

Meeting with Dr Apo Demirkol – 08/08/2019

Libby and I met with Dr Demirkol to discuss the best way to identify research questions that are of importance to clinicians. Dr Demirkol made several points of relevance to us

1. He believes the success of clinical research will depend on the clinician's level of engagement with the research. Clinicians are heavily invested in the individual patients that they treat, hence the research clinicians are most likely to engage with is likely to:
 - a. Be concerned with improving treatment outcomes or clinical procedure
 - b. Not divert much time from their core business or deviate too far from routine clinical practice
 - c. Not require substantial training in additional admin tasks or software
2. We discussed the fact that, at the invitation of the Ambulatory Care Team manager, Libby and I had been attending the weekly Multidisciplinary team meetings at the Langton. Libby and I mentioned that while we had found the process of clinical review interesting and informative, and had identified a small number of recurrent themes (notably non-attendance for scheduled appointments and its management), these meetings were not devoted to identifying recurring problems or broader issues and therefore may be of limited use in identifying issues which could be worked up into research questions.
3. Apo was frank that clinicians can sometimes feel used by research because they are expected to disrupt their routines, often in major ways, to collect data yet receive limited acknowledgement of their contribution; and are often told little about a study's objectives, design, results or implications. This perspective echoes those heard previously from other clinicians.
4. Apo suggested several people/bodies that might be useful to us. He suggested:
 - a. we talk to Annie Malcolm (senior nurse manager SESLHD D&A) and Anni Ryan (operations manager for SESLHD D&A) as they are intimately involved with Quality Improvement (which is designed specifically to improve areas that are of recurring concern) and Accreditation (ditto).
 - b. that Registrars would be a good resource as: (i) their training involves a research component so they know how to process and formulate research questions, (ii) they work across all levels of the service so are likely to have a broader perspective of any recurring problems or issues than any single clinical team.
 - c. that the best sources for identifying recurring issues are probably the clinical leads for the service because they are the people who supervise the registrars, doctors, CNCs, and CNSs and thus hear the issues from multiple clinicians. He suggested several people to approach, either all at once or in clinical leadership groups.
 - i. Sachin Patil (staff specialist St George)
 - ii. Lucy Harvey-Dodds (staff specialist Sutherland)
 - iii. Miriam Van Zant (clinical nurse specialist St George)
 - iv. Casey Doyle (clinical nurse consultant Sutherland)
 - v. Raylene Dokovich (clinical nurse consultant Sutherland)
 - vi. Hester Wilson (staff specialist Langton)
 - vii. Vicky Hayes (staff specialist Langton)
 - viii. Apo (staff specialist Langton, medical coordinator)
 - ix. Nick (no one knows what he does)