

RESEARCH TRANSLATION AND IMPACT PLAN
RMIT University

Dr Leah Heiss and Dr Marius Foley – Tactile Tools® Impact Plan

1. Purpose of Research:

The Tactile Tools® methodology seeks to enable health sector stakeholders to more fully engage with the human experience of healthcare. Through the design and facilitation of Tactile Tools® workshops, Leah and Marius bring health sector stakeholders together to identify patient-centred solutions to challenges in healthcare service provision.

Statement of Purpose

The Tactile Tools® methodology is designed to support healthcare stakeholders in understanding healthcare needs from the perspective of the individuals who engage their services. Through facilitation of Tactile Tools® workshops, Leah and Marius build collaboration and trust between healthcare service organisations as they gain understanding of the patient care experience and identify workarounds and solutions that can improve healthcare service provision. The Tactile Tools® workshops humanise healthcare and identify ways in which services can better respond to their clients' needs. This will ultimately improve the health and well-being of people who access these healthcare services.

2. Expected (desired) outcomes: Tactile Tools® Young People in Nursing Homes Workshop Pathway to Impact

Short term <i>(eg increased exposure, access to research; research and key messages are considered relevant, valuable and useful)</i>	Medium term <i>(eg increased awareness/ understanding/ interest, use of evidence to inform end-user's work, commercialisation of product/technology)</i>	Longer term <i>(eg change in policy, change in practice, changed attitudes or beliefs, economic benefits through commercialisation of product)</i>	Ultimate impact <i>(eg change in health outcomes, behaviours for beneficiaries). Note: this may be an indirect result of research).</i>
<p>Local services who work with ABI patients in Newcastle and NDIS come together to engage within an empathetic frame oriented towards the human experience and needs of young people with ABI.</p> <p>The workshop experience creates increased empathy towards the needs and preferences of people with ABI, and towards other service providers.</p> <p>Groups/services gain a better understanding of the obstacles and gaps young people with ABI encounter when engaging with healthcare services.</p> <p>Groups/services start to identify solutions and workarounds to service barriers.</p>	<p>Workshop participants take the workshop experience and insights back to their individual services. This supports culture and practice change so that service provision is more empathic and responsive to the needs and preferences of ABI patients.</p> <p>Increased empathy and understanding between services (in relation to gaps, barriers and possible workarounds) improves communication and collaboration between services.</p> <p>Outcomes from the workshop inform human-centred service improvement (within current service provision constraints).</p>	<p>Improved communication and collaboration between services, empathetic understanding of ABI patient needs, and implementation of service improvements leads to better (more integrated, holistic) care experience for ABI patients.</p>	<p>More empathetic, patient-centred service provision provides a much improved care experience, reducing the suffering for people with ABI and improving their well-being.</p>

Short term <i>(eg increased exposure, access to research; research and key messages are considered relevant, valuable and useful)</i>	Medium term <i>(eg increased awareness/ understanding/ interest, use of evidence to inform end-user's work, commercialisation of product/technology)</i>	Longer term <i>(eg change in policy, change in practice, changed attitudes or beliefs, economic benefits through commercialisation of product)</i>	Ultimate impact <i>(eg change in health outcomes, behaviours for beneficiaries). Note: this may be an indirect result of research).</i>
<p>Peak advocacy group YPINH in Newcastle gains a clearer, empathetic understanding the needs of ABI patients as they engage with healthcare services.</p> <p>The workshop identifies specific barriers and gaps ABI patients encounter when engaging the service system, as well as potential solutions and workarounds. Stakeholders coalesce around these issues and solutions.</p> <p>The advocacy group uses knowledge gained through the workshop to advocate for government interventions that will enable Services and NDIS to better respond to the care needs of people with ABI.</p>	<p>Advocacy group works with change makers, influencers and champions within service organisations in support of practice and culture change that provides a better a better care experience for young people with ABI</p> <p>Government (State or Federal) recognises the service challenges identified and engages the stakeholder community in identifying solutions</p> <p>Government draws upon recommendations by advocacy group when considering appropriate policy interventions</p>	<p>As above</p> <p>Government changes to policy settings facilitates service improvement that delivers better care experiences for people with ABI</p>	<p>As above</p> <p>As above</p>

Who do you see using your research?

Then, thinking about the expected (desired) outcomes of your research, prioritise the groups or individuals who are of **primary focus** (the people who you want to use your research in some way) and others.

