

## HEALTH SCIENCE RESEARCH AND DIMENSIONS

### FROM BENCH TO BEDSIDE

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Close incorporation through varied areas of health research and health-care tasks enables researchers, clinicians and scientists to identify how evolving scientific visions can be applied to patient care while carefully assessing new methodologies to preventing, identifying and handling disease through clinical research. A health professional know more about the human body today than we did yesterday, and tomorrow we'll know even more—a lot more. In the last three decades, advances in human, molecular and genetic areas have sparked a research revolution that reveals ever more detailed and precise information about how human bodies work. Every day brings new discoveries, many of which may hold the potential to improve human health in meaningful ways but the pace at which those discoveries lead to improved health has been disappointingly sluggish. It cannot be denied that new drugs, protocols and therapies do reach patients, and when they do, they often make a tremendous transformation. However, in comparison to the number of research projects conducted, papers published, and trials run, it is clear that new health care advances have lagged behind the vast amounts of data generated by the explosion in biomedical discovery that is unable to facilitate a common man. Pakistan is playing an emerging role among academic medical societies working to change that. On multiple fronts, and in collaboration with world, within the country and nationwide, the researchers and clinicians are exploring ways to increase the haste and efficiency with which research discoveries are rendered into improvements in patient care. Same is the case of drug development, the failure rate is much more with enormous resources and finances expenditure that at the end don't work for any healthcare concerns.

The failure of prediction and massive irreproducibility is a drawback that produce gaps always result loss of drives. Assembling research into practice for health care is stated as “bench to bedside” that needs proper planning, designing of research protocols, highlighting outcomes, signify the need. This the overall process includes multiple phases. Advance Educational Institute & Research Centre, Pakistan researchers are approaching research from various angles and coming up with innovative ways to overcome challenges especially in health care sector. To conduct Basic, Preclinical and clinical research with aim to enhance the quality of patient care in biomedical science is necessary concerns and future scope to bridge the knowledge as well as practice gap. The limited approaches of researchers and institutions to focus on academics and self-perceived gaps in science or in medical practice making the views narrower that intended to report much contracted cracks in one withstanding complex. The narrow view is much dominant rather than needed broader view because of the definite weaknesses like lack of new medical knowledge or technologies, poor reporting of new case studies and series, dearth of collaborations and clinical research, scarce epidemiological data and certainly no need based research dimension. These multiple facets of problem are enough to realize the devaluing of health and quality of life. It is suggested that

upgrading is simultaneously required in aspects corresponding, obvious consideration for the application and novelties in practice, translation processes to warrant that the resulting knowledge or technology is relevant and useable to envisioned operators, and a vigilant shaping of scientific methods to connect research institutes and ‘real life’ status quo as closely as possible. These facets indicate how important it is to prelude the upcoming Eminence so that if health science Research and Development should contribute to value patients and public on the whole that certainly has better results in decision making during stages of innovation, policy making and can be best reflected by the features and standards of Health Care professionals.

This will not only augment the translatability of the data and actions but also raise the standard bars of consequent performers in taking this acquaintance in their own practice. On conclusive note our exploration obliges as a cue that the efforts usually put in by multiple health departments to help patient directly or indirectly should have focused and broader investments of knowledge, ideas and money in biomedical science. As it is need of time and laudable if done to lessen the suffering of populace. There is an immediate need to realize it, design actions, motivate professionals, train future performers and prepare for diverse settings to link gaps. It is reasonably ambiguous to label all these activities and contributions with one label either clinical or basic because it suggests that it would serve to perform and stimulate one type of research. It may be more helpful to think of such beneficial innovation processes in footings of interconnections of many translational instants including from designs, needs, anticipation, coordination, requirements and characteristics of its present and future contexts of practice. It also give the assurance that public funding for biomedical science in worthy way as it will lead to benefits for society along with the continuous and conscious connection with the bodies involved with decision making in Research and Development sector that will be best step towards harvesting energies from bench to bedside.

Recommended steps include researchers and consultants should engross the public, including sponsors, as equivalent associates in the commencement of community-based interferences. Scientific proofs and communal data should be incorporated into interference planning. Publications should allow a focus on application that deal accounts of interventions including adverse findings that need cautious assessment to determine whether the research was successful to find a consequence as a result of program design, execution or assessment. Institutions must make it a precedence that the future researchers and clinicians to gain real understanding in communal plans. Current medical practitioner must update with worthy training opportunities for services advancement and to elevate their aptitude in application of research based scientific evidence at every stage of practice. Funding guidelines by

government and agencies should provision the procurement of all-inclusive information and outcomes.

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