

Podcast – Jo Merrifield interviewing Jessica Crossan

Transcript

Jo Merrifield speaking with Jessica Crossan

Time

0:12: 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 Jessica Crossan, a senior clinical studies officer working in NHS Lothian for the Neuroprogressive and Dementia Network. She discusses her role, types of research she is involved in, and also her own career journey, including her experience of the NIHR Principal Investigator Pipeline Programme, which she is currently undertaking. Enjoy.

0:51: Hi Jess, thanks for joining me today. To start us off, do you mind explaining what a senior clinical studies officer is and what your role looks like? Is that OK?
(Jo)

1:01: Yeah, of course. So I am the lead research nurse or what we call Team Lead for the Neuroprogressive and Dementia Network within NHS Lothian. So the network brings together a lot of different professions. So we have got nurses for adults and mental health nurses. We have also assistant psychologists. So that's why we are all called clinical studies officers, because that encompasses all of those professions.
(Jessica)

1:24: A typical day for me as a senior clinical studies officer is that I oversee active and upcoming studies. I'm a coordinator for a couple of Parkinson's Disease trials, and my responsibilities include screening patients and discussing what the study involves. Conducting study visits as well, so we perform lots of rating scales, so physical assessments, cognitive assessments, lifestyle questionnaires.

1:49: Also within my role, I review feasibility, so I assess resources for potential upcoming trials. If we've got the space, the experience, if we've got the staffing available, and if the PIs are engaged in that study as well.

2:03: I also manage a small team of clinical studies officers, and I provide leadership, so HR tasks and mentoring to these staff members. So this role really combines clinical coordination and leadership.

2:16: Brilliant, wow, in a nutshell, but it sounds like a busy job. And you say you're part of a network. Can you explain a bit more about how your research team fits in with that wider network within Lothian and beyond.
(Jo)

2:29: Yeah, of course. So the Neuroprogressive and Dementia Network is funded by the Chief Scientist's Office in Scotland. So we're active across all Scottish health boards, but we have four main centres that deliver trials. So, ourselves in Lothian, Glasgow, Tayside and Aberdeen are the four main centres. We deliver trials in neurodegenerative conditions. In Lothian, we focus on Parkinson's Disease and dementias - Alzheimer's, mild cognitive impairment, and Huntington's Disease.
(Jessica)

2:59: We support both academic research and commercial research, so we can deliver trials really in observational questionnaires, simple studies, to the more complex Phase 2 and experimental clinical trials as well. We deliver biomarkers and blood-based biomarker studies as well.

- 3:16: *OK, brilliant. So you say that you work within your research team and you've got a leadership responsibility there. Do you mind speaking about those studies that you do manage and what they look like?*
(Jo)
- 3:26: Yeah, so one example that we're running at the moment and we're actively recruiting for is called the COBALT study, and this is a study that's looking at Dementia with Lewy Bodies and Parkinson's Disease Dementia. They are looking at Memantine as a potential medication to add in to the other medications – the acetylcholinesterase inhibitors - and seeing if memantine, which is normally used in Alzheimer's disease, is also beneficial and to try and improve overall daily functioning and potentially improve cognition and daily tasks.
(Jessica)
- 3:57: They are followed up for a year in total with multiple in-person visits during that year and that's where we perform lots of assessments with them. So, we do cognitive tests and lifestyle questionnaires and also administer the medication as well.
- 4:11: There's lots going on in Alzheimer's Disease, and really the focus within our team is looking at blood-based biomarkers. So, we have a lot of studies upcoming within the national Scotland network to look at blood-based biomarkers. So that helps earlier diagnosis of Alzheimer's Disease, which is very, very difficult when somebody presents to a GP practice. It's usually later on when they've had symptoms and then having to wait to see a memory clinician. It also takes time. So if you have this blood-based biomarker, it would just speed up diagnosis, which then leads to potential experimental medication.
- 4:45: *That's brilliant. And for those studies, are you using healthy population to get early samples and then ...*
(Jo)
- 4:54: A real mix really. We're looking for healthy volunteers. We're looking for people with mild cognitive impairment, what we call with just mild symptoms, and then symptoms of Alzheimer's Disease. So then they get the cross over from somebody who's not got symptoms to somebody who has quite progressed.
(Jessica)
- 5:07: *How easy is it to recruit to that?*
(Jo)
- 5:09: It can be challenging. It can definitely be challenging. It's getting that engagement from the clinical teams really that we need to promote what we do, because our patients are all really in the community and not within the hospital. So within the network, we actually have our 'Permission to Contact' research register. So this is where we promote their engagement in signing up to being interested in research. So that's why it's called 'Permission to Contact'. So, once they sign up to that research register, they're then able within their health board to access all the research studies and opportunities available for them. But they're not obliged to take part if they sign up to this research register. But then it gives them the opportunity to take part in research.
(Jessica)
- 5:49: *That sounds like a really good initiative. And, so obviously you've spoken that you've got a diverse team within your research team. What kind of professionals are you working with on a daily basis?*
(Jo)
- 6:01: Yeah, so our medical PIs, they're from a range of specialities as well. So we have geriatricians, we've got neurologists, and we've got neurologists. So that's within our
(Jessica)