PRIMARY (HIGH FOCUS) Key end/next users who can influence or effect change from research – baton receivers	
REGULAR (SECONDARY FOCUS) Alternative groups of end users and/or people who could indirectly influence end users to take up/use knowledge	
LOW FOCUS OR OTHER (interested audiences)	

4. Engagement (involving others)

Use this sheet to outline, for each key end-user/stakeholder, why, how and when you need to engage.

- Who (use 3 above to identify your key end-users for engagement)
- Why (expected benefits, how fits with purpose)
- How (and when)

Who	Why	How (and when)

5. Considering context within the User Environment

Note key points of relevance re user environment that you need to keep in mind.

6. Key Messages

Note down key messages that you want to communicate to each end user group.
Key messages should be limited in number and should focus on what it is important to the end user – what do they need to know, what needs to change and why.

7. Research Translation options analysis

Use the list of possible research translation strategies (Appendix B) to help you decide which activities are appropriate to your circumstances. Once you have identified some potential research translation strategies, use this Research Translation options analysis tool to help you decide which will be most appropriate and cost effective for your work.

	Activity 1:	Activity 2:	Activity 3:
Output/activity Identify the translation outputs and activities you are considering			
End User/Audience Who are you seeking to engage with through this output or activity?			
Objective Why are you doing this? How does it relate to your impact objectives (i.e. how might this approach support objectives such as changing policy or practice, increasing awareness, introducing a new product or tool?)			
Staff time Who would do this and how much time needs to be allocated?			
Additional resources required (eg travel, catering, design expertise, edit-print)			
Potential Funding Sources (eg covered in proposal, seed fund)			
Deadline and responsibility When do you need this output delivered to achieve objective? Who has responsibility?			
Priority/Capacity Must have? Nice to have? (hierarchy links back to research impact objectives)			

Adapted from resource in 'Research Excellence Framework (REF) Impact Toolkit (Tilley et al., 2018)

8. Measuring outcomes and impact

Primary Outcome 1: The empathetic, patient-centred approach of the workshop enables participants (beneficiary) to consider the care needs of young people with ABI from a new perspective, resulting in:

- Increased understanding of, and empathy towards, the needs and preferences of people with ABI
- A better understanding of, and empathy towards, the challenges sister services and NDIS face when responding to needs and preferences of people with ABI, supporting collaborative future relationships
- A better understanding of workarounds that different services (including their own) can use to address barriers and gaps in service delivery and improve the healthcare experience of young people with ABI

	Evidence Source 1	Evidence Source 2	Evidence Source 3
Gathering and generating evidence Identify the indicators and measures you could use to evidence this outcome.	Survey and/or qualitative interviews with workshop participants to elicit responses to above outcomes sought	Evidence of: (a) identification of barriers and gaps in human-centred care for ABI patients (b) increased understanding by participants of the needs and preferences of ABI patients (c) communication between participants during the workshop (gathered via observations and interpretation of data gathered)	Ask each group to report on the degree of communication between them <i>prior</i> to this workshop on this topic (to demonstrate bringing new groups together)
Staff time Who would do this and how much time needs to be allocated?	Time to develop questions Time to administer questions/interviews and to analyse data	Time to record information during debrief by workshop moderators and pull out pertinent information from the data	
Additional resources required	Pen/paper? Tablets?		
Potential Funding Sources (eg covered in proposal, seed fund)	Build into costing for the workshop (& provide as part of the report)		
Deadline/s and responsibility When do you need to gather/generate this evidence to achieve objective? Who has responsibility?	Immediately or ~ two weeks after workshop	During analysis and write up	
Priority/Capacity Must have? Best practice? Nice to have? (hierarchy links back to your research impact objectives and feasibility)			

Primary Outcome 2: Workshop increases advocacy group's (beneficiary) capacity to advocate to government for change in policy/service settings

This could also include:

- the outcomes of this advocacy, such as increased government awareness of service provider needs to provide better care experiences for people with ABI, and any consequent changes to funding or policy settings
- increased capacity across service organisations to collectively advocate for changes in areas identified in the workshop (derived from relationships formed in workshop)

