Podcast – Jo Merrifield interviewing Izy Utley

Transcript

Jo Merrifield speaking with Izy Utley

Time

0:11: *Welcome to this episode of Clinical Research Career Conversations, brought to you by Edinburgh Clinical Research Facility. I'm Jo Merrifield, and today I'm joined by Izy Utley, a speech and language therapist, research fellow and clinical doctorate student at the University of Stirling. She discusses her journey into research and the opportunities and challenges she has faced along the way. Enjoy.*

0:42 (Jo): *So hi Izy, thanks for joining me today. So I've already introduced you. Could you start off describing what the role of a speech and language therapist is, for listeners who may not be aware of that profession?*

0:53 (Izy): Yeah, definitely. I think quite often people have maybe met one or two speech and language therapists and then see us in quite a niche way. So basically, we're part of the allied health professions. We work and care for people across the entire lifespan, so you'll get speech and language therapists in neonatal units right up and through care homes and end of life care. Our remit is really supporting communication and supporting eating, drinking and things around dysphagia.

1:19: And I guess we're looking at really, I guess, supporting people so that they have good quality of life, seeing how important communication is in life and that actually, I guess, working with individuals to support them. Sometimes it might be suggesting different types of communication or ways that people can support communication. And sometimes we might be working with other services and we might be supporting them to develop their services so that they're more communication accessible.

1:44: I guess it's maybe slightly different to some of the professions within healthcare in that we're not always just centred on the individual. Actually, we've got a remit in kind of creating accessible environments everywhere, I think.

1:54 (Jo): *That's really interesting. I didn't realise that.*

1:56 (Izy): Yeah, yeah, it's something that, I think, it's a lot more prominent in kind of early years, sort of preschool children and I guess the work with kind of working with parents, and that actually it's now going through everywhere, so my kind of area I specifically work in is with adults with learning disability. And obviously a lot of that is making sure that things are accessible for people in a healthcare environment - if people are coming in for an appointment or whatever setting they're in, that people know how to support their communication, people know what they need to do to support that person.

2:27: And then we work quite closely with social care as well. So again, quite often in the remit I'm in, we're looking at working with support workers and support agencies. So rather than changing the person themselves, we're looking at sort of changing the environment around them, so it's more accessible.

2:42: But that will be different depending… it depends on which kind of speciality you're in. So you'll find speech and language therapists, you know, in schools, working in dementia, head and neck cancer, stroke, community mental health, prisons, all kinds of areas.

2:57: *(Jo)* *That's really interesting, thank you very much for giving clarity on that. So we're here because obviously you've got a career in research and so we'd like to hear what your career journey has been and how you got into research yourself.*

3:11: *(Izy)* Yeah, definitely. So my undergraduate degree was in psychology and I think I knew I wanted to work with people, but I wasn't quite sure what. And at that point I'd never even heard of speech and language therapy. And after psychology, I worked as a support worker for a while, which actually I think really has been probably the most important job on my journey, working in that area and seeing what it's like for people on the ground.

3:31: And then I went on and did speech and language as a postgraduate diploma. I had the option of changing that into a Master's, so the way they do it, you can add a research project on. At that time, I had a job where I was offered, I guess, an educational programme within work, which would involve coursework and things, so I decided not to do the Master's project. And I kind of feel like I regretted that for quite a long time. Although actually where I look at where I am now and how I've got into doing my doctorate, it didn't really matter in the long run at all.

4:00: So I've worked in quite a lot of jobs. I used to work down in London for quite a long time, in children and young people services. I spent six months working in Uganda, which was eye opening. They've got a university course there which they've started, so I spent a bit of time there. And then I came up to Edinburgh and I've worked within the adult learning disability service since then.

4:19: And I think I'd kind of dipped in and out of research so I knew I was always interested. I'd found it quite hard to work out how to get involved in things, particularly maybe earlier in my career. There didn't seem to be very clear options. I started a Master's in autism at Birmingham, and it was a Master's of Education and it just didn't feel like the right fit, so I did a bit of that one year and I think that postgraduate certificate and then realised that wasn't quite the right thing.

4:45: And then since I've been working up in Lothian, there have been more things, so things like quality improvement, getting a bit more involved in that, that's been really useful, I think, just in kind of getting your head into a different way of thinking. I think there's a lot of things that are quite similar between quality improvement and research.

5:01: And then I've done odd courses that have popped up, so there was one about health data science at the University of Edinburgh and I've done that. So I think taking those small opportunities whenever I've seen them. And I think all of that then led to getting on, so I'm doing my clinical doctorate through a course at Stirling, which I'd assumed that I wouldn't be able to do because I didn't have a Master's. But actually because it's done on kind of your postgraduate points - or actually everything that I'd done had added up to enough or more - and I hadn't realised that at all. I guess that's the thing of just doing lots of little bits and eventually it does all come together.

