

## **The Knowledge Translation Paradigm: Closing the Research to Practice Gap in Emergency Medicine**

**(2:30 - 4:30 pm)**

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Knowledge Translation (KT) is an emerging conceptual framework and research agenda addressing the process of bringing new knowledge to bear on medical practice and policy making. Research in KT uses scientific methodology to quantify or better understand and enhance this process. The National Institute of Clinical Studies (NICS), the Canadian Institutes of Health Research (CIHR) and the Institute of Medicine (IOM), have led the development of the KT agenda internationally. Specifically, KT has been central to the mandate of the CIHR, forging partnerships with researchers and healthcare providers in Canada to ensure that the fruits of the clinical endeavor have an impact on population health. Australia's NICS is the agency primarily dedicated to improving patient care through closure of the gap between research and practice and includes a community of practice program in emergency care, The IOM, healthcare advisor to policymakers and leaders in academic medicine, first raised awareness about the research to practice gap in its seminal "Crossing the Quality Chasm" report; work that has since spawned several follow-up initiatives. Each speaker will share their views on the challenges and opportunities that Emergency Medicine faces in advancing the KT agenda. This session will provide an opportunity for audience members to obtain a glimpse of this rapidly emerging area from the perspective of these three organizations. After an initial overview of the basic tenets of KT by the moderator, each speaker will give a 20-25 minute presentation followed by a 20 minute panel discussion and question and answer session. At the completion of this session, participants will: 1. Gain an appreciation of the theoretical underpinnings of KT; 2. Have a view to both the challenges and opportunities involved in translating knowledge derived from high quality clinical research into improved quality of care and better patient outcomes; 3. Based upon examples of successful and even failed attempts at disseminating innovation, envision effective evidence implementation opportunities for their own settings; 4. Be able to envision research and/or educational initiatives that would advance KT in Emergency Medicine.