	Evidence Source 1	Evidence Source 2	Evidence Source 3
Gathering and generating evidence Identify the indicators and measures you could use to evidence this outcome.	Evidence that advocacy group has drawn on workshop outcomes when advocating to State or Commonwealth government	Evidence stemming from workshop discussions being cited within policy documents	Evidence of actual policy change
Staff time Who would do this and how much time needs to be allocated?	Minimal – contact advocacy group intermittently to gain updates	Minimal if contact advocacy group intermittently to gain updates. Slightly more time if initiate own search (latter not recommended)	Minimal – contact advocacy group intermittently to gain updates
Additional resources required			
Potential Funding Sources (eg covered in proposal, seed fund)			
Deadline/s and responsibility When do you need to gather/generate this evidence to achieve objective? Who has responsibility?	– contact advocacy group intermittently to gain updates	– contact advocacy group intermittently to gain updates	– contact advocacy group intermittently to gain updates
Priority/Capacity Must have? Best practice? Nice to have? (hierarchy links back to your research impact objectives and feasibility)			

Primary Outcome 3: Insights from the workshop experience brought from participants into their service organisations (beneficiary) lead to positive changes in service organisation practice and culture, resulting in:

- Increased empathy towards, and understanding of, the needs and preferences of ABI patients
- Increased understanding of intra-service and cross-service barriers to addressing needs of ABI patients
- Identification of potential solutions (workarounds)
- Improved communication and relationships between local services

	Evidence Source 1	Evidence Source 2	Evidence Source 3
Gathering and generating evidence Identify the indicators and measures you could use to evidence this outcome.	Email to advocacy group asking about progress	Evidence of communication between services re ways to meet needs of ABI patients	Survey and/or qualitative interviews with service providers (on the ground workers, management)
Staff time Who would do this and how much time needs to be allocated?	Minimal	Minimal if do via advocacy group. More time if going directly to services.	Depends on who is conducting this/these. Minimal if advocacy group conduct (and provide the data to you).
Additional resources required			
Potential Funding Sources (eg covered in proposal, seed fund)			
Deadline/s and responsibility When do you need to gather/generate this evidence to achieve objective? Who has responsibility?	Immediately/soon after workshop or 1 year post-workshop?	1 year post-workshop	Immediately/soon after workshop or 1 year post-workshop?
Priority/Capacity Must have? Best practice? Nice to have? (hierarchy links back to your research impact objectives and feasibility)			

Secondary (Ultimate) Outcome: Changes to service provision provide a much improved healthcare experience for young people with ABI (beneficiary) that reduces their suffering and increases well-being

	Evidence Source 1	Evidence Source 2	Evidence Source 3
Gathering and generating evidence Identify the indicators and measures you could use to evidence this outcome.	Survey and/or qualitative interviews with people in the region with ABI. Optimally these would be pre/post service changes.		
Staff time Who would do this and how much time needs to be allocated?	Will depend on whether conducted by researchers or services.		
Additional resources required			
Potential Funding Sources (eg covered in proposal, seed fund)			
Deadline/s and responsibility When do you need to gather/generate this evidence to achieve objective? Who has responsibility?	Immediately post workshop (pre) and 1 year post-workshop		
Priority/Capacity Must have? Best practice? Nice to have? (hierarchy links back to your research impact objectives and feasibility)			

You may also find Fasttrack's **Impact Tracking Template** a useful additional resource to track achievement of your impact/outcomes through your chosen research translation activities and impact indicators and measures. Download here <https://www.fasttrackimpact.com/resources>

Appendix A

Groups to consider as End Users or Audiences

Group	End User or Audience?	Add any additional relevant details re group/individual
Policy makers or regulators (Government agency; Commonwealth/State/Local)		
Civil servants (Government agency; Commonwealth/State/Local)		
Service providers (type of service; Management/administrative)		
Practitioners (discipline/speciality)		
Allied services (types)		
Consumers (eg patients)		
Family and friends (eg of consumers)		
Peak body, advocacy group, support group (type)		
Champions, opinion leaders		
Volunteer health sector/ NGO		
Funding body/ies (note which funding bodies)		
Private sector/industry		
Media		
Researchers		
Other – specify		

Appendix B

Research Translation Strategies

There are many different strategies you can consider to translate your research. The formats you use will depend on what you are trying to achieve, who you are engaging or communicating with, and your available resources. The following table sets out some of these strategies, their advantages and related considerations.

