



The Research Nurse

A Sense of Identity.....

or not?

Penny Scardifield : Lead Nurse Trent CLRN

First of all.....

Who am I and what do I do??

My Remit:

- “The Lead Nurse will play a crucial role in the delivery of portfolio-adopted clinical research across the Trent CLRN, and will support, lead and coordinate Research Nurses, Midwives, Clinical Studies Officers, AHPs and related staff across our network.
- She will provide essential professional leadership to and management of a well trained, highly motivated and mobile workforce”
- ***I need you all to identify your differing needs so I can look at the best ways to do this***

Staffing Groups

- Core Generics - NUH contracts, work Trent-wide
- Site Generics – Site contracts
- Topic Specific Network top-ups - Site contracts
- SIG specific – NUH contracts, work Trent-wide
- Miscellaneous

Why have Research Nurses?

- *The Clinical Trial Nurse has become an **integral element** of the clinical trial process and is fast evolving as a new and challenging specialty*
- *The identification of caring practices and clinical skills **unique to this specialty** will allow the boundaries of this new area to be defined*
- Dore C, Stark K, Wood H, Beckerleg R, Craig P, Miller J; Australasian Society for HIV Medicine. Conference.
- *Annu Conf Australas Soc HIV Med.* 1995 Nov 16-19; 7: 52 (abstract no. 41).

Known Research Nurse issues

- No definition of what a RN actually is or does
- Lack of understanding about **clinical** research
- Lack of 'management' awareness - possible lack of support
- Potential colleague resentment
- Fear of research – gone to the 'dark side'
- Skills and knowledge not always recognised/acknowledged
- Sometimes seen by others as “Drs handmaidens”
- Training/professional needs not always defined, recognised or met (despite available funds)
- Trust Policies V Protocols and SOP's
- **Additional** Mandatory training time commitment

Trust issues



- Over commitment by some PIs
- Short staffed - studies need clinical staff time/notes
- Training time limited for clinical staff – GCP, Consent etc
- Financial problems – loss of clinics, offices etc
- Government Targets given priority
- **Government Research Targets missed!**
- Staff unaware/ignoring that research is in their contracts
- Evidence based care proclaimed but NIMBY attitude
- Research not recognised as part of normal care
-or as a patient's right
- GCP not part of Trust induction

Career Progression

- Research Nurse V Nurse Researcher
- Assumption that all RNs want to be NR's
- Nurses turned down for MSc as no research experience!
- Lack of recognition that roles are different
- Lack of specific qualification for clinical research nurses as a speciality - 'ENB' type of qualification needed?
- ? GCP as part of Nurse training
- ? Part of future mandatory training
- Lack of awareness of Competency Framework for RNs
- Lack of awareness of Research Academy

COMPETENCY FRAMEWORK FOR CLINICAL RESEARCH NURSES

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Now it's your turn to do some work.....!

The Trent Comprehensive Local Research Network operates as part of the NIHR Comprehensive Clinical Research Network in England. It is part of the National Institute for Health Research and forms part of the UK Clinical Research Network.

Activity:

Get into 4 groups

Imagine you have a wish list, and that funds are *unlimited*



Using the post-its, write down on a post-it what you want from your role – training, time for study, equipment , support etc

On the 4 Flipcharts there are 4 headings:

- Career progression
- Support
- Training
- Other Issues

Write on the post-it your wishes, and it's priority for you 1 – low, 5 – high. Please be descriptive about it eg training needs to be defined to specifics

You are not limited to the number of wishes you have, but you only have 20 minutes!

A Quick SWOT Analysis about the Research Nurse role.....

Strengths

Weaknesses

Opportunities

Threats