direct research team. Outwith that, we collaborate with the Parkinson's clinicians and the Parkinson's specialist nurses for those type of studies. We've also the Memory Assessment and Treatment service. We're collaborating and promoting what we do with them as well. And that helps to boost recruitment potentially and just raise awareness of the research studies that we have available in Lothian. We've also got external links with Alzheimer's Scotland as well and Parkinson's UK and there's a research interest group in Edinburgh, and that's where we promote what we do locally in Edinburgh.

6:42: *Yeah, brilliant. So I wonder if you could look at you and your career and how you've actually got to this point just now. Do you mind talking us through your journey so far?*
(Jo)

6:52: Of course. So before my nursing, I went to the University of Dundee and I graduated with a degree in neuroscience. So you can see where my passion of neuro may have started. Once I finished that degree, I was inspired by working with specialist nurses, and that's why I trained as a nurse. I worked clinically in the Department of Clinical Neuroscience here at the Western General. And I always aimed to be a neuroscience specialist nurse in some form.
(Jessica)

7:21: In 2018, I joined the Edinburgh Research Facility as a research nurse, and that's where I gained grounding of research experience. And then following there, I moved to the EMERGE groups and worked in the Cerebrovascular Research Group and focused on stroke and neuro-interventional studies.

7:38: I had a short period in critical care where I also focused on neuro studies. And then I joined the Neuroprogressive and Dementia Network as the Band 7 research nurse about two years ago. And it's all seemed to fall into place.

7:52: *Yeah, brilliant. That sounds quite a good journey. That makes sense. A lot of people have things that have happened randomly, but yours actually seems quite...*
(Jo)

8:01: I had a passion and I focussed on that passion.

(Jessica)

8:02: *Exactly, yeah, which is brilliant. So when did you think that you first wanted to get involved in clinical research and what really inspired you to decide to do that?*
(Jo)

8:11: I was first intrigued as a student nurse. On my management placement, I saw a research nurse role there and then, when I worked in neurosurgical HDU, that's when I saw research nurses coming from the research facility to see potential patients. And that's when I started to chat to a research nurse there to find out what was their role, what did they do day-to-day, because everybody thought they lived in a cupboard in a corridor. And that's when I saw the opportunity for the research nurse position at the Royal Infirmary of Edinburgh. And then I moved into the research field that way and took a chance and I've loved it ever since.
(Jessica)

8:47: *That just shows the power of having research nurses visible and available, as we're seeing more student placements aren't we, in research, and that obviously shows that those can spark...*
(Jo)

8:58: And getting an understanding of what the research role is, because I think that is mystified at the moment that people don't really understand what a research nurse
(Jessica)

does, but it's very, very clinical and people don't think that it's clinical, but it's clinical research.

9:12: *I wonder whether you can expand a little bit, because you've said there's a misconception that research nursing is away in a cupboard, maybe on a computer, etc. You've said it's very clinical. What hands-on things do you do in your role?*
(Jo)

9:26: Yeah, so you really, you're looking after that patient. So you initially approach that patient about a potential research study and you explain what's involved, what visits there are, what the potential medication or the intervention is. And then you can consent them to that study. And then you perform all the study assessments as part of the protocol, the research protocol. You deliver all of those assessments.
(Jessica)

9:49: And it depends on which role that you have. In previous roles, that was very clinical. I would be taking bloods, performing ECGs. In this role, it's more cognitive assessments than physical assessments that we do. So, it's very varied, but you look after that patient in the studies. And that's what I like about research nursing, because you've got that focus on that patient at that point. You've not got so many other patients to look after in a ten bed ward. Your focus is that patient.

