

The Peregrine Centre Rural Mental Health Podcast

Episode 27. Doing Research as a Clinician

Speaker Key:

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Intro Hello. I'm Dr Rebecca Sng, director of The Peregrine Centre. As we begin this episode of The Peregrine Rural Mental Health Podcast, please join me in stopping to consider the land beneath your feet, wherever you might be listening from today.

Let's take a moment together to acknowledge the traditional owners of that land. We pay our deepest respects to the elders of the past, those of the present, and the emerging elders of tomorrow. The Peregrine Rural Mental Health podcast is brought to you as part of our Rural Mental Health Partnership with New South Wales Health.

DR Hello, everyone, and welcome to this month's episode of The Rural Mental Health Podcast. My name is Dayle Raftery. I'm a clinical psychologist and research associate at The Peregrine Centre. This month, at The Peregrine Centre, we're getting ready to open applications for our annual Small Project Grants. These grants are offered to support research projects looking to support mental health service delivery in rural New South Wales.

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We're particularly interested in projects that are implementing a new strategy or intervention, scaling up a pilot, or translating an existing intervention to a rural setting. We've offered these grants for the last three years, and through this process, I've had the privilege of talking to countless people about their research ideas.

What's really stood out to us at The Peregrine Centre is that often practitioners on the ground have great insight into what might work in their service, but when it comes to research, they've just had no opportunity to learn how to start or run a research project. Conducting research is a skill, and it's one that doesn't get much time in most of our clinical training. Yet it can be an expectation of our role. So today, we're talking how do you develop and manage a research project as a mental health practitioner alongside your regular clinical duties?

To discuss this, I'm joined by a recipient of our Small Project Grants, Corin Miller. Welcome, Corin. Can I get you to introduce yourself and give a little bit of background for our listeners?

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CM Sure. I'm Corin Miller. I'm a GP/Rural Generalist down on the south coast of New South Wales. I say I live in paradise, but unfortunately, access to mental health services,

particularly for children, is really tricky. I moved from Sydney in 2016 and settled here with my family, married a country boy who grew up around here, and we love it. We're so glad we made the move down here.

Like I said, I'm a GP background, now Rural Generalist in paediatrics and as part of my work, I noticed the access to paediatric mental health care and paediatric outpatient services is nothing like it is in a city. And with incredibly long waits at times for what's deemed to be a non-urgent presentation, which is not non-urgent for the family necessarily. And when I first moved here, we didn't have a paediatric service. We got our first local paediatrician in 2019, and since then, the local service has really come along in leaps and bounds.

Incredible things are happening with that service, but there's still a backlog of unmet need in the community, and particularly for children with developmental, behavioural, learning or mental health concerns. That was a real gap, and so I ended up launching into a big project that initially I had no idea how to do, but I just launched in anyway. And now, I'm doing a PhD in the topic of strengthening paediatric primary care in rural Australia.

DR Incredible. Thank you. I'm curious and you sort of touched on it a bit. You're a GP, you're a very busy one. What got you interested in getting into research, and how much exposure to research did you have in your training?

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CM Yes, I'll answer the second part of that first. How much exposure to research? Not much. I did exercise science as my undergraduate degree, and I did postgraduate medicine. And as part of that very full four-year postgraduate medicine course, we had a little taste of research, but really nothing much. And I know other medical schools have a whole year, you do an honours' year etcetera, but I didn't. And so minimal was my experience. But I've learnt a lot, and I'm still learning, and I still feel like I've got so much to learn.

But why did I get into research? Well, because I needed to prove that this intervention that I'd started was either working or not, and I needed to know that in a robust way. And I also needed to prove to the policymakers and the finance people that either this was a really great intervention that they should get behind, or if not, why not? And yes, by necessity, I launched into research.

DR I think that's a pretty common journey for a lot of practitioners, of trying something new, thinking that it's working, but really wanting to know. Yes, that's lovely. You were successful in getting a grant with us.

CM Thank you.

DR But it was a long pathway, right?

CM Yes.

