think the team has just been so great that it hasn't really felt that I'm any different, you know, but it's just a little change.

- 16:09:
(Jo) *Yeah, yeah. And just to explain to the listeners the emergency scenarios, they're kind of practice run throughs aren't they, because it's an accredited unit? We have to demonstrate that our processes are robust and our staff know what they're doing, so the emergency scenario is a kind of practice.*
- 16:24:
(Dasha) *Yeah, exactly, yeah, and everybody kind of practices their role of what they would do if there was actually an emergency, because we do have first in human trials here that there's always a lot of risk with them, so we try and mitigate that as much as possible by practising, so, yeah, so it's just... and every person in the unit has their own kind of responsibility and role. So just making sure I know mine and not to go...*
- 16:50:
(Jo) *Definitely, definitely. Finally, if someone in the UK or in Canada or anywhere, if someone was thinking about becoming a clinical support worker in research, what kind of advice would you give them and how would you sell the role? What would you...?*
- 17:02:
(Dasha) *I think if you have never experienced research before, I think when you first start, it might feel a bit overwhelming, because I think there is so much nuance, and everything is new, and the language seems a little like bizarre at first, but I would just say just ask questions, just be curious. I think people want to have more people in research because that's the only way we can drive things forward, you know. If we did everything the same way we did, you know, 20/30 years ago, we would not have the advancement that we have now. So I think people in research want more people in research.*
- 17:36:
(Dasha) *So just ask questions, know that when everyone started, it was all just a little bit bizarre of what's happening, but then once you get through kind of all of that, you know, more book learning and all those stuff, it does get really rewarding, you know, so just have patience and ask lots of questions and just stay curious because I think that's what most people, you know... people want to tell you all about what they're doing and, you know, so yeah.*
- 18:05:
(Jo) *No, I think you're absolutely right, it is almost a different world, different language, isn't it, research? And there's ways of doing things that you have to just be patient and learn. But yeah, being part of that team sounds really rewarding. So finally, how would you sell the role?*
- 18:18:
(Dasha) *I think that you're part of making... like you're part of the bigger picture, you know. Some of the day to day tasks, you know, you might not see it right away, but I think you're part of creating knowledge, of generating knowledge, creating cures and processes to improve patients' lives and possibly, you know, maybe your life and your loved ones' lives in the future. So you're kind of driving innovation almost, which I think is really exciting. And it's kind of, I think everybody searches for purpose in life and this could be something that helps with that, you know, feeling that what you're doing every day is making a difference in the lives of others.*
- 19:03:
(Jo) *Yeah, definitely. And it sounds like there's lots of opportunities within the role as well. And probably, I mean, I think here you've got some clinical support workers who've been doing this for years and it's what they absolutely love, but then there's also the opportunity to develop and move forward.*

19:17: Yeah.

(Dasha)

19:18: *That's brilliant. Thank you so much for chatting to me, Dasha. That was really interesting and good luck with everything.*

(Jo)

19:22: Thank you. Thank you for having me.

(Dasha)

19:31: *Thanks for listening today. Dasha spoke about her unique journey to Edinburgh to work as a CSW in clinical research. I guess it might surprise some to hear a registered nurse opting to take a clinical support worker role, but Dasha explains how it has provided her with an additional skill set that she might not otherwise have gained, and she will be able to take and carry forward these skills in her career back in Canada. It perhaps demonstrated to me that opportunities can be found further afield, and I commend Dasha's enthusiasm and bravery to try and find a new job in a different country. Her passion for research is clear, and she described how contributing in even a small way can be incredibly rewarding and satisfying, knowing that you are playing a part in advancing healthcare. Thanks once again for joining us. Until next time, bye.*

(Jo)