Podcast – Jo Merrifield interviewing Daisy Sandeman

Transcript

Jo Merrifield speaking with Daisy Sandeman

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 Daisy Sandeman. She is the Clinical Nurse Manager for Advanced Practice at the Royal Infirmary of Edinburgh, NHS Lothian, holds a PhD in Health in Social Sciences, and is an honorary fellow at the University of Edinburgh. We discuss her career journey, research contributions, and the impact of her work. Plus she shares valuable advice for anyone considering a research career and how to discover a topic that truly inspires you. Enjoy.*

0:53: (Jo) *So hi Daisy, thanks for joining me today. So I've already introduced you, but I wonder whether, as the starting point, do you mind just briefly discussing your career to date and how you've got to the point you are just now? Is that OK?*

1:03: (Daisy) Yeah. Jo, thank you for having me. So I'm a graduate from India. I did my under-graduation and post-graduation from Mumbai. At the end of the completion, I got a travel scholarship to travel to London. I came to Guy's and Saint Thomas'. I worked there for four years and then moved to Edinburgh for personal reasons. In Edinburgh, I worked in intensive care unit, and that's always been my background - cardiothoracic intensive care.

1:35: And in 2005, I got an opportunity to be a research coordinator for an international randomised control trial, which I thought was quite exciting at that time, and I'm really pleased I tried that for two years, and that gave me a bigger perspective of the research world.

1:52: After that, the world of advanced practice started opening up and those were early days – 2007/2008. I started my training and became a qualified advanced nurse practitioner. I continued that for about 12 years and in 2019, got into the role of clinical nurse manager for advanced practice.

2:12: So that is just a quick summary of my career so far. And along the way, I completed my PhD.

2:18: (Jo) *Yeah, brilliant. Wow, that sounds like a nice career to get our teeth into and speak a little bit more about. So you said that you were involved in a large RCT early in your career. What got you interested in clinical research? What made you take that step?*

2:34: (Daisy) I think there wouldn't be one point. I'd say there were milestones. So my first entrée into research was when I did my master's. I did my dissertation on music therapy in patients undergoing angioplasty, because we were looking at non-pharmacological intervention that would help relieve patients' anxiety and pain. So you get… it's a drive that you can make a difference by finding out more, exploring that area. So I did that and I didn't do professionally anything more with research after that point till in 2005 when this RCT opportunity came. I thought I want to find out more about research and my role. So being a nurse researcher is very different from doing your own research, which I did for my dissertation.

3:23: And there I got aspects of collaboration, networking, working with different sites, and that was a different world, and I really enjoyed it. Two years, I did that full time and then the follow-up of that study was for another five years, but with my clinical role, I couldn't participate much more into that, so I gave up. But around 2013, again, that itch started and I started looking at delirium and the care that was given here wasn't up to the standards that was happening internationally, but I think what was missing was the knowledge framework and the information that we had about delirium care.

4:03: So it started with just an audit, and then some education, post-education audit, saw the difference in terms of diagnosis. And once the diagnosis happened, the difference in the management and the quick effective turnaround of patients. And that kind of instigated more interest until I decided I was going to take this further and delve deeper and started my PhD.

4:27: (Jo) *OK, fab. And just for the benefit of the listeners, you talk about delirium. Can you just give a quick definition of what that means?*

4:34: (Daisy) Yeah, so it's a form of acute brain injury where there's cognitive impairment, but there is a trigger why it happens. The patients who I look after have cardiac surgery, so they are multifactorial, why they can have delirium. So besides cognitive impairment, which could be transient, it's fluctuant, so there are different types of delirium, hypoactive, hyperactive, and mixed. Hyperactive is the most identified one, because patients can be verbally quite pronounced and known to the staff members. The hypoactive ones are the ones which get missed quite a lot, and the incidence is much higher of that. But those are patients who are non-engaging, they don't eat, they are not involved in activities that they need to do in terms of their recovery. And the mixed one is the fluctuant one, where they go between the two, and over the span of 24 hours they could go between all three.

5:30: The studies have shown that it is transient and it usually is resolved, but there are also contributing studies which shows that there is cognitive impairment in patients on short term and long term. And that is what piqued my interest because we think patients have done well from the point of view of cardiac surgery, but what really happens, because anecdotally they would say my personality has completely changed or I still get memories or flashbacks of what happened when I was having an episode of delirium. And it's quite distressing, not only for them, their relatives, but the staff member and the healthcare professionals looking after them.

6:08: So it was quite intensive, an interesting area to explore, and there was such a dearth of knowledge within that area and space.