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DR Could you take us through the journey, maybe from that first decision of, oh, I want to study this, to actually the project that you've designed and are running.

CM How long do you want me to talk for? It's been quite a journey.

DR As long as you need.

CM Where to start? The first time I applied for the Peregrine grants, I was not successful. However, even just through that application process, I learnt so much. And I met people that knew research and were happy to help and just building that network of researchers around my topic area.

In 2019 actually, it was really when we first started talking about establishing school-based integrated care in Southern [NSW LHD]. And I say we, I mean myself and our paediatrician who just started at the end of 2019, Dr Caroline Stewart. And she'd been working in school-based care up north in Nowra, and she knew how the model worked, and she knew it was fantastic. I've said to her previously that she was the enzyme that catalysed me into this kind of journey. I'm really grateful for that.

But in 2020, we had COVID, and fires and all other things, and not that much happened. But then I was starting to establish connections with Andrew Leslie who was part of the powerhouse behind the Nowra East Hub. And from that, I met lots of connections in education and also in Health and in the research space.

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And then just the day before applications closed, when I was thinking how am I going to do this research thing? Clearly, I need to do this research thing, but how? The HETI Rural Research Capacity Building Program email dropped in my box. It had dropped in many times before, I just never paid any attention. But that day, I was like, ah, maybe this could help. Anyway, so I got in touch, and I was like, I know it's tomorrow, but is it too late? And they were like, no, go for it. Anyway, I got in. And that's actually how I started really learning about research.

And I think if anyone's thinking about applying for that particular programme, if you work for New South Wales Health and you're rural and you're thinking about research, you should definitely check it out. Because they're super lovely, and they're used to me asking stupid questions all the time. And they're very kind and they're very understanding, and they help shape you into the clinician researcher that you want to be. That was a wonderful programme.

And, as part of that, then I started further developing my ideas about the implementation evaluation of the Eden School Wellbeing Hub, it was called at that point. It's now called Djing.gi Gudjaagalali, which means Children's Stars School Clinic in Eden. And that first year that I applied for your grant, so it must have been 2021, I think, because I got it in 2022.

DR Yes, that sounds right.

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CM So 2021, with Tony Mendoza Diaz, who was working in the Nowra Hub, we put together an application but were unsuccessful. But that's okay. These things happen. It means it leads on to another opportunity.

And the next time I applied, I actually started my PhD with the Population Child Health Research team at UNSW, who are amazing. And also, I'd partnered up with Dr Santuri Rungan who was my partner for the successful application. And I learnt a whole lot in that 12 months, even though I still feel like I don't know very much, but yes. That's how

I...

DR I think that's the research journey, the more you learn, the more you learn there is to learn.

CM Yes, exactly.

DR I think a really nice reflection in there, and what I really appreciated, is the first time you applied for the grant. It wasn't successful, but there was something for you that was just so important to keep learning and keep trying.

Grants are really competitive, and I think when you're not used to that environment, it can be quite demoralising to not be successful. And as part of the grant process, I speak to anyone who wants to apply to talk about their idea, to make sure it's the right fit, because grants take time to write, and we want to make sure that time is being well spent.

CM I remember my first conversation with you. You're so supportive and so lovely. So, yes, if anyone's thinking about reaching out to Dayle, do so.

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DR Thank you. And one thing I always say in those consults is I'm not here to judge the merit of the idea. It's just about the fit because we're looking for particular things. And it's honestly one of the highlights of my job is having these consults with people and getting to hear about what they want to do, and how they want to try and improve the practice and the service that their consumers are receiving. It's really lovely.

It was nice listening to you just then, and I know that you're so passionate about this, and it's just nice to hear that passion drive you through, and I hope our listeners are hearing that as well.

CM Yes, you can't give up the first time. Don't give up.

DR One thing I noticed as you were talking was there was a lot of partnership with other people. And I'm wondering a little bit how you came across those partners. I know some of it was through HETI and other things, but how did you find the people that you work with?

