

Q&A Coffee Sessions

with EDGE super users

EDGE?



Super User!

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How and why did you move into clinical research?

After working as a rotational technician for a few years, I wanted to make something 'my own'. Changing rotations every 3 months was great, but I needed something more settled. I had already been dispensing and aseptically preparing drugs for use in clinical trials and I always found it fascinating. When a lead tech clinical trials job came up at a nearby Trust, everything just fell into place and my passion for

research started. Five years down the line and a promotion later, I love what I do - enabling better treatment options for patients.

What does your role as Clinical Trials Operations Manager at Royal Surrey NHS FT entail on a daily basis?

My day usually starts with checking emails, then it generally depends on the day and workload. This could include attending meetings with the wider research team, my own team, SQVs or SIVs. My job varies a lot and could include reviewing feasibility and amendments, ensuring our invoicing and finances are up to date, checking dispensing and ordering guides written by the lead technicians, checking clinical trial prescriptions, updating and reviewing procedures, supporting the pharmacy clinical trials team as they work on setting up several trials at once, managing/chasing where necessary to ensure progress of studies in set-up, delegating set-up of new studies to different team members, and performing audits.

How has your role within clinical trials pharmacy changed over the past 12 months?

It's been a little tricky to say the least, especially also having just started the job (April 2020) when the likes of the COVID studies, RECOVERY and REMAP-CAP were taking off. The pace of working suddenly increased dramatically, and good team work along with good communication were the key to getting the (sometimes weekly) protocol amendments churned out quickly. As a result of this, a lot of our usual oncology trials slowed down as the focus was now COVID. It has, however, enabled us to evaluate some of our processes and streamline them. This has also improved our communication within the wider research team.

How do you utilise EDGE in your daily role?

We are lucky in that the whole research team uses EDGE as the Trust uses it as a document store for research, so all our protocols are accessed from EDGE. Pharmacy also have our own set of entities and attributes that we use

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to create reports like aseptic priority studies or CTIMPS in set-up. We also have numerous workflows to track our activity in real time. These include feasibility, set-up, green light, and amendments to name a few. We are also in the process of getting EDGE ready to start using the finance function.

During your time at Frimley Park (before you move to Royal Surrey), you worked on a project to move the pharmacy set-up from paper to EDGE. What parts did this project involve?

This was quite a big project and was done in conjunction with an R&D colleague as part of a quality improvement project. The aim was to increase the use of EDGE with the use of attributes and workflows. We assessed what we had and if we could 'slim down' any unnecessary steps or needed to add any more. We also looked at templates that other Trusts had already created, which was really useful. Of course, the first entity/workflow you create is also not the final one, so we had to test them out and make changes throughout the process to get it right. We sent out a survey to the whole research team at the start to identify how they used EDGE at the time, and the same survey was then sent out again a year later to assess whether the improvements made had helped to achieve our aim.

What sort of pharmacy-specific challenges/bottlenecks did your team encounter during the rollout from paper to EDGE?

Because we were so used to a paper set-up checklist, it was difficult to let go of that and not have it in front of you. Getting used to logging into EDGE everyday was also tricky to start with, but got easier as time went on. We didn't have any major bottlenecks as there were just two of us in the pharmacy clinical trials team, so we worked together throughout the project.

Since your move to Royal Surrey, what sort of EDGE functionality have you been involved with setting up in pharmacy?

When I started at the Royal Surrey, they were just starting to use EDGE workflows for tracking set-up activities, but were still very reliant on paper and excel spreadsheets. We are now fully reliant on EDGE to track feasibility, set-up, creating ARIA regimens, screening guidelines, and green light - as well as amendment feasibility and tracking, thus making the change to implementing the amendment. We also rely on attributes being completed accurately to create reports which have replaced the spreadsheets. Learning how to create reports has made our lives so much easier (once you figure it out!) and helps with tracking our KPIs. We are also now in the process of setting up the finance function to make our invoicing and tracking of income a lot easier. I guess the key to success is good communication and having the team on board with the changes. It also requires dedication and time to be able to have a go and making EDGE work for you.

What early wins have you encountered since moving the bulk of your work onto EDGE?

Real time information and saving on printing/paper. When we used spreadsheets, it was a little trickier to know when it was last updated and the numbers of entry fields to complete were a lot. This was also very time consuming. The same information is now captured in attributes and when you run a report, it does all the work for you.

What advice would you give to other pharmacy departments thinking about moving the pharmacy set-up from paper to EDGE?

Do it, you won't regret it! I know it seems daunting at the start, but once you get into the swing of things and figure out reporting, you won't go back.

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

As briefly mentioned above, we are hoping to roll out the finance side of EDGE in September following a training session with the pharmacy team in August and getting all the templates and previous activity on the system, all ready to 'go live'. This will involve the whole team, as patient visits, deliveries or any other activities (such as monitoring visits) will need to be logged in real time and not just copied collected on a quarterly basis when it comes to invoicing.

One clinical research superpower that you wish you possessed:

The ability to see in to the future and see what trials are going to go at pace and which trials will not make green light!

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

When you work on studies that show positive results and open up treatment options to patients that weren't available before, it makes it all worthwhile.

One thing that people might not know about you:

I taught myself to crochet in the first lockdown and have been making all sorts of things since then.

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

Being adaptable: Whether it's being re-deployed or working in different ways or at speeds that did not seem possible before. Also, just being able to cope with anything life throws at me like starting a new job in a pandemic and having to deal with RECOVERY/REMAP-CAP.

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