6:18: (Jo) *Thank you. Obviously this led to your PhD, so I don't know whether you want to talk a little bit more about that and the work that you've done, how has that actually impacted practice?*

6:28: (Daisy) I think my contribution to research, if I reflect, I want to be modest about it, but I feel it is manyfold. It is just not one output out of it. So if I look at the pillars of advanced practice or pillars of practice, I think clinically I have contributed by doing this research. I raised the portfolio and people now talk about delirium, at least in the area where I work. I was involved in the SIGN Guideline Committee. I was a nurse

representation, where we put together the policies for delirium prevention and management, and I think that came about with wanting that need to know more about it.

7:08: And once I did the study, there was lots of follow-up from it, because we felt that age was the most identified factor causing delirium, but there were lots of other causative, reasons why patients could have delirium. But age is a biological age, but frailty is another element of it, and that has always been a concern for me because we say they are older, so they shouldn't be offered this perhaps, or they're older, so their risk is that and such and such, but this day and age, there is so much movement in the elderly. They're able to do more. They are much more engaged in their physical and social aspects of it. So the frailty part of it was important to me. So that's the follow up of it.

7:51: So clinically we got involved in pathway and policies, research, we're doing some frailty-related study and also prehab. We felt if we optimise the patient more, the incidence of delirium can probably be much more controlled, so physical optimisation, nutritionally and mentally. So that's another aspect. So those were the research aspects, but none of it is of any use if you keep it to yourself. So the education element was very key to me.

8:18: So I engaged with undergraduate and postgraduate students, nursing and medical school, induction programmes, newly qualified nurses. I talk about delirium, what to look out for, what resources they need, what support they've got. And while I do that, I also emphasise the importance of research, further research, not only in delirium but… So any opportunity to expand that sphere is very important to me.

8:43: And leadership. So I'm in a very unique and, I think, privileged position, I would say, because I was able to create research opportunities. We did not have a research nurse in cardiothoracic surgery, and it's such a fertile ground for research and there is a pure need for it. So after a lot of negotiations… But we were successful. We started off with a part-time, 0.5 whole-time equivalent and now we are heading towards a team.

9:05 (Jo) *Brilliant! Well done!*

9:06: (Daisy) It's 1.5, but I'm very proud that we've reached that point and there is so much work we're doing with issues that are relevant to cardiothoracic surgeries.

9:19: (Jo) *Yeah, I really like that, the different aspects that you've obviously managed to have an impact on and sharing that knowledge and making sure you're not keeping it to yourself and educating others and bringing other people on the research journey as well. I think that's excellent.*

9:34: *So I'm sure it hasn't been a straightforward path. It never seems to be. What opportunities and support have enabled you to have this really productive career?*

9:46: (Daisy) I think the whole world of research, the more I look at it, I think it's all about collaboration. You cannot think of doing anything solo. The more collaborations you have, the faster the work and the far outreach is the output of the work that you do.

10:04: I, as I was saying, around the early part of 2012/2013, decided I think this is the path that I was going to take in terms of that particular research work. I had very supportive

managers, I have to say, but the clear barrier is lack of understanding of what a researcher needs in terms of support, and it was not for lack of willingness to support, but it is just the lack of understanding and, a decade later, I still feel that there is still more for people to know about how they can support.

10:37: I'm doing an international study wherein we're looking at barriers and facilitators to nursing and allied health professionals' research because there is the very bog standard lack of funds and lack of resources.

10:49: I always say "do what I say, don't do what I did" because I had no funding and I went for it and later realised that this is tough because you need that support, not only funding in terms of your fees and things like that, but funding in terms of extra resources that you need - a statistician, you have to buy an SPSS, you've got to participate in activities related to research which needs funds that go towards it.

11:17: A part of it was giving me the time, but the role that I was doing was pretty new, so there was no-one who could backfill it, and that hasn't changed. It is either me or the type of roles that I choose. It's very difficult for someone to backfill for one day or, you know, half a day and things like that.

11:34: But generally I think people should take the opportunity to see where there are spaces where someone can do their role while they are contributing towards research, because not everyone wants to be a full-time researcher, not everyone wants to be a full-time academic. I definitely wanted to be a clinical academic, and I think that's probably the toughest one to walk. It's a very tight rope, and you want to do justice on both sides, and I feel the application of it is much more stronger, I feel, when I'm doing both. I feel I find out the need much more proactively in areas that need research and once I have done that area, investigated it further, I know the application where exactly I'm going to use it, so I see the cause and effect quite quickly.

