

Translating Research Into Practice (TRIP): from bench to where?

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Our institution produced numerous researches since its establishment. Majority of these were made by the trainees. Although research is often times considered as a coursework requirement, it should be viewed as a way to bridge the knowledge gap as well as to test hypotheses generated during patient encounters and conferences.

The repertoire of researches made in our institution includes risk-scorings, diagnostic exams and some clinical investigations. These were made to address clinical needs. Although we have made lots of researches in certain topics, there remains scarcity of researches in some aspects of cardiovascular care in our institution. This needs to be addressed as well.

Risk scorings, either original or adapted, are available for various clinical applications, from prognostication of ACS patients to the post-operative outcome of critically ill pediatric patients to the pulmonary function post-operatively. Some of these were devised based on the data gained from institutional registries or some of our retrospective studies. Some of these scoring systems, adapted from international studies, had been modified to suit our needs. Majority of them had been validated already in our institution. However, majority of the risk scoring systems had never been implemented.

Several researches on diagnostic tests had been made. Some of these, like BNP and D-dimer, had been made available in our laboratory initially for research purpose. However, the frequency of clinicians ordering these exams, despite these having known indication, is low.

Some of our original researches had therapeutic implications, like the use of colchicine to prevent post-pericardiotomy syndrome. But, how many clinicians utilize information gained from these clinical investigations in patient care?

The ideal flow of researches is from bench to bedside (and sometimes, back again to the bench). What usually happens is that some of our researches never made it beyond the work table. Our experience is not far from the real world scenario wherein countless biomedical research, especially basic science research, sometimes never made it to publication, and in those published, only a few made an impact in the clinics. [1]

It does not mean that all of our researches should make it to the clinics. We should of course practice discernment in selecting which researches should make an impact in our practice. After all, in this era of evidence-based medicine, it is not just the evidence that should matter. More importantly, the quality of evidence should be one of the main concerns.

[1] Ioannidis JPA (2006) Evolution and translation of research findings: From bench to where? *PLoS Clin Trials* 1(7): e36. doi:10.1371/journal.pctr.0010036. Accessed April 6, 2009.