10:18: And then, during follow-up, you then look after that patient, you're their point of contact for any follow-ups, any queries, any issues they may have, you direct to the multidisciplinary team as well. So, it's very... it's hands on.

10:33: *Yeah, yeah, and I guess the nature of diseases, you're seeing these patients for quite a long period as well.*
(Jo)

10:39: Yeah, exactly. One of our trials is three years, so you really build up that relationship with the patient and see their journey through the clinical trial.
(Jessica)

10:48: *On this journey, you've obviously worked in a few different departments and things. What kind of opportunities have you had which you think you might not have had in the clinical nurse role, as opposed to a clinical research nurse role?*
(Jo)

11:00: So, I got experience from lots of different research teams in Edinburgh and I managed to complete an MSC in Clinical Trials at the University of Edinburgh. I finished that last year, so that was certainly not an opportunity that would have been made available to me as a clinical nurse. I've attended lots of conferences and then that's where you meet lots of different people from the UK and network and see what they do and how we can bring that into our team.
(Jessica)

11:24: Although research is very highly governed, and there's a lot of governance - important governance - there's a lot of CPD opportunities available and you just need to seek out those opportunities depending on ethics, on, you know, and governance. It's quite interesting to find out lots of different opportunities whilst you're in that.

11:43: *Very good. So, here in Scotland, we run the NIHR Principal Investigator Pipeline Programme, which is a programme that the NIHR have developed to support and develop nurses and midwives and AHPs into that principal investigator role and taking that lead on research projects delivered at site. I help facilitate that programme and you are on that first cohort, and I wondered whether we could take a little time to*
(Jo)

Speak about that and, I guess first of all, what motivated you to apply for the programme?

12:18:
(Jessica) So I really wanted to continue my career development. So I've been in research for about eight years in total and I completed my MSc last summer. So when I saw this opportunity come up in September, I really wanted to apply for it and see just how a nurse PI, how does that role look like. I wanted to broaden my skills and change my perspective of how we deliver clinical trials. Also, because I'm part of a small team - so there's only four clinical studies officers and about four to five medical PIs - I wanted to increase our capacity to deliver clinical studies within the team. And by taking on a blood-based biomarker study as a nurse PI, this then helps to widen the medical PI's capacity to do more complex and more experimental clinical trials, and ultimately it just provides more opportunities for patients to take part in studies.

13:16:
(Jo) *Yeah, aside from that, which obviously is a huge reason to take part, but why do you think it is important that nurses, midwives, and allied health professionals take on that principal investigator role? What do you think they can add to that role?*

13:29:
(Jessica) They bring a really unique and valuable perspective to delivering clinical research. We're grounded in clinical day-to-day patient care. So they have that perspective of how research fits in to that patient and into clinical practice and how it may impact patients in the real world as well. We already have a strong existing research expertise and, especially in Lothian, there's a wide research workforce. And this programme highlights and validates the knowledge that this workforce has in delivering research studies.

14:03:
(Jo) *And how have you found the programme so far?*

14:05:
(Jessica) It's been, it's really, really good. I've really enjoyed it. It's been interesting to network with lots of colleagues across Scotland from different specialities that I've not worked in. And there's strong support from my line managers and from the team, and my medical PIs and there's strong support from the facilitation team. I have found it a little bit challenging with my Band 7 role and just obviously time pressures of trying to allocate the time. But it's been really exciting so far and that's why I'm through setup of the study that I'm going to be nurse PI on and that's called the FAST study, and that's run from University of Oxford. And it's looking at blood samples and remote cognitive testing for all those blood-based biomarkers in Alzheimer's disease. And even the study team in University of Oxford were really supportive of nurses taking the PI role on. So it shows that, you know, the importance of different professions taking on the PI role.

15:02:
(Jo) *Yeah, definitely. And, just to explain, the programme goes through four different elements, doesn't it? It has a theory part. You then do supervised practice with a PI supporting you, mentoring you through that and then you take on that independent role. And then the idea being at the end you start to bring others on the journey and mentor other PIs. So whereabouts are you in that?*

15:27:
(Jessica) I'm starting element 3. So that's where I'm in set up of the study that I will be principal investigator on. And hopefully by spring next year, then that's when I'll be looking to support and mentor new allied health professionals, PIs.