12:24: Yeah, so the barriers are - going back to it - it is having more support, but you interviewed Juliet MacArthur last series, earlier episodes, and it has been a game changer having someone who was at that profile being the chief nurse for research for NHS Lothian. That has definitely opened doors, because she would come and let you know of spaces where your presence might make a difference. Likewise, where you would benefit with knowing someone, so that networking opportunity.

12:53: She also created, along with Andy, something called the Research Gateway Awards, and I think that was very helpful and I was perhaps one of the first benefactor of the postdoctoral Gateway Award along with Catherine.

13:08: So what we did was the results of our research, the application of it, and our postdoctoral work, we got time to do it and some space to think about it, and that's what gave the output for the frailty study, the prehab study, the barriers and facilitators, and some other audit.

13:27: (Jo) *That's great. And I guess another advantage of you having that clinical academic role is that people in the clinical workplace can see the research happening and raise that awareness that there is research happening in this field and this is how you might be able to get involved.*

13:43: (Daisy) Yeah, the role modelling part of it, and that is such an important element because you can keep talking about it, but people want to see what it looks like and you need to see it to be it - one of those things.

13:56: And again, maybe I might be quoting Juliet here, but out of that 6% of Research activity that happens within NHS Lothian, there's only 0.1% of it is nursing and allied health professionals. That is very, very minuscule, but where we were, we've come such a long, long way, and I'm sure there's a long way to go as well.

14:17: (Jo) *Yeah, great. You've spoken quite a bit about this already in terms of the benefits of doing it, but could you just clarify what have been the benefits for you to be involved in research, both personally and professionally? How has it benefited your career?*

14:32: (Daisy) I think I was always one of those people who would ask questions all the time, and doing my research gave me that confidence knowing that it's OK to ask those questions if it doesn't feel right. Challenge and see if there is any space to find out and explore and have more knowledge. So it's given me the freedom to know that, just because things are done in a particular way, it doesn't have to continue doing that way if it doesn't work. So that has been important.

15:03: I get that role modelling part of it, especially in my role, not only in the clinical sphere, in the research world, but also in the training and education world, because I've done it, I know what the challenges are, so I speak out of my personal experience rather than an academic information that I'm sharing so there is more a buy-in if you like.

15:23: And thirdly, again, having done it, I know the importance of having a research team, especially in the nursing allied health professional led areas, because I have to say we do have lots of physician led research in cardiology and cardiothoracic surgery, but what we were lacking was involvement of nursing and NAHP. And having that and seeing that happen within the five years that I have completed my study, I feel is a huge leap. I wouldn't have thought that was possible. So being in this role, having done the research, has given me that understanding, being able to tap into the resources and to collaborate with people to be able to bring it to fruition.

16:07: (Jo) *Great. Let's go on to thinking about what advice you might want to give other people who are thinking about a career in research. And obviously, in your role as the clinical nurse manager for advanced practice, what would you say to those who are already in advanced practice? How could they expand their research activity and portfolio? And why might they want to do that and why should they be thinking about doing that?*

16:33: (Daisy) As far as I'm concerned, I think every single person, every single healthcare worker, should be thinking along the lines of why, why, why? Your work has to be evidence-based, so it never stops. Every day, every time you do anything, you have to think why? Is it still relevant? Is there anything new that has come in that field, and should I look and challenge what's happening?

16:57: We were told, and it remains still a very sad statistic, lots of advanced practice, NAHP, drop out in the last part of their programme when it is a research part, they don't complete their MSc, when it is a research element of it. And again, it comes to the barriers and facilitators. It is a lack of understanding, lack of role models who've done that. And I feel it is that overwhelming, and I was exactly in the same boat if I had not become, so that's when being a research nurse helped because, though I was directly

not responsible for the entire study, I was an important part or cog in that wheel, so I could stand back and see how it was done.

17:42: And then you start your own research, you know. It is possible. You just need to know the right people, you just need to know the right facility and the resource to do it. So, though it's overwhelming, start small, but keep that research option always open. It cannot just start and stop. It has to continue every single day. It has to evolve. It is a continuum in your practice. You shouldn't practice without having the research element of it. And that is looking up. You don't have to do your own research, but it's an evidence-based practice.

18:13: And audit and quality improvement. You cannot say this is how the policy is and this is how the practice works. You have to audit it. You have to see if it still works, because times are changing, healthcare needs are changing, our patient groups are changing. The health needs have become multifactorial, the comorbidities are much higher, so we need to constantly be thinking how can I make the patient pathway most efficient, most effective, safest, and comfortable. So if you want to look at that, every day should be a research-led day. So every day I get up and I think, what am I going to learn today? And that is what wakes me up and go, yes. Every day should be a school day.

