

Topic, global question, leader and e-mail contact

## **Theme I: Evidence Implementation**

Ia. Guideline implementation and clinical pathways

How can emergency medicine optimize evidence implementation and uptake through the use of CPG implantation strategies and critical pathways?

Gary Gaddis: [ggaddis@saint-lukes.org](mailto:ggaddis@saint-lukes.org)

Ib. Evidence syntheses and other promising KT methods.

What are the most effective pre-appraised and synthesized evidence formats available in Emergency Medicine and what supplemental techniques (e.g., academic detailing, audit and feedback, reminders) will enhance this KT?

Brian Rowe: [brian.rowe@ualberta.ca](mailto:brian.rowe@ualberta.ca)

## **Theme II: The EM Practitioner and KT**

Ia. CME/CPD and self improvement

What self improvement strategies and continuing professional development initiatives are most conducive to the incorporation of evidence based interventions into the individual emergency physician's practice?

Barbara Killian: [bjkilian@gmail.com](mailto:bjkilian@gmail.com)

Iib. Cognitive , social and behavioral

How can cognitive, social, and behavioural issues inform the study of knowledge translation in emergency medicine?

Jamie Brehaut: [jbrehaut@ohri.ca](mailto