15:40: *And what are some of the main differences of being a PI compared to being a research nurse? What have you found?*
(Jo)

15:50: So the research nurse, you're really hands-on with the patient, you're delivering the assessments, you're doing data collection, you're conducting all the participant visits. And as a PI you've got oversight. So it's that step back from that hands-on experience of delivering the studies. You're liaising closely with the local R&D. You're making sure that there's training and safety and compliance across the team, that they've all got the good clinical practice. And you're delegating tasks rather than doing them yourself, which is, it's been quite a transition to move from being that hands-on research nurse to actually taking a step back and letting my study coordinator do all of the tasks that I am used to doing myself.

16:34: Our biggest thing is signing off delegation logs, which is a very strange transition. So it is taking that step back, but having that oversight of a clinical trial and making sure that it is run to the highest standards.

16:47: *Yeah. And do you think that's helped you in your research nurse role to have an understanding of what a PI does as well?*
(Jo)

16:54: Oh yeah, it feels like I've gone full circle really of how, being a research nurse to the PI, that it's hand in hand that I can do both of those roles now, which is, which is great. And it's just learning that different perspective as a PI, and assessing whether this study would be suitable for our team. Are we able to deliver it? And that's in hand with my Band 7 role of assessing feasibility. So it goes hand in hand.

17:22: *And has it changed how you see where your career might go in the future? Has it opened any doors or made you think?*
(Jo)

17:29: So it's not changed it massively because I've been in research now for eight years and I'm definitely a research nurse, and this is the career that I definitely want to take. And it's just confirmed really my enjoyment of clinical trials and it's just been really adding a different role to my already different skill set that I have. And it's just strengthened my desire to open up opportunities for other allied health professionals to come into that leadership role.

17:59: *So I'm guessing from the way you've spoken, you would recommend this to other people. What advice might you give or why might you recommend it?*
(Jo)

18:08: I'd absolutely recommend it, because it builds your confidence and provides really clear understanding of what the PI role is. It helps break down the misconception that the PI is always for a medical doctor to do. And I think that's very, very important in these changing times of advanced roles that actually nurses, midwives, and allied health professionals can take on the PI role. And it just highlights the value and expertise of these professionals in delivering clinical research.

18:38: *And then finally, we've spoken about your whole career and I wonder whether you could give some advice to someone who might be at the beginning of their clinical career or maybe they've started in their research career. But what kind of advice would you give someone who is thinking about taking a step into clinical research?*
(Jo)

18:55: Yeah, I would say just always be curious and open to what opportunities there are.
(Jessica) You don't need to know everything at the start and you certainly will not know everything eight years down the line. You also take any opportunity to shadow any study teams, ask questions, explore what your interests are. It may feel daunting at the start, and I remember when I first joined the research facility coming from neurosurgical high dependency unit, that I couldn't take a blood pressure because I wasn't on the delegation log. And that just felt very... it was a big shock to me, but just take time. Research is just simply another form of providing patient care and ultimately we want to improve patient outcomes.

19:36: In Lothian we've got such a diverse and supportive workforce. So from large clinical research facilities to small research nurse specialities, so you're never on your own. There's always a question to ask and there's always somebody available to help.

19:51: *Yeah. And just to reassure you, it doesn't actually take too long to get put on a
(Jo) delegation log, does it, before you're allowed to do your blood pressures and things.
Thank you so much for chatting today. That was really interesting.*

20:09: *Thanks Jess for a great conversation. She discussed her role as a senior studies officer and a team lead within the Neuroprogressive and Dementia Network, outlining the clinical coordination and leadership responsibilities she has and the different studies her and her team are involved with. She also spoke about her career pathway shaped by her passion for neurology and strengthened through extensive experience across several departments.*

20:35: *Having successfully completed an MSc in Clinical Trials, she decided to apply for the NIHR Principal Investigator Pipeline Programme and is on the first Scottish cohort of the scheme. She reflected on the value of nurses, midwives and AHPs taking on principal investigator roles and shared her experiences of the programme so far.*

20:56: *Finally, she offered advice for anyone considering a career in research, reminding us that research isn't a move away from clinical care, but simply another way of delivering it.*

21:08: *Thank you for listening to Clinical Research Career Conversations. If you'd like to hear more insights into the different roles that make research happen, don't forget to follow and share the podcast. Until next time, bye.*