18:55: (Jo) *So obviously you've got this passion around delirium. How might you advise someone to find their passion? Where might someone start?*

19:04: (Daisy) Right under their noses. You don't have to sit and ponder and reflect what am I going to do. One day as you are practicing, something triggers and you go, wow, why did I not think about it? Or, has someone already done anything about it? Let me read on it. It could be anything from giving mouth care to a patient on a ventilator to placing a patient at Trendelenburg position, which is helping with their hemodynamic situation or their ventilation. Or a good inhaler technique. For a nursing or allied health professional, it is those day-to-day fundamental things that we do which we presume, you know.

19:40: So nursing, as I see it, is an art and a science. The art part of it is a vocation and you either have it or you don't have it, and I think if you have it, it's a game changer. You will do so well, the patients will see the benefit. But the science part of it evolves and develops every single day, and you have to be part of it. You have to be immersive in it, and it can be in a very small way as an audit the five things you did, you know, in the last month, as I was saying, the mouth care - is that mouth care as efficient as it was when we started doing it? Is there any other ways I can do it? The ties that we use for the ventilator - can it be changed? Does it do the job? Positions - we use six people to change the position. Can we use five? Do we need more people? Can we use any digital technology to help with it?

20:31: So every time you should be thinking, how can I make it better? How can I make it effective? How can I make it efficient? And the idea should be to make the patient pathway as smooth as possible. And if that's what you are aiming to do, these things come to you. You wouldn't have to sit and think about it.

20:49: (Jo) *Yeah, I really like that. Don't overcomplicate it.*

20:52: Yeah, absolutely.

(Daisy)

20:53: (Jo) *Just go with what you think will help the patient in front of you.*

20:55: (Daisy) Yeah, it has to be instinctive. And as we talked about, the passion is what drives you. If you're doing it for somebody else, if it is not something that interests you, if it isn't something that has caused you time to stop and think, then I don't think it will probably lead to anything, but if it's something that has given you that interest in it, then it definitely takes you through towards the end.

21:20: (Jo) *Yeah. And I guess - you've exampled that really well with the delirium - you didn't just do your research on it. You've gone on and presented and you've educated and you've brought it into policy and practice. So that's where it has a real impact, when you've got that passion behind it.*

21:34: *OK, so obviously you've been an advanced nurse practitioner for a number of years now. If someone was thinking about going into an advanced practice role, what kind of tips would you give them, especially in relation to getting involved in research and how that might benefit that pathway to becoming an advanced practitioner?*

21:56: (Daisy) I think the most important part would be curiosity. Always stay curious because immersing yourself in the whole research world is very gratifying when you see the effect, as I was saying, at the end of it. What you're impacting is bigger than you. It's bigger than anything that you have originally thought of.

22:15: See data as your friend and don't get overwhelmed with it because that's what NAHPs, that's what we find is the biggest barrier at the moment, including me - numbers, statistics, data, it overwhelms us. But if you take it bit by bit and see how it has impact, it's a huge resource and you may not use it for the study that you're doing at present, but it might be relevant in the future. But that data might lead you to investigate something further. So see data as your friend.

22:46: And let research be a part of your daily practice. Don't put it in another compartment - I will do research when, or I think I should do a research on - no, let research be part of your daily practice. And it's almost like saying, don't be the yes person, be a why person. Keep asking all the time - why, why do we do this? Why?

23:07: So that will probably… it ignites the flame, but it'll keep going as long as you're practicing, and it has to be one of your pillars. So as long as you're practicing clinically, you will continue doing research because it has to go hand in hand along with the education and the leadership.

23:23: (Jo) *Yeah, so really kind of embedding it in everyday and then hopefully that will mean, when you do get to that part of the programme, you're not stumped, you're doing it all the time and it comes more naturally.*

23:35: (Daisy) Absolutely. Yes, it just falls together.

23:36: (Jo) *Yeah. Well, thank you so much for speaking to me today, Daisy.*

23:40: (Daisy) Thank you.

23:46: (Jo) *I loved today's chat with Daisy. It was a great reminder that research often starts with something simple, noticing when something might be able to be done better in your everyday work. For Daisy, it was seeing how delirium after cardiac surgery was managed locally. That moment sparked a PhD, policy changes, education, and real impact on patient care.*

She shared how being a clinical academic helps her stay rooted in practice while also driving bigger change. It's about asking questions, working with others, and always looking for ways to make things better.

Her advice - look at what's right in front of you. What frustrates you? What keeps happening that could be improved? That's where passion often lives.

Thanks for listening to the Clinical Research Career Conversations podcast. If you enjoyed this episode, share it, subscribe, or leave a review. Until next time, bye.