Piloting the RAISS tool in the Canadian Context

STEVEN WOODING, TONY STARKEY

WR-749-IMHA
February 2010
Prepared for the Institute of Musculoskeletal Health and Arthritis

This product is part of the RAND Europe working paper series. RAND working papers are intended to share researchers’ latest findings and to solicit informal peer review. They have been approved for circulation by RAND Europe but have not been formally edited or peer reviewed. Unless otherwise indicated, working papers can be quoted and cited without permission of the author, provided the source is clearly referred to as a working paper. RAND’s publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.
Summary

This project aimed to demonstrate that the RAND/ARC Impact Scoring System (RAISS) tool could be localised to the Canadian context and that it could be used to generate illustrative results from a pilot deployment.

Overall, the pilot has shown that the RAISS tool works in the Canadian context. From the initial pilot for the Institute of Musculoskeletal Health and Arthritis (IMHA), the following key messages can be drawn:

- The piloting took place across a population of 4 grants with a total of 21 researchers invited to complete the tool. Only 13 researchers responded to the survey. This means the results should be interpreted with care.

- The evaluation of IMHA/Canadian Institutes of Health Research (CIHR) team grants using the RAISS tool is possible, despite the complications of collaborative working. We were able to detect the overlapping responses, where the same impact was recorded more than once for the same grant, in the research tools and Interventions and products section of the RAISS tool. However, in this pilot the extent of the overlap was small, constituting less than 10% of responses.

1 Complications of collaborative working and overlapping responses are discussed in further sections of the report.
• Requesting short comments on research tools and interventions/products did not detectably increase the time taken to complete the survey.

• The pilot identified three new types of impact: “conceptual model of disease”; “tools for clinical decision support” and “identification of possible drug targets”.

• Based on our subject-expert judgements, the researchers correctly classified grant impacts over 90% of the time in the research tool and interventions/products sections of the RAISS tool.

• We successfully collected data for all grants but the disappointing researcher response rate of 62% (13/21) needs further investigation. This could be funder specific or dependent on the nature of the team grants.

• The additional bibliometric module added to the RAISS tool was only partly successful. This may partially be because the survey software was unable to present a long enough list of papers to cover all the papers possibly attributable to each grant.

• Asking questions to garner feedback on the grant scheme produced useful comments giving a practitioner impression of the advantages and disadvantages of team grants over individual grants. However, this was only provided from the perspective of the grant recipients.