STRATEGY	PROS	CONSIDERATIONS
Active engagement strategies		
Interactive small group discussions With single sector or mixed groups of end users	<ul style="list-style-type: none"> Interactive (mutual learning) short term directed effort high control over timing and your key messages may bring together groups who don't normally interact can facilitate high level trusted (confidential) conversations 	<ul style="list-style-type: none"> labour intensive need to know/find right people (eg right level govt dept., opinion leaders, champions)
Educational/advisory outreach Meet end-users in their setting to provide information, education, advice, training	<ul style="list-style-type: none"> high control key messages and timing short term directed effort; Use 'train the trainer' model to extend dissemination 	<ul style="list-style-type: none"> labour intensive
Trusted advisor /thought leadership (eg volunteer to be on expert panel, peak body, think tanks) <ul style="list-style-type: none"> Leading community/government/ industry thinking around a complex problem/issue 	<ul style="list-style-type: none"> Interactive and high level High control of your key messages 	<ul style="list-style-type: none"> ongoing commitment, intermittent occasions of influence Need to be known to be invited Requires long-term trusted relationships Important that your advice includes the whole knowledge base and seen as evidence-based and non-partisan
Art/exhibitions/writing	<ul style="list-style-type: none"> A conversation/debate trigger To stimulate debate, provide enjoyment May increase understanding, change attitudes in your audience Likely to be conceptual rather than instrumental impact 	<ul style="list-style-type: none"> Possibly opaque key messages for some labour intensive Possibly limited audience (if need to attend a physical venue) Variably interactive.
Responding to informal requests/need for advice or information from key stakeholders	<ul style="list-style-type: none"> Will come from longer term trusted relationships (see trusted advisor) 	<ul style="list-style-type: none"> Important that your advice includes the whole knowledge base and seen as evidence-based and non-partisan

STRATEGY	PROS	CONSIDERATIONS
	<ul style="list-style-type: none"> Some control over key messages and ability to highlight your research where applicable Short term directed effort You will have some visibility of use of your advice 	
Responding to formal requests for information eg submissions to Productivity Commission reports, Senate Estimates committees, Review of evidence, community consultation	<ul style="list-style-type: none"> short term directed effort Med-high control over key messages and ability to highlight your research where applicable Being quoted raises your profile Can increase likelihood you will be sought out for advice later (become known) 	<ul style="list-style-type: none"> Need to be aware of requests (get on mail/advance notice lists, be part of aligned community of practice, advisory groups) Need to be able to respond in short time frames Must put your work in context of the body of literature
Building networks/engagement (with your end-users) Establishing strategic partnerships or relationships with your end-users provides many opportunities (eg understand their needs, find the right influencers)	<ul style="list-style-type: none"> High control key messages 	<ul style="list-style-type: none"> Labour intensive (relationships take time to develop and need to be nurtured) Needs to be Interactive and meaningful to both parties
Conferences, seminars, lectures, workshops	<ul style="list-style-type: none"> High control key messages; Little effort to do Academically rewarding (conference) 	<ul style="list-style-type: none"> Limited audience size target events that are marketed to your end users Broader audience less targeted to key end-users Variably interactive
Community of practice Informal network that emerges from a desire to work effectively to understand problem/area among members – used to share information/ knowledge	<ul style="list-style-type: none"> High control key messages and ability to influence through contributions 	<ul style="list-style-type: none"> Need to know/find right people
Social media & electronic communication Social media (twitter, facebook); e-newsletters/ emails; webcasts [live broadcasts], interactive web-based chatrooms Speaking directly to end users, broader audiences, community	<ul style="list-style-type: none"> Little effort to do high control of initial timing high control of key messages in initial release Can be a good advertisement to longer term/ deep dive resources (including articles, reports) 	<ul style="list-style-type: none"> monitoring needed for interactive or live chat sites/groups Effort/resourcing required to build and maintain audience and keep e-news/user lists up-to-date Potential for key messages to be misinterpreted/ twisted within distant networks To be successful need to build large following and be very active.