5:37: Whereas I thought, oh, I'm going to have to follow this really traditional route of going through the research Master's and how am I ever going to fund this. So I guess I've been really lucky in that my course is joint funded between NHS Lothian and Stirling. So they pay fees and then I, pretty much in my own time, I get a bit of work time to do it, and that's kind of what I'm doing now.

5:57: I guess some of the other things that I've maybe done that have helped to have my research fellow job is actually through Queen Margaret University, through a team called the National Autism Implementation Team. And that's a group of practitioner researchers who are looking at putting research into practice but supporting practitioners across Scotland that are working with neurodivergent people.

6:18: And that for me has been, I mean, I only did a day a week and I'm doing even fewer hours now, but that was transformative just in sort of seeing research in practice. They published a couple of articles and it was really useful seeing people actually doing that as part of their job.

6:35: So I still do that for a small amount of time. And also sometimes opportunities come through from NES, NHS Education Scotland, where they're looking for people to do things and, you know, I jumped on a couple of those and I've done a little bit here and there, and I think all of those things kind of come together in the end and they all give you something different.

6:51: Now in the doctorate phase and trying to recruit and… a place that I never thought I'd get to, but yeah.

6:55: (Jo) *That's brilliant and I think it shows the flexibility of careers. You don't have to follow that one.*

7:00: (Izy) Definitely, definitely.

7:01: (Jo) *And I like the way you said you started something, and actually it wasn't the right fit for you, so you have the confidence to step away from that, which I guess a lot of people would feel like, oh, I've got to commit now…*

7:13: (Izy) Yeah, definitely.

7:14: (Jo) *And having all those different opportunities building up to where you are now. So talking about where you are now, what is your current research focusing on?*

7:22: (Izy) My research is looking at how autism is experienced and understood by autistic adults who've also got a learning disability. It came from the clinical question in that we were looking at how we do autism assessment within the adult learning disability teams, and looking at the research, I found that there was nothing out there about how autistic adults with learning disability would feel about this.

7:43: There is research about how autistic adults without learning disability feel. And my interest, it played into that as well because quite often people with a learning disability are not included in this research because of communication difficulties. So, do you know a lot of the research is either done through online surveys or the recruitment is on social media or it's something where autistic people with learning disability or autistic people with other communication differences are not necessarily going to be able to access.

8:09: So I'm doing a qualitative study. I am doing interviews, but I'm trying to make them as accessible as possible, so offering lots of different ways that people can communicate and support during it, and adaptations like people choosing where they want to be or choosing how long they want a session to be and whether they want to do smaller sessions more often or longer sessions, with the hope that that's just a bit more

accessible. So I find it quite interesting because I think the question has played into, you know, it came from a clinical question that actually, I really think I'm using my skills as a speech and language therapist in making the research accessible and hopefully possibly showing people that you can make research accessible for people.

8:48: (Jo) *Yeah, that's really great and much needed. I think there's a lot of talk now about inclusion and how do we do it better. And I was speaking to Jenna Breckenridge from University of Dundee recently on one of these episodes, where she was saying, well actually if you include AHPs in your research, it can help with trying to increase and improve that accessibility. And that's exactly what you're trying to do. And I guess things that you learn along the way you'll then publish and share, and is that the hope?*

09:14: (Izy) Yeah, definitely, definitely. So I've done quite a lot so far on PPI - or public patient involvement - and I've got a little PPI group that I try to get together, and with that we've met in a slightly different way to how you would normally do PPI, because people want to meet on Teams or they want information in a kind of asynchronous way where they get the information, they look at it and then they write back to me rather than having a big group conversation. So I've had a… I've done a couple of posters about that which has been great, yeah. It would be great to share whether things work and whether they don't work and how we can go forward with them.

9:47: (Jo) *Yeah, that's brilliant. And did you say you're mainly doing this in your own time or…?*

9:51: (Izy) Yeah. I guess that's one of the things to kind of highlight that I've… to acknowledge that I am incredibly privileged in being able to do this, and I think that's the thing about research at the moment for nurses and AHPs, the opportunity. So I do get a bit of time within my NHS Lothian job. I've got a great manager who's been very flexible, and we found, rather than saying a half day every other week, which just gets taken with meetings, I sometimes take an entire week of study leave and then I can actually go away and focus and the team knows that I'm not there and that seems to work better. I guess I'm lucky in that I work part-time and I've taken a day of unpaid work to do this in, and I'm not quite sure how I'd manage it otherwise. I know there's people doing PhDs, and lots of people doing it in their own time, and I just… it's a lot of work. I guess it takes a certain type of person doesn't it, to do a PhD anyway, so you need that kind of motivation and enthusiasm for it.

