

Implementing FAIT

Framework to Assess the Impact of Translational health-research

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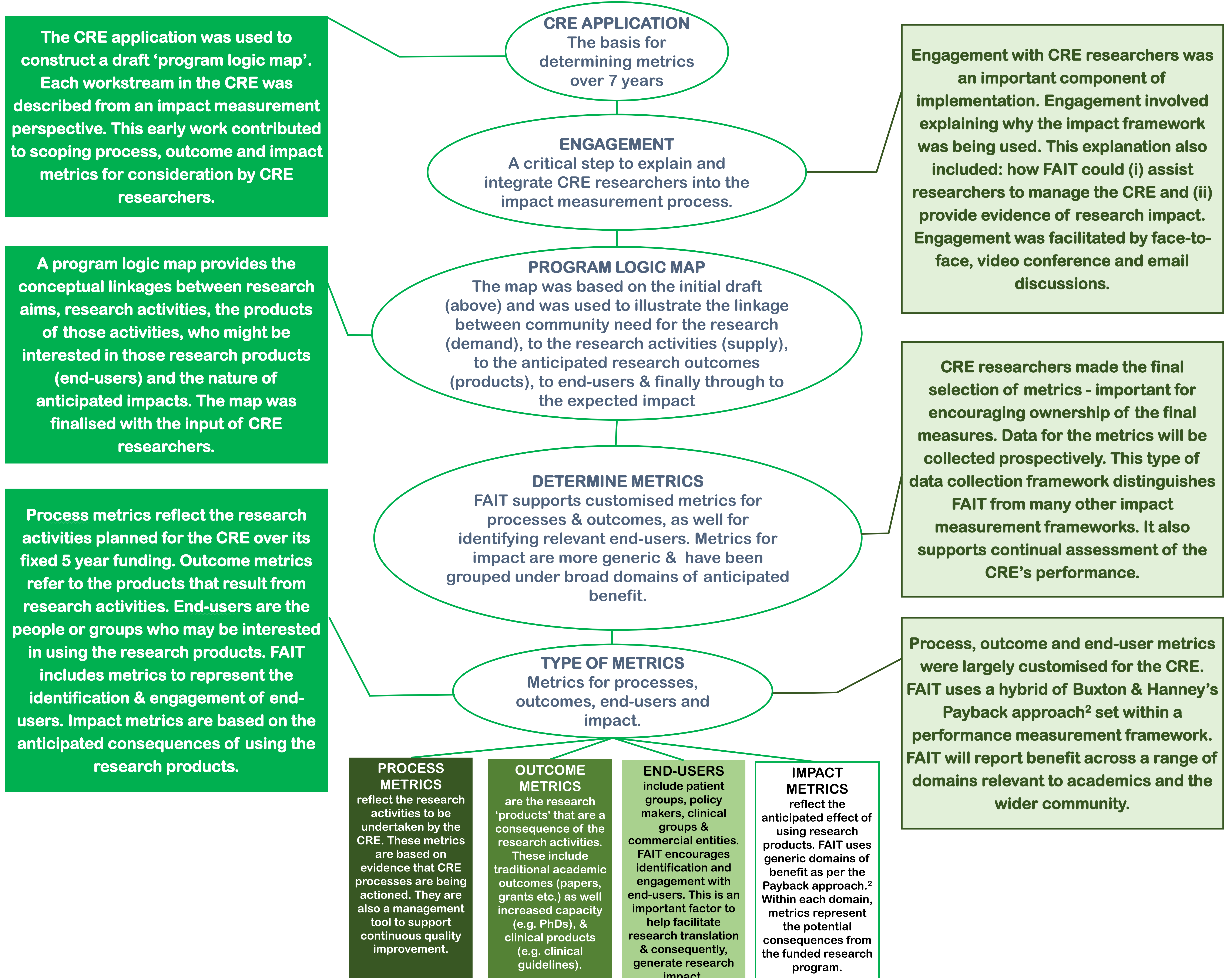


Background: The Framework to Assess the Impact of Translational health-research (FAIT) is a framework designed to collect and report evidence of research translation and research impact.¹ FAIT is based on prospective data collection and is being implemented for the first time in an NHMRC Centre of Research Excellence (CRE) in Stroke Rehabilitation and Brain Recovery. The CRE spans basic, clinical and public health research.

Objective: Report on the implementation of FAIT as part of the CRE in Stroke Rehabilitation and Brain Recovery.

Method: A narrative outline of FAIT's prospective implementation process. FAIT was customised to reflect the CRE's research aims and activities, as well as the anticipated outcomes and translational impacts. The primary author is not an investigator with the CRE.

Lessons from the prospective implementation of FAIT



Results & discussion: Prospective implementation of FAIT in the CRE for Stroke Rehabilitation is in progress (as at October 2015). Engagement with CRE researchers during FAIT's implementation was important to ensure FAIT's relevance to the research program and acceptance by CRE researchers. Prospective end-user engagement provided an opportunity to plan for the CRE's research products to be used by others. Researchers identified their potential end-users and these included patient and clinical bodies, as well as commercial entities. Impact metrics capture traditional

(continued) academic achievement (e.g. peer-reviewed papers, grants, collaborations etc.) and other flow-on impacts. These impacts include improved rehabilitation programs for stroke patients, better health and health-research policies in the field of stroke rehabilitation and a potential reduction in downstream costs for post-stroke patient care.

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¹ Searles A, Doran C, Attia J, et al. An Approach to Defining and Measuring Research Translation and Research Impact. Under Editorial Review *J Health Research Policy and Systems* 2015.

² Buxton M, Hanney S. How can payback from health services research be assessed? *J Health Services & Research Policy* 1996; 1(1): 35-43.