Static strategies /outputs		
Webinars/podcasts	<ul style="list-style-type: none"> Reasonably low effort (more effort if you are organising event and/or storage) Enduring reach if transcribed & stored online Broad audience high control key messages 	<ul style="list-style-type: none"> low/no interactivity
Educational materials <ul style="list-style-type: none"> Guidelines, training materials 	<ul style="list-style-type: none"> Short term labour intensive but enduring resource High control key messages Broad reach 	<ul style="list-style-type: none"> Low control over use (if and how) Resourcing needed to produce to high quality More likely to be effective when combined with active strategies such as training or educational meeting/outreach
Reminders (eg to remind end-user to perform an action – could be a tick box prompting screening)	<ul style="list-style-type: none"> Easy to use tool Variable labour but enduring resource; High control key messages Broad reach 	<ul style="list-style-type: none"> Low control over use (if and how)
Patient/consumer mediated interview/intervention Provide education resources to consumers with the aim of improving patient outcomes. <ul style="list-style-type: none"> Patient-direct interventions (eg patient decision aids, self help groups). Patient-mediated interventions - designed to change professionals' behaviour via consumer pressure (eg coach patients to communicate effectively with health professionals, prompt cards to use in appointments) 	<ul style="list-style-type: none"> Evidence stronger for patient-direct interventions (in terms of changing professionals' behaviour) 	<ul style="list-style-type: none"> need access to patient groups, may need cooperation of stakeholders
Practice tools/decision aids Short tools that makes 'applying research' easy (eg pocket cards with evidence summary, flow diagrams, wall charts, training videos, clinical decision supports)	<ul style="list-style-type: none"> Short term labour intensive but enduring resource High control key messages; Broad reach 	<ul style="list-style-type: none"> develop collaboratively with end user partners resourcing required to create and produce in volume Lower control over use

Printed materials for dissemination (eg systematic review/evidence synthesis, research summary, fact sheets, infographics)	<ul style="list-style-type: none"> • Short term labour intensive but enduring resource • High control key messages • Broad reach 	<ul style="list-style-type: none"> • More effective if used in conjunction with other method/s • Generally need to cite your research in context of others • Very passive, low control over use
Electronic repositories personal webpages, contributing to externally-operated specialised websites	<ul style="list-style-type: none"> • high control of initial timing • high control of key messages • If a specialised website is well resourced and provides easy to access resources could become the 'go-to' place for practice/policy (eg AHURI) 	<ul style="list-style-type: none"> • Very resource intensive to set up/host a specialised website • Personal webpages are very passive form of communication (only useful as a repository of information to 'point to')
Working with Intermediaries	Good option when you cannot access end users directly or you need a more 'trusted' messenger	
Opinion leaders; champions Engagement with trusted people from within the end-user environment so they can promulgate messages and encourage uptake and change within end-user group	<ul style="list-style-type: none"> • Labour intensive but long-term useful • Potentially very powerful where they have high credibility with end users • High control of key messages (to champions/opinion leaders) 	<ul style="list-style-type: none"> • Long term, ongoing commitment, • need to engage early • Low control of use of your key messages (to end users)
Knowledge brokers People whose job is to connect researchers to end users/audience to facilitate mutual understanding of goals, needs.	<ul style="list-style-type: none"> • Good option where you need a more credible messenger or where it is difficult for you to reach end-user • Control of key messages to knowledge broker 	<ul style="list-style-type: none"> • Likely to be where the end-user has employed the knowledge broker so you have little control over if/when they contact you or use your findings • No/low control over use of your key messages (to end-users)
Publish opinion pieces (eg 'The Conversation', in newspapers or similar) Media can be used as an intermediary to convey your messages to the community and government	<ul style="list-style-type: none"> • High level readership in government and media for The Conversation so may allow you to 'talk' directly to policy-related end users, the wider media and/or the community • Broad but unclear audience • Short term intensive effort • Fairly enduring resource for The Conversation • High control of key messages 	<ul style="list-style-type: none"> • Need right media 'hook' to be accepted; • Work needs to be in context of other evidence • Improve chances by responding promptly to requests or where topical issues are in media • Need to write for this format

<p>Active or passive use of media Talk indirectly to end users, broader audiences and community via news stories.</p>	<ul style="list-style-type: none"> • Educate community and indirectly exert pressure on end users via community pressure (may be useful if your end-users are inaccessible/not listening /not using evidence) • Access RMIT communications training for maximum effectiveness (eg to stay on point, pivot to your key messages, provide breakout quotes and media hooks) • Little effort • Variable control of timing 	<ul style="list-style-type: none"> • Need to find a 'hook' for pick up. • Limited control over use and focus to key messages • More effective if you are accessible and respond to requests regularly and quickly
--	---	--