10:44: (Jo) *Yeah, and it sounds like you've picked something that you're very passionate about and that drives you.*

10:48: (Izy) Definitely, definitely, and I think that would be my advice for anyone interested in it is pick something that's gonna sustain you, particularly if you're doing it part time, because it can be, I mean, I've got eight years to do mine and that's a long time to be interested in something. And actually the weirdest thing was that when I was thinking about doing the Master's when I finished my speech and language course, I had got an idea that I was gonna try and get the views of autistic students and so I'm thinking, oh, that's so funny that I've kind of come in a circle, it's still the same idea, so there's obviously something that I'm quite interested in in that area that's kind of sustaining me with carrying on with it, yeah.

11:21: (Jo) *That's great. So do you mind if you can just explain what the difference is between a clinical doctorate and a PhD?*

11:29: *(Izy)* Yeah, so I'm not an expert, so you maybe need clarity from someone within kind of academia, but my understanding is that obviously a clinical doctorate you have a kind of clinical question or a clinical focus. The doctorate that I'm doing is actually, there's been a taught component to it as well as the research component, and my understanding is that the... I know that the thesis is slightly shorter and I think the research, so I'm doing one qualitative study with 10 to 15 people, whereas I see people doing PhDs where they have kind of multiple studies within one PhD. With the clinical doctorate at Stirling, you get two years, which is taught, which is at, I think, at a Master's level. And I found that really useful because, not only do you get taught quantitative and qualitative methods, but also you look at things like implementation science and things like the Medical Research Council framework and complex interventions and things that aren't necessarily part of my study, but actually I found really useful in clinical work and when I'm reading journal articles at the moment in clinical work.

12:30: So for me that's been really useful to have that taught bit. I think also it's quite useful because a lot of people have kind of come into the clinical doctorate having not done any studying for a long time. Again, it's a lot of clinical people who have maybe been qualified 20 years. So it kind of eases you in a bit rather than going straight into the research.

12:48: The other difference with the course that I'm doing is that you have a clinical viva as well, so you find two people who are experts in your clinical area of practice, and you have a viva similarly to how you would for your PhD, but it's about your clinical work and about being critical about the clinical area that you work in, which is obviously different to a PhD as well. But at the end I still have to do a study and I have to do a thesis and have to do a viva at the end. That all feels the same, it's just a slightly different focus.

13:19: *(Jo)* *And is it an equivalent qualification once you get it?*

13:27: *(Izy)* Yeah, so I think it's a Doctor of Professional Health Studies or something that you get as an AHP, so yeah, it's the equivalent, but just in a slightly different way of doing it to get there.

13:33: *(Jo)* *And do you know what you want to do beyond?*

13:34: *(Izy)* Well, I mean, I'd love a clinical academic job, which at the moment… I know you had Juliette McArthur on and she talked about actually the difficulties of clinical academic roles, particularly for nurses and AHPs. And even between Scotland and England, there's a, you know, in Scotland we really, we really don't have many roles.

13:52: I guess that would be the ideal - something where I could combine research with clinical. I don't really want to go completely into academia. I think the really good thing about doing the clinical doctorate has been that I'm still doing clinical work and that just keeps it really relevant. It reminds you why you're doing it. Doing something between both, I think would be the ideal.

14:11: *(Jo)* *Yeah. And do you find that it changes the way you work clinically by having that research hat on as well?*

14:17: *(Izy)* Yeah, definitely. I think, I found a quote from someone that said something like “once you've seen something, you can't unsee it”, and it definitely feels like that. It's changed my entire mindset and, you know, you read quite deeply when you're doing research, so you're kind of reading about philosophical background to things and, I mean, I've started

reading about how neurodiversity fits within capitalism and it really kind of like, yeah, suddenly you see things completely differently and you think, oh my goodness, why are we doing this?

14:41: Which is sometimes hard because I think I probably go back to the team and start talking about that and no one else is interested and they just switch off. But it definitely changes how I work clinically. It changes how I do things. Yeah, I guess it's changed my critical appraisal skills. So I've definitely developed in that way so that reading any papers about anything within my service, I feel more confident about critically appraising them. It really kind of opens up this view of it's not just black and white, there's a lot of grey in the middle of things. And I think particularly, probably when I was first starting out in my career, it felt like there was always a right or a wrong way of doing things. And actually, I think it's given me the confidence to know that actually there isn't necessarily a completely right and wrong way and that there is, there's shades of grey in everything, and that's OK.