CM I talked to pretty much whoever will listen about the lack of access to health services for rural children. And I get really excited and really passionate, and I wave my hands around a lot, and then suddenly, I'm in a room full of really important people talking about my work. It's a bit of a pattern. But in all seriousness, I think you need to reach out to people that you know are doing things similar to what you want to be doing. You need to reach out to those who have gone before you.

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And what I've found really lovely in this journey is that when I do that, all of these rural researchy-type people are super lovely and supportive, and no one's trying to stab you in the back. Everyone's like, yes, we need to fix this problem. We're stronger together, which is lovely, because I hear in other places, researchers in a way are not that supportive. I've not come across that. Maybe I'm just not seeing it. I don't know.

But even early on in my journey, I can't remember how I got put in touch, but I spoke to

Deb Jones, who works out in Broken Hill, and she's part of the Allied Health Students in Schools. And also, they've got a Nurses in Schools programme that's been going for more than 20 years. She was so lovely. And she said something that's really stuck with me, and she said, it's not about who gets to cut the ribbon in the grand opening, it's not about that, it's about improving access to care for our communities. And I was like, exactly.

I was talking to Dep Sec Luke Sloane, this week, again, how these things happen. But he was saying, I was talking to a group in Parkes that's doing similar things to you in the school space, and he's like, I'm sorry if it's a competition. I was like, it's not a competition at all. This is proof that this concept works, and I'd love to be put in touch, because we're stronger together. I guess that collaborative nature of rural research is really important too.

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DR Yes, absolutely. And I think it's something really special about the clinician or practitioner driven research is it's coming from a place that I want to improve service. I want more people to be able to access this service. And it's a really nice space to work in, because I do hear about people doing similar things around the state, and I'm able to go, oh, you guys should talk to each other.

CM So valuable.

DR There'll be differences, but maybe there are things you can learn. You can lean on each other. And that collaboration and that kind of community is so important.

CM I agree, because it's easy in a rural area to feel you're the only one jumping up and down about this issue. But by connecting with other people, advocating in their communities, in rural areas, you really do get that collegiality, and I think that's important, too.

DR Yes, that's so special. I'm wondering if there were things that surprised you about getting into research? Any barriers or unexpected challenges? Anything that was easier than you thought it might be?

CM I didn't actually set out to get into research. I set out to fix a problem, and so I'm surprised that I'm now like, oh yes I'm a PhD candidate blah blah blah. Because, what? Yes, I didn't set out to do that, but I just recognised that this was the way that I had to go about trying to drive positive change for my community. Because no one's going to listen to you if you don't have the research to back it. The community does because the community loves it. But you're not going to be able to change policy unless you can prove that kind of thing. That was surprising to me.

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I had a phone call from my now primary supervisor, PhD, Prof Raghu Lingam, who runs the Population Child Health Research Group study. Out of the blue, I'd met him once, back in [unclear] and then I got this phone call. He's like, we've got this funded project with a PhD scholarship. It's rural, blah, blah, blah. And I was like, okay. He's like, I want you to consider it. And I was like, oh me.

DR Oh, that's why you're telling me about this.

CM Oh, that's why you're ringing me. Yes, I guess that was surprising also. And barriers,

time, money, PhD stipend is not fun. It's not doctor money, that's for sure. But it's a means to an end, is how I look at it.

DR I suppose on the barrier of time, a lot of clinicians find it hard to find the time for the research process and learning about what they need to do. It takes time, right? And they've already got a full load. We know that for most rural practitioners they've got a bigger load than most people can complete. I'm wondering, how did you manage that balance of your clinical time and your clinical load and learning research?

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CM You have to create time.

DR The elusive balance.

CM Exactly. It's always a balance, and that changes day by day. But going back to the HETI Rural Research Capacity Building Program, they actually... HETI funds research time, they'd fund backfill, so it didn't equal much for me, but at least it's something. So that was useful.

