

## Podcast – Jo Merrifield interviewing Jenna Breckenridge

### Transcript

*Jo Merrifield* speaking with Jenna Breckenridge

*Time*

*0:10:* Welcome to this episode of *Clinical Research Career Conversations*, brought to you by *Edinburgh Clinical Research Facility*. My name is *Jo Merrifield*, and today I have been speaking with *Jenna Breckenridge*. She is an occupational therapist by background and currently a senior lecturer in health sciences at the University of Dundee. She is also the lead for *Allied Health Professions, AHP Research*, in *NHS Tayside*. We discuss not only her career, but also the importance of AHPs being involved in research and tips for practitioners interested in finding out more. Enjoy!

*0:48:* Welcome. Thank you for joining me today. Before we look at your current roles and discuss them, it'll be really interesting to hear your journey into clinical research, just so we get a bit of a background behind your story.

*1:03:* Sure. So I am an occupational therapist, but I wasn't originally going to be an occupational therapist. When I applied for uni and got places offered, I was supposed to go and do social policy and law. And I guess that is really kind of where my research interests started. I was very academic, I suppose, at school. I liked reading things, I liked thinking. Subjects like history and English really suited me - all the kind of critical thinking you had to do.

*1:28:* And I had a friend who wasn't sure what she wanted to do, and I convinced her to be an occupational therapist because I thought it sounded like a really good job. And actually in the process of convincing her, I had convinced myself. So I came down the stairs one day at home. And much to my family's shock said I've declined all my places at university.

*1:44:* Wow!

*1:46:* I want to be an occupational therapist instead. So that was a bit of a shocker. So I cancelled my offers and, yeah, I went through the clearing process to study to be an OT. And then I guess I sort of was a bit of an unusual OT student, because probably by about second year I realised that I was really into research and that I wanted to have a research career.

*2:06:* And my first job, actually, after I qualified, was as a junior research assistant shadowing occupational therapists as part of this knowledge partnership research project, and whether I'd gone on to be a researcher or an OT, it was a really useful job actually because, as somebody who was newly qualified, I got to collect this data and spend lots of time observing OTs in a whole range of different clinical settings. So even if I'd gone on to practice as an OT, I think it would have been a great first job. But actually, I really got the research bug and I applied for a PhD and did my PhD pretty much straight out of uni. So my PhD looked at welfare to work policy. So I sort of came full circle. I got back into social policy.

*2:56:* And then since then I have done research in a whole variety of areas. So I'm a methodologist predominantly - really interested in qualitative research and in knowledge mobilisation, and that's really enabled me to research so many different

topics. So I've done research on neonatal babies through to people living in care homes. I've done research on disability, on domestic violence, on medical education and organisational change, type 1 diabetes. So I've done research across the life course and across different populations and that's, I guess, one of the things that I've loved about my research career so far is just being able to really get into different topics and learn about different things and yeah, the variety of it all.

3:44: *That's brilliant. That sounds really interesting, so dipping into different topics, etc. And I guess is it the research knowledge that you can bring those areas that you're able to support those different topic areas?*  
(Jo)

3:56: Yeah, I think it's... my interest really is in methodology. So as a qualitative researcher, applying those skills in different areas.  
(Jenna)

4:04: And then, later on, I developed an interest in knowledge mobilisation, which is how knowledge moves between people and places within organisations, and I'm specifically interested in how research informs knowledge and is moved into policy and into practice, and being able to do that for different people in different circumstances. You can apply your skills as a researcher in all sorts of areas because you focus on the skills rather than necessarily the topic.

4:33: *That's great. And so, if we think about your roles just now, so as I said, you're a senior lecturer in health sciences and also you're the lead for allied health professionals research. What are those roles? Can you explain a little bit more about what you do there?*  
(Jo)

4:47: I started my role here in 2018, and it was quite an unusual role because it was actually advertised as a clinical academic opportunity. And for AHPs, nurses, midwives, other professions, it's quite rare to walk into a ready-made clinical academic job. Certainly in Scotland it is. So that was a real plus.  
(Jenna)

5:11: So I'm fully employed by the University of Dundee, and then NHS Tayside buy out half of my time. So I work four days a week, two days in each. And in the NHS I provide strategic leadership around about AHP research. So that includes all of the allied health professions. So there's about 1000 AHPs across Tayside. And then the academic part of my role sort of ties in because the research that I do is about research culture and how evidence is used and how knowledge is used in policy and practice. So the two things fit really well together.