15:24: And I mean, it's given me lots of links with other people within the same healthcare Board. So within my course, I don't know, there's a lot of mental health nurses that then I've been able to go back and link back in with within my clinical work, and that's been really useful. So yeah, it's definitely impacted upon my clinical work, I think, yeah.

15:41: *And are there many speech and language therapist researchers out there?*
(Jo)

15:46: Not enough. Not enough. I feel it's, I mean, there are, there's definitely, so within our
(Izy) Royal College of Speech and Language Therapists, we've got clinical excellence networks, and there is one specifically around research. There's definitely therapists that are interested in research. I think getting into it can be quite difficult. I think in England there's a lot more opportunities with funding. So the NIHR, we don't have access to as much funding in Scotland as people do in England, and the feeling I get from seeing things from other people is that tends to be the dominant route that people go through for getting funded PhD. I mean we talked a bit about it, but I think speech and language therapists would be great in research. I think we've got lots of transferable skills. Even looking at interviewing and talking to people, I mean that's something that we do all the time, as other AHPs do as well.

16:31: I think often, and I don't have data to back this up, but it feels quite often like a lot of the speech and language therapy research can be in more medicalised specialities, so perhaps dysphagia, head and neck cancer, stroke, whereas the specialities where we're working more kind of in community and in health and social care, that feels like there's not as many people actively doing research. And like I said, I've got no data to back up. I do wonder if perhaps some of the teams that people work in are generally more research active. If you're a speech and language therapist in a multidisciplinary team that's more research active, whether it's easier to get into research that way, but it feels like there's not as much going on in the other areas. And perhaps there's not as much funding, and it's not seen as much as a priority by funders, I don't know.

17:17: But it's definitely something where we need more, and I think the Royal College of Speech and Language Therapists have just done a big piece of work on their website around clinical academic professional jobs, and they've got job description ideas and people sharing advice about that. So it's definitely an area where there are lots of people that are interested in doing it. It's just, it's a future area, I guess, yeah.

17:37: (Jo) *Yeah. Well, that's good to hear that the College is really behind it, and hopefully that in itself will provide more backing for those roles. So obviously you're on this clinical doctorate programme just now and you've spoken a little bit about the programmes and things you've done. What opportunities have helped you access them? I think you've spoken a little bit how funding can be a barrier. So what has enabled you to be able to do these opportunities?*

18:01: (Izy) So I think just taking opportunities that tend to come round through email where you might think, oh I'm not really sure about that actually - taking those opportunities. And I guess having the confidence to ask, to take them or saying that you're interested. I think having people who know that you're interested in research is always useful because they can then field things down to you. So within Lothian, there's a group that Juliet and Andy Peters run - a kind of doctoral network - and they're great if they know you're interested in something, they can send things down to you and highlight opportunities.

18:32: And then I talked about quality improvement being really useful. There's also, I guess, for AHPs in Scotland, there's the AHP fellowships through NES, which again I think are a really useful thing. I think quite often it's about knowing the right people or just contacting… I know people always say this on research podcasts about just contact people and get in touch. And I think I've done that with loads of people. And, you know, some people don't get back in touch and I guess they're busy or it's just not the right time for them, but I think most people are happy to have a conversation about things, are happy to maybe kind of point you in the right direction of different opportunities.

19:03: So I didn't realise that clinical doctorates existed. I was thinking, oh, I'll have to do a PhD and how will I manage to fund that and what will I do? And since doing this, I've realised that there's other options like PhD by publication and there's professional doctorates and lots of ways of doing that kind of doctoral level study that you might not know about.

19:22: I think other opportunities, there's… through Lothian - I know Juliet talked about this as well - there's the Gateway Awards which people can use, but I mean, I didn't use that before my doctorate, but I've used it to get some advanced methodological funding. So I went and did a hermeneutic phenomenology course which was funded through that, and that was really useful. And I think the other thing is through our Royal College of Speech and Language therapists. So they have the option to become, you can become a research champion, which means that you're there trying to encourage research, not necessarily research participation, but research awareness within your clinical team. But it also opens up opportunities for… they have a research champion kind of conference that you can go to. So I don't know whether other kind of professional bodies have a similar thing.

20:08: Our Royal College also offers a mentor scheme, so you can apply and ask to have a mentor, depending on what you're thinking of. So if you were thinking, I want to get into research, I don't really know where to start, they'll match you with someone who can maybe help and give you some ideas of what you need to do.