And then, I guess, just knowing that the project that I get to work on is so incredibly cool, and the team that I'm working with, is doing amazing things. I see it in our team meetings, and they all talk about these projects that are focusing on health equity and improving outcomes for priority populations, and blah, blah, blah, blah, blah. And I just sit there and think, so inspiring. I guess money isn't everything, and time isn't everything, but if there's something that means a lot to you, you'll make the time.

Yes, and actually I get to work from home a lot more now, which my kids love. It's a struggle to actually get work done sometimes, especially if they're home sick from school. But at least I'm not doing night shift, and I'm not doing the really long clinical hours that I was previously doing. I'm doing a lot of catch-up work on weekends, trying to just get the work done. But it's a different kind of balance.

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DR Yes, and it sounds like probably over the years, if I'd asked this question when you first started out, I would suspect I'd get a very different answer.

CM Yes. Correct. It changes, it morphs.

DR And I think what I'm hearing from you is just that flexibility that can come, some days, you won't get anything done on your research, and some days you'll find the time and the space for it.

CM And some days you're like, yes, I'm going to do this task today. And then I spend the whole day doing another task.

DR You do everything but that task.

CM Exactly, procrastination. Anyway, the other thing that I didn't point out as a barrier, actually, it's just on my mind, is, coming from the position of an experienced clinician. I feel comfortable when I'm in my clinical role, knowing that I know what I know. And I'm confident, and I'm competent, and I know how to appropriately seek help and blah, blah, blah, blah, blah. I've been trained for that role, and I'm not a student anymore. Right? To then dive into something that is completely unknown and really quite

challenging at times.

I don't naturally have a math brain or a stats brain. I remember at uni, I was getting Ds and HDs as in distinctions, for nearly everything, and then stats, I got 52% and I was so excited that I never had to do it ever again. Joke's on me, because now I'm here going, oh, why am I doing this? Being able to sit with that feeling of being a novice again, and I don't know it yet. I talk to my kids about this all the time, they're like, oh, I can't do it. No, no I can't do it, yet. And now I have to sit with that all the time.

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Today, in my supervisory meeting, they're like, and what qualitative, overarching framework are you going to be using? I'm probably not even using the right words, but I was like, oh, I don't know. I'm sorry, I don't know that yet. And they're like, you need to read these things. And I'm like, okay, and I know that they are very supportive. But also, I was like, I don't know, I could've just named something, but I think it's better just to say, I don't know yet.

DR I think that's a really important point, that we feel comfortable in our role as clinicians, and we've trained for it, and we know what we're doing, and then we try and learn this new thing that people are just expecting us to do, and say, oh, just do some research about it. But it's a full skill set.

CM It's a full skill set. Even embarrassingly, literature reviews that I did previously in my previous degrees, I actually was doing a very brief kind of like, it was not a literature review, let's be serious, and then to actually learn how to systematically search the literature. And do a good job of it. That's a whole skill set.

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And then I was thinking back to my previous lives in uni degrees and I wish I had actually listened when they said, you should really talk to the librarian. And also, EndNote is amazing, some of those reference softwares, again, life changing. Wish I had've known that too. We live and learn.

DR We do. I suppose on that, if you could go back to the start of your journey into research, not knowing where you would be ending up, what sorts of things would you tell yourself?

CM Just do it. Have a crack. Yes, because you're not going to have a perfect time or a perfect necessarily opportunity. But I believe that you create your own opportunities by putting yourself out there and by opening up your mind to the possibility. And I think we need to realise as clinicians that we're incredibly privileged to be in the position that we're in, and to have a voice, to be able to advocate for our clients or our patients in our community. And particularly in my work with children in priority populations that cannot access the service.

I just feel incredibly lucky to be able to get excited, wave my hands around and be in a room with people that make decisions about things, because that's how their voice gets heard. And so yes, I haven't really answered your question, but I would just say, go for it. Do it. Have a crack. See what happens. And also, make sure you reach out to people that are doing what you want to do, or who know what you want to know, because chances are they'll be helpful.

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DR Look, I think that's great advice. Just give it a go. You'll learn along the way, you'll fail along the way, and you'll have success along the way.

