

Q&A Coffee Sessions

with EDGE super users

EDGE?



Super User!

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How and why did you move into clinical research?

I will always remember a chat I had with a clinical trials patient back when I was a student at my first hospital. He was part of an oncology trial. As I was handing his medication out to him, he told me: 'when I was diagnosed, they said that I would only have a few

months left to live, but I started the trial and I'm still here years later.' From then, I knew that I wanted to be involved with research. The difference that it makes for patients is life changing.

What does your role as Clinical Trials Pharmacy Technician at Walsall Healthcare NHS FT entail on a daily basis?

In general, it is my role to look after the trial medications, and to ensure that they are stored correctly and given out to the right patient. So I'll check the temperatures of the cupboards and fridges daily. Any trial prescriptions that comes down, I will either dispense or accuracy check and complete all the relevant accountability logs. I am also responsible for processing any amendments and feasibility assessing, including setting up any new trials from a pharmacy perspective. Recently, a lot more of my time has been dedicated to urgent public health studies. I am sure we're all in the same boat with this!

How do you utilise EDGE in your daily role?

My first job in research (this post started in September 2019, and I'd say that I started with EDGE quite imminently. We have great support from our local CRN and they introduced me to EDGE during my induction. It definitely helped to start using EDGE in my first research role - essentially I've never worked in research without it. The main ways I use EDGE are for the workflows and entities functions for things such as the setup of trials, and also for processing amendments. However, since the pandemic started, I've begun using EDGE in ways to benefit the whole research team.

How has your role within pharmacy changed over the past 12 months? And, if applicable, how has these changes affected the way that you use EDGE?

The pandemic has posed a big challenge to the research team as a whole, and I'm sure we aren't alone in this. Dealing with staff

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sickness/redeployment whilst still trying to deliver our previous trials - in addition to urgent public health trials - is difficult. This has meant that I have taken on tasks that alleviate some of the strain on the rest of the research team that usually wouldn't be performed by pharmacy. For example, I update EDGE with our recruitment figures for our new studies. If the study is an IMP study, I am well placed in pharmacy to do this, as all new patients will be dispensed to. I also try to support the ward teams as best I can when they have any queries whilst recruiting to urgent public health studies.

How do you utilise EDGE workflows and entities within pharmacy?

Currently, the main workflows I use are for feasibility/set up and for amendments. I find both of these easy to use and keep me on task - especially with amendments which can be easy to leave to one side and not remember where you are up to. Using a workflow helps to process it efficiently. And if I need to come back to it, I know where I got up to. The same goes for the setup workflow, which gives a clear step-by-step process to complete the task. As for entities, I complete a regional entity for setups of new trials, which feeds into our regional KPIs. This is a really simple entity with only 4 points, which can make KPI generation so much simpler.

How has your team's use of EDGE supported communication between pharmacy and R&D during the past 12 months?

It is a really simple thing to do, but one of the best uses for us is that when amendments come in, all the documents are uploaded into the files section for that study on EDGE. This has made processing amendments much smoother from my end, and we aren't having cases of amendments being approved prior to pharmacy review anymore.

What tips or advice would you give to trusts thinking about boosting the effectiveness of EDGE in their pharmacy working processes?

There are a lot of uses for EDGE, so the main advice that I would give would be to think about what you want from EDGE, or about what isn't working very well in your current processes, and then work out a way to deliver it in EDGE. So, if you think one of your processes don't work very well, create a workflow for it in EDGE. Or, if your KPI reporting is taking too long, work it into your EDGE usage. Also, it is always worth taking a look in the global library for inspiration. There are some great examples from other trusts already in there, so it saves time to amend an existing concept than to come up with your own!

What are your plans for using and developing EDGE and pharmacy within your department over the next 12 months?

One of the ways we definitely need to improve is our finance procedures, so I've been working with our R&D to use EDGE to enhance this. We've also been using Stevie Barre's finance tool which is phenomenal and we're getting there, so hopefully we'll get it up and running soon. I also want to work our KPIs into EDGE a bit more, too.

What is your "bigger picture?" That is, what do you find most fulfilling about your job?

For me, everything is always about the patients. So if I can help deliver a trial to our patients that could potentially save their life, even if I've played a small role in that, it is very rewarding.

Describe one of the greatest achievements of your research team:

The way our team managed to continue to work together through the pandemic was and is a great achievement. We are only a small team, but we managed to

keep the majority of our trials open through the pandemic with less staff, whilst still opening new trials and delivering urgent public health studies. The whole team have done fantastically.

One challenge that you think clinical research faces within pharmacy?

This may not be entirely specific to pharmacy, but I think a big challenge for research at the moment is finding capacity and funding to deliver non-COVID research. Using cancer as an example, these studies need to continue for our patients, which is difficult at the moment with so much focus on COVID-19; not to say the focus on COVID-19 isn't warranted.

One motto or niggles of advice that you live by:

Be the colleague that you would want to work with. I try to be as flexible as possible with colleagues. If I was in a situation where I needed a shift covering, I would want there to be someone there to help. So I try to be that person.

One new personal skill that you've learned over the past year/during the pandemic:

It has definitely been an adjustment adapting to having meetings and monitoring visits virtually. I am a lot more adept with using technology than I was before, that's for sure!

And finally, and perhaps most importantly, in which way does EDGE resemble your personality:

Like me, EDGE can seem quite complex and hard to understand at first (especially having a Yorkshire accent working in the Midlands!) But, with a bit of time, it is actually very straightforward and easy to get on with!

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