5:50: So in the NHS, I guess a typical day for me is meeting with AHPs who are at different stages in their research journey and supporting them, whether that's through looking at how they can use research to better inform their practice through to people who want to actually do their own research, big or small. And actually I think that's where that sort of varied background that I have comes in useful for this kind of job, because I can go from meeting with a diagnostic radiographer to then meeting with an arts therapist or an occupational therapist, and the different professions have, you know, different methodological preferences, different topics.

6:30: And my challenge and the exciting part about my role is that I get to have these meetings and I have to quickly get my head around the research topic that someone's talking to me about, and then help people with the sort of methodological and the 'how to' knowledge. So that sort of continues that variety. Whereas, you know, I think

if maybe my background had been in, a very... a specific topic, that might have been harder, but I think having had that versatility, yeah, it keeps the job really interesting.

6:59: So one of the things that I've set up in the last few years in Tayside is a dedicated Allied Health Professionals Research Network. So we've currently got over 100 AHPs who are engaged in that, and that exists to provide support, because it can be quite isolating sometimes I think, being a research active practitioner. It's also to raise the profile of AHP research within the organisation and then to look at better embedding research within practice and really strengthening the AHP research culture. So yeah, the two sides work quite well together for me there.

7:36: *Yeah, brilliant. Thank you. And just for clarification for the audience who might not understand what AHP means, can you give a broad definition of that and what kind of group - you've already mentioned a few of the groups that you work with. And also then why is it so important that AHPs are involved in research, because often we think about medics and nurses involved in clinical research, but obviously there's a space for AHPs as well.*

8:01: *(Jenna)* Sure. So allied health professions is a kind of umbrella term for a collection of different professions, for example, physiotherapists, occupational therapists, radiographers, speech and language therapists, podiatrists. I won't keep naming them in case I forget any, but essentially AHPs make up about a third of the healthcare workforce, so it's a really big part of healthcare delivery, and AHPs provides essential diagnostic treatment, rehabilitation services across the life course really. AHPs work with babies all the way through to older people across all sorts of different conditions. So AHPs provide a really essential service within health and social care.

8:49: Involving AHPs in research is really important then, because they provide such a critical service and we want to make sure that the evidence base for allied health professional services is there and also that it's been actually used and implemented, because it's one thing having the evidence, but if that's not actually making its way into practice, then we're not achieving the benefits that we would hope to.

9:10: I suppose the other reason that I feel it's really important for AHPs to be involved in research is for job satisfaction. You know, when you look at the literature on research culture, those research active organisations where there's a lot of people who are engaged in research, they do have better patient outcomes, they have less mortality, but they also have higher job satisfaction. People are happier in their work. And so that's one of the thrills for me in my job is helping people to explore new areas and learn new skills and be able to think differently and to find that joy and the motivation in what they do.

9:50: And actually, I think when people are happier at work and they feel safer at work, they feel secure in what they're doing, they're more likely to be innovative and to be creative and, if they're in a good place, then we're likely to be compassionate. So I think there's all those sort of social benefits as well of being involved in research.

10:08: I suppose the other thing it makes me think about is that AHPs make really good researchers. One of the things that really pulled me into research as an OT student was a frustration. So I think oftentimes we think of research as being something that takes us away from patient care or it takes us away from listening to people and being with people. But for me, I guess I see research as a form of like social advocacy,

because if we've got research that's informing best practice, but that research excludes people, then it means that our best practice doesn't really apply to everybody.

10:47: So I got really frustrated even early on as a student when I would read research papers, and it would have the exclusion and inclusion criteria, and the exclusion criteria would be people who can't give informed consent or people who can't take part in a verbal interview. And I was there as an occupational therapist, learning about how to enable people to do the things that they need to do and they want to do in their lives. And I was thinking, I have the skills to enable people to take part in research. We don't need to have these exclusion criteria. I can adapt the research process to make it more inclusive.

11:24: So I think of examples as well of speech and language therapists and the important work that they do in research to look at gold standard treatments. But if they're delivered in a variable way, we need to be able to adapt them to include people with communication impairment. So allied health professions can bring a real asset to the research team because really a lot of what our jobs are about is enabling people to take part in the things that they need to and that they want to do.

