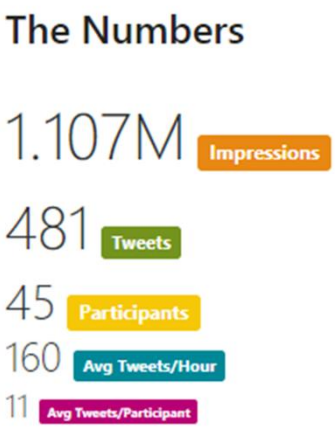
#WhyWeDoResearch

"Style & Substance for Research During a Pandemic"

Tweetchat 5 - 21st April 2020



The fifth #WhyWeDoResearch 2020 weekly tweetchat explored ***the quality of COVID-19 research*** *and how it is implemented across different sites. The theme for this #WhyWeDoResearch tweetchat was a result of previous tweets exploring how research is developed and implemented during COVID-19. Given the size of the topic it was decided to keep the questions broad to ensure that everyone would be able to tweet about their experiences and knowledge. We also extended the #WhyWeDoResearch tweetchat by 15mins to try and give everyone the time they needed to reply to each of the tweets. The transcript of the #WhyWeDoResearch tweetchat (held on 21.04.2020) is available: click here.*

Format for Questions

As we wanted to keep the questions broad we used the FINER acronym. We asked five questions based on each of the headings within the FINER acronym.

Below is a summary of everyone's tweets based on the headings in the FINER acronym. Please note that the representative examples may vary depending on the location and the experiences of individuals.

Feasibility

The huge effort by research teams to set up, get approval and deliver COVID-19 studies was recognised in the tweets. The speed at which set-up was achieved concerned some as they felt that the feasibility process had not been as thorough as pre COVID-19. Time was a concern as some felt that in the rush to get studies up and running key staff members were not involved from the start. It was felt that this impacted on how well the studies ran. Some felt 'feasibility' applied too much to whether the study can be run rather than where it suits patients and is practical to take part in. Lack of public patient involvement (PPI) with COVID-19 studies was expressed as a worry.

Others felt that the feasibility process continued to run as smoothly but it was the speed in which everything could be pulled together and set-up that had changed. Although there is a rush to get COVID-19 studies up and running the overall number of studies that sites would generally manage has reduced. This has meant that staff had capacity to push through COVID-19 research. Rapid set-up processes had been set-up in some areas to help ensure that the right people were involved.

It was discussed that ideally the number of studies run by a site should reflect staffing and resources. Some sites were split across various locations and each hospital had their own acuity levels and specialists – which were all factors that needed to be considered. It was recommended that to manage feasibility assessments a research lead, with clinical oversight, should be in place in each site.

Ethical

Lack of PPI with COVID-19 studies was the most common ethical concern expressed in #WhyWeDoResearch tweets. Some felt that Patient & Public Involvement (PPI) should be a

requirement to secure ethical approval. Others were worried about how quickly the ethics process was moving.

Due to similarity of some COVID-19 studies one suggestion was to have a national co-ordinating body who could identify competing projects. Having the resources and staff needed to effectively run each study was another concern. Examples included studies being implemented prior to checking if web-based systems were working or the availability and input of the required staff. Some tweets spoke about the work load in correcting, actual or potential, mistakes/ errors for COVID-19 studies that were quickly set-up.

Interesting, Novel & Relevant Research Question

Most people stated that they didn't think there were gaps in COVID-19 research but worried that the bigger studies (available funding, size of target sample size etc) would be prioritised over smaller studies. Some felt that 'bigger is not always better' and the potential valuable information gained from smaller studies could be lost.

Gaps in research that were identified included impact of COVID-19 on mental health, other health conditions and how the change in health systems (delayed operations/ cancelled appointments etc) due to COVID-19 would impact on people's health.

Some people tweeted that although there was no overlap in COVID-19 research in their sites there were a lot of very similar studies on their portfolio. Some of the tweets queried whether it would have been useful to combine studies to save on resources and avoid unnecessary duplication of effort.

Concerns were raised that the number of international and national COVID-19 registries would result in duplicate information and that it will be difficult to collect data when people are already busy dealing with the pandemic.

Questions Asked

#WhyWeDoResearch
(21.04.2020)

Q1: What changes have you seen/ experienced in how feasibility is managed for COVID-19 studies? All comments (good, bad or neutral) are welcome.

Please remember to include #WhyWeDoResearch in all your tweets.

#WhyWeDoResearch
(21.04.2020)

Q2: Research fills in the missing gaps. What gaps do you think COVID-19 studies are answering and what gaps are COVID-19 studies missing? (Can mention COVID-19 research that you think is or isn't interesting.)

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#WhyWeDoResearch (21.04.2020)

Q3: Are you (staff or patient) involved with research studies that you think overlap or is your experience that each study is answering a different question?

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#WhyWeDoResearch (21.04.2020)

Q4: Ethics is a legal requirement for research studies. What experiences or examples of ethics (i.e. informed consent, privacy, ownership of data etc) do you have of COVID-19 studies?

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#WhyWeDoResearch (21.04.2020)

Q5: Research needs to be relevant. Given what has been discussed so far what aspects of COVID-19 research is and isn't relevant to you?

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#WhyWeDoResearch
(21.04.2020)

Last question of the eventing: Tell us a joke. Let's keep ourselves laughing!

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