CM And EndNote is good. Or Mendeley or whatever.

DR I'm a Zotero girl myself.

CM Also fine.

DR Well, speaking of, I guess, EndNote, were there any particular resources that you found quite helpful, both to conduct, but also to understand research?

CM I've said it numerous times but the HETI Rural Research Capacity Building Program. Can't rate that highly enough, plus, they accepted me in the first place. That proves they've got good taste. No, they're really helpful, and I think the applications are opening very soon. Have a google if you work for NSW Health, and if you've got an idea, reach out, because they will help you.

Other resources I found useful, clearly any interactions with The Peregrine Centre, our initial chat. Sometimes by saying it out loud, you can really help to formulate your idea and refine it. And sometimes it takes more than one attempt. And I've rewritten my research plan for my thesis so many times. It's completely different to where I was when I first started and that's ok, the rewrite process.

What else has been helpful? The RR-CLaN videos, I think it stands for Rural Research Collaborative Learning Network. They host webinars and that's been useful, and they're free. And I just stumbled across your learning platform today, and that was exciting, and it's got lots of useful things on there, too.

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DR Yes, absolutely. I think I will definitely be talking about our platform at the end of this. Just knowing that there's a bunch of stuff out there, I think RR-CLaN are great, and the work they're doing, it's all available on YouTube. You can just search it. And, yes, for New South Wales health staff, HETI is an excellent organisation. I've had a bit to do with David Schmidt, who coordinates the...

CM I think he's one of the two. So he is and Kerrith Duncanson. David, I just got to come on as one of my PhD supervisors this week, and today was our first joint supervisory team meeting. And David was the one that asked me the question about what methodology I'm going to use for my qualitative work. And I was like, David, you threw me under the bus in our first meeting. David, if you're listening to this, I haven't forgotten.

DR He's actually very lovely.

CM He's super lovely. No, it was in jest.

DR Of course.

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CM But also, I don't know. He's going to teach me, though. That's why he asked. Because he's very knowledgeable.

DR Which I think, coming back to your point about admitting that you don't know, it allows these beautiful opportunities to learn and to learn from people who have been doing it for a long time. And reaching out, finding these connections, asking the questions, is so important. And it's scary. But it's important. Do it scared.

CM And it's okay not to know it yet, and I promise I will read that textbook one day.

DR If our listeners today were to take away one nugget of wisdom from this conversation, what would you hope it would be?

CM If I can do it, you can do it. And if you've got an idea, particularly one that can help our communities and our clients and our patients improve their mental health and wellbeing, then have a go, reach out, it's worth it. I haven't regretted my choice once.

DR That's a strong endorsement. Thank you so much. I hope that this conversation has been helpful for those of you out there interested in doing some research. And remember, research is a skill to be learned. And when we're learning, there's no such thing as a dumb question. To support the learning of practitioners, at The Peregrine Centre, we created the Building Research Capacity Workbook, which is available for free on our learning portal at learn.theperegrinecentre.com.au.

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This is a self-paced learning journey that breaks down the elements of a research project and contains curated resources to support your learning. You can access it for free just by creating an account. The Peregrine Centre also hosts a monthly research think tank, discussing all things research as a practitioner and information for this and sign up is also on our portal.

Our Small Project Grants will open at the start of November, and you can sign up to our mailing list to be notified when they're open. And the resources that we talked about today will also be available alongside this podcast on our learning portal for those of you who want to learn more.

Thank you, Corin, for joining us today. I've really appreciated listening to you, hearing your journey.

CM Thank you for the opportunity. It's been great.

DR I've been in research, but your passion for it is making me want to learn more. I hope that people listening today are as infected with your passion as I am.

CM Oh, thank you.

DR And thank you to our listeners for listening.

CM Thank you. Bye.

RS I hope you found today's episode helpful. You'll find specially selected resources on this topic on our digital learning platform. To join the platform for free, or to suggest questions or topics for further episodes, please visit our website, theperegrinecentre.com.au.

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