11:54: And being able to take part in research is actually a human right, but it's in the UN Convention that we should all benefit from scientific advancement. And actually, when you think about those inclusion/exclusion criteria, how many people do we work with in healthcare that are simple, you know, that don't have difficulties with communication or with literacy or who don't have multi morbidities? You know, I think AHPs have a real strength there, that if we apply that lens to research design, we can make that research design more inclusive, and the more inclusive our evidence base, the more impactful it is for the complicated people that we work with.

12:33: *Yeah, that's amazing. And actually really timely, isn't it, with all the raising profile of equality, diversity, inclusion, with the HRA really pulling out all the stops to make sure that research is relevant to the populations we're trying to serve. And so, and I think a lot of the times we know why we need to do it, but the barrier is how to actually do it. So maybe one of the ways to overcome that barrier is speak to AHPs and get them involved. I think that's a really nice takeaway.*

13:02: *Yeah, absolutely. And I think one of the things that I say to people a lot in Tayside when I'm out doing my AHP research role is that I'm not here to make everybody a researcher. I'm not here to give everybody a PhD or to make everybody do that. But I'm here to support research across all levels. So that could be using research, it could be leading research. It could also be participating in research and being part of a research team. And I think when you think about research teams, everybody brings their own different skills, whether it's statistics or your topic of expertise. And so our AHP workforce have a lot of skill that they could bring to those teams as well.*

13:44: *Yeah, you're absolutely right. There are so many different ways you can be involved in research. You don't need to be the lead researcher to do research. You can have a very straightforward role in your clinical practice. And I guess that leads me nicely onto the next question, and the fact that you said yourself you were quite academic, and so research seemed quite a natural career for you, but quite a lot of clinicians and healthcare professionals aren't necessarily academic and may see that as a barrier*

*going into a research career. What do you think we can do better to maybe make that a bit more accessible for them?*

**14:17:**  
*(Jenna)* I suppose that's one of the things that I also try to break down a lot, is that there's a perception that you need to be academic and a lot of people will say to me, you know, research isn't for me. I'm not academic. And I suppose what is it that we really mean? And one of the things I ask people to do is to reflect on what skills you need as an AHP. So when you are in practice, and you're seeing patients, service users, they come in, they share a whole lot of information with you and not necessarily the order that you want it to come in. You are collecting a range of kind of qualitative and quantitative data. You are trying to make sense of all that data, figure out what it means and then how are you going to act on it next. And really, that description is exactly what you do as a researcher. You collect all of this information that doesn't necessarily come at you in the right order. You try to make sense of it and then you figure out, well, what are we going to do with it and what does it mean?

**15:20:** So those skills really parallel. We as AHPs - your job involves critical thinking. And I suppose that's what I want to instil in people, is that having a research mindset isn't necessarily about sitting down and doing a randomised control trial on a Monday morning. It's about bringing that critical thinking process. Why are we doing what we're doing? How can we do it differently? I think something like quality improvement's really taken off within the NHS, and I think it's often portrayed as something that's practical and you can get on and do it. And what I'd like to see, I suppose, is quality improvement and research working more closely together. So if you're doing a quality improvement project and you're starting to think about what the situation is, what the context is, what it is that you want to change, there's those points there when you can think about, OK, well, what does the research literature say? So we're bringing in that as an extra tool. What does the literature say? Has anybody done this anywhere else? Is there an intervention that we can take from somewhere else that's been designed and tested and implement it here?

**16:29:** So it's thinking about how to include research in all aspects of what we do. It's not necessarily about seeing it as separate, but starting to think about it as a mindset and starting to think about how we can use it. And then quite often the AHPs that I support, they've gone on that journey. They've not suddenly woken up one day and said, I'm suddenly an academic and I'm going to do research. It's been a gradual thing because they've identified a problem in practice that they're trying to figure out that they want to sort. They realise maybe the answers aren't there and then they have to create the research and the data for themselves.

**17:03:** So it's really driven by a desire to change things and to improve things. And it's a real shame if people don't harness what research has to offer. It's not the only way, but it's a really important part of our toolkit as AHPs to think about informing practice and improving services.

