

# Excursions

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Essays: *(Re)Connecting Academia*

**Stephanie Saunders**  
Beyond Bench to Bedside:  
Empowerment, Engagement, and Advocacy

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# Beyond Bench to Bedside: Empowerment, Engagement, and Advocacy

**Stephanie Saunders**

*McMaster University*

‘Bench to bedside’ has been the rallying cry of translational research within healthcare. While this is a noble goal, reports suggest it takes over 17 years to implement research findings into practice (Morris et al., 2011). Thus, it paints patients as passive and at the whim of their healthcare providers, removing patients’ agency to actively take part in research. It is for this reason that (re)connecting academia to the community is the next frontier for researchers. This article discusses a pathway that has developed through my personal research journey, which has identified ways of connecting with patients by building from empowerment, to engagement, to advocacy.

The onset of the Covid-19 pandemic has drawn attention to the insidious ways in which information is perpetuated in the digital age. No longer are researchers and scientists able to assume their findings will be embraced by the lay population. Previously, information was promoted solely within the scientific community through academic publications and conference presentations. With the rapid rise in the number of published papers, sifting through this information has become complicated and cumbersome. Community presentations and social media offers an opportunity for researchers to connect directly with the community. For my graduate studies, I have intentionally delivered oral presentations back to

participants and the community to ensure we are sharing created knowledge that can be used to empower individuals.

However, these methods do not go beyond simply offering information. They limit engagement to those who are actively seeking out information from academic sources. If we are a bit more creative, we are able to not only empower others, but engage with them as well, helping to build a stronger connection with our community. Our team found success collaborating with those external to our typical disciplines to create a design installation that was nuanced and appropriate for a broad audience who may otherwise never engage with research (Saunders et al., submitted).

In healthcare, those we seek to engage are often among the most sick and vulnerable. This is where clinician-scientists have the opportunity to advocate for their patients. In seeing patients' trials and tribulations daily, clinician-scientists bring these challenges to the research table and advocate on their behalf. Although clinician-scientist roles often focus on medical doctors, nurses and allied health offer a breadth of insight and personal connections with patients that champion this advocacy. My personal PhD program in rehabilitation sciences is also made up of a physiotherapy (PT) clinical degree. This gives me the opportunity to explore how rehabilitation sciences can address challenges identified in clinical environments that vulnerable patients may not be able to give a voice to.

Through these three methods, I feel I have struck a balance. In some instances, sharing information is sufficient and the only feasible option. Whereas in other instances, it is important to take that next step by developing creative methods to not only inform but engage others. Further, by building meaningful connection with patients in my PT-PhD program, I have the opportunity to develop this advocacy naturally and with intention.

## References

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