20:25: And I think just knowing what your NHS trust offers and how to get involved in things. So again in Lothian, there's a new AHP Innovation and Research strategy - I don't think that's the proper name, but - and I think just knowing that that exists and that there are people that are doing work that you can ask to get involved in or show your interest in, that's another really useful opportunity I found.

20:49: (Jo) *Great, thank you for that. I think there's a lot of helpful tips there for people where to maybe look. So what have been the biggest challenges for you? What have you found difficult about doing all this?*

21:00: (Izy) Time's a massive challenge. I started the course in 2021 and my children were under five then, so do you know, they'd go to bed at 7 o'clock and I'd have the evening and that would great. Now I'm ferrying them around every evening to Cubs and things, and all that time has gone. And I guess it's working out what works for you. So I knew that, I think this summer I was more relaxed and I knew that, you know, school summer holidays, I'm not gonna get anything done. That's fine. Things can go on the back burner, and then I can see that actually now I have a chunk of time between now and Christmas where I can be a bit more focused and I do have a bit more time. So I guess leaning into kind of how your life works and what works for people. But that for me has been the hardest thing.

21:40: And I think the other thing has been sort of being a novice again at something, so particularly doing a clinical doctorate, you've obviously had kind of quite a long clinical career. I feel quite comfortable in my clinical role, whereas this is something completely new to me. I don't know what I'm doing, I don't know, I've just been through Lothian R&D and didn't really understand half the terminology or anything.

22:01: So that's been quite, yeah, I guess it's good because it's what I wanted, was to learn new things, but it does bring you back down to, yeah, you're kind of right at the bottom again and you don't really know what you're doing. So that's definitely been a bit of a challenge as well.

22:15: (Jo) *Finally, if someone came to you, if you had a speech and language therapist colleague or another AHP come to you saying what you're doing sounds really interesting, or how can I be involved in research, what kind of tips would you give them?*

22:27: (Izy) I guess contacting people and just getting involved in things. I think, looking at stuff like quality improvement, I feel like that's something that's a lot easier to get involved with and it's something, I guess in most NHS trusts people are quite keen on quality improvement. There's opportunities to do courses and to do smaller projects, and I think that's a really good way to start getting involved. It kind of gets your head into that space of looking at things in a different way, gathering data to kind of back up some of your questions. I find that really useful. So definitely looking down the quality improvement route.

23:03: I think doing small things. So we have a speech and language bulletin that comes out, which anyone can send an article in, so you could have done like a literature review or you could have talked about how you've been doing quality improvement or audit. Writing for that, I think, is a really great way for people to get involved. There's also opportunities in that to kind of review books or review other people's papers, and I think all of that starts to get you in research mindset.

23:26: Like I said, in the Royal College of Speech and Language Therapists, we've got lots of opportunities for becoming research champions or finding a mentor, and I suspect that other colleges or professional bodies would have something similar.

23:38: And I think finding out what's specific to your area. Looking at research groups, but not necessarily specific speech and language research groups. So when I look now at some of

the therapists who've gone on in their past, they've done their PhD, actually they have roles that aren't specific for speech and language therapists but are specific to the area that they're interested in. So it could be that neurology or it could be neurodevelopmental group or something like that.

24:03: And I guess the other thing that I quite often see coming through now is part-time research assistant jobs for maybe a day a week where actually they're linked with a research group or something that's useful from a communication point of view. So if people have days that they want to fill with extra jobs, that's probably all the advice, but I would say do it, definitely. It's been brilliant, it's the best thing I've done. I absolutely love doing it and I think if you're interested in research, definitely look to do something. And I guess just know that every little bit adds up. You don't have to have this big pot of funding for doing this big study. Doing little things all kind of adds together and eventually hopefully there'll be an opportunity to do a bigger research project or get involved with research projects that are already going on.

24:47: (Jo) *Great, thank you so much, Izy. That's been a great conversation. It's been really lovely to chat to you, so thank you very much.*

24:58: *I hope you enjoyed today's conversation with Izy. She described her non-traditional route into a clinical doctorate built on many smaller opportunities that added up over time, and the importance of choosing a research topic you're truly passionate about, given the long journey involved. Izy highlighted how her speech and language skills have helped her make research more inclusive for people with communication differences, and she explained the differences between a PhD and a clinical doctorate. We also discussed how research can enrich clinical practice from critical thinking to building networks, as well as the role of the Royal College of Speech and Language Therapists in offering mentorship and support. Her advice was clear. Take opportunities when they come, build your network, and remember that small steps add up to bigger career moves.*

25:49: *Thank you for joining us for this episode of Clinical Research Career Conversations. If you enjoyed our discussion, please subscribe, share with colleagues, and join us again. Until next time, bye.*