**17:24:**  
*(Jo)* *Yeah. So you've talked about QI, which is that quality improvement is one way to start off your research journey. Are there any other tips or suggestions that you'd give AHPs who are maybe interested in research, but don't know what they want to do? How do they maybe dip their toe in the water to see if it's something that they want to get involved with?*

- 17:43:  
(Jenna) Yeah, I think it's making connections, and finding people to work with. It's hard, I think, for practitioners to aspire to engage in research or be a researcher if we're not seeing it happening and we don't have opportunities to be involved in it. And I think finding mentors and building relationships that will enable you to do that is really important.
- 18:06: So one of the things I quite often say to people is that if you've read a research paper, or you've heard somebody speaking at a conference, and that work has really informed your thinking and informed what you're doing, get in touch with that person. I mean, I can wholeheartedly say as an academic working in a university, if anybody ever gets in touch with me to say that I've read your paper and can we talk about it, I mean that would make my day. Like that would be just the dream scenario. So get in touch with that person and, you know, just approach them to say I'm interested in your work and how we might think about applying it in my practice, or any opportunities. So I think that's a really important thing to do.
- 18:47: Being connected in, so we have CAHPR, which is - it used to be the Council for, but it's now the Community for AHP Research. So I am one of the co-leads of CAHPR in Scotland and we are here to provide support for AHPs who are interested in research. So that's a really good place to start. CAHPR UK - there's often seminars and webinars and things that are advertised, so that would be a quite a good way to connect in.
- 19:18: And certainly in Tayside, one of the reasons why I started the research network was for people to get exposed to what other people are doing. We have those regular virtual meetings and then we have a yearly kind of celebration event where AHPs are able to showcase their research. So recently we've had somebody who had done a NES AHP careers fellowship, and she was inspired to apply for that because she'd seen a presentation from somebody in the network who'd had it the previous year.
- 19:49: So it's, yeah, you can't be what you can't see. We need to create that culture where people feel like research is a viable option for them in their careers.
- 20:00:  
(Jo) *It's been really fascinating talking to you this morning. I just wonder if, just to end, is there... you've given a few tips and advice throughout this, but is there anything that you've been told during your career that you've kind of taken with you that you could share with us? A final piece of advice?*
- 20:16:  
(Jenna) So yeah, the first thing definitely, as I've mentioned, is about forming relationships. Nothing happens without those relationships. They're so important. And broker in those relationships for other people and linking people up.
- 20:29: And then one bit of career advice I saw once that really stuck with me is that when you make a career decision, you should think about dating your career, not marrying it. So you can always go down one path, but you don't need to stick to it. You can change and you can move into what interests you and what works. And you know, we're so often told, I think especially in a research context, you're told that you have your ten year plan and you work to it and everything leads on. But actually I suppose my career has been quite opportunistic, and I've followed where I've been interested, and that's led me to some interesting places and I don't think I could have done the job that I have in Tayside without having been to all these different places and done research in different areas. So it's OK to just follow your feet and go with what you're interested in. You don't have to commit to that thing forever.

21:21: And then the other piece of career advice that I sort of always keep with me and feel like I need to have it tattooed to my forehead is that your worth as a person is not determined by your productivity, how many grants you have, how many papers you published, your Masters, your PhD, how long it took you to get them if you've got them. I think that's really important because the search can be quite individualistic in quite a competitive environment. And I think, certainly for practitioners who are engaging in research, a lot of them are sacrificing a lot of their time, their personal time, to do research. They're doing it in the evenings and weekends and it can become a bit all-consuming. And I suppose, yeah, it's important to realise that yes, research is important, work is important, but actually it doesn't determine your self-worth as a person. You are important in your own right, and you have to make time for other things.

22:16: *That's a really lovely way to end. So thank you so much for speaking to me this morning.*  
(Jo)

22:29: *That brings us to the end of this episode of Clinical Research Career Conversations. A huge thank you to our guest, Jenna Breckenridge, for such an inspiring and thought-provoking discussion. Today we explored why it's so important for allied health professionals to be involved in research, not just to build a relevant evidence base, but also to improve job satisfaction, which in turn can positively impact on patient care. AHPs are uniquely placed to bring real world practical insights to research, helping ensure that studies are inclusive and reflect the diversity and complexity of the populations we serve.*

23:06: *A good place to start is by making connections. Reach out to researchers whose work speaks to you. As Jenna reminds us, you can't be what you can't see, but by building your network, you will start to see just how many possibilities are out there.*

23:42: *And finally, a great takeaway from today. You can date your career rather than marry it. You don't have to stick to one fixed path. Careers in research can be flexible, dynamic and deeply rewarding, so don't be afraid to try something new and follow your curiosity.*

24:01: *Thanks for listening to Clinical Research Career Conversations. If you enjoyed this episode, don't forget to subscribe, share, and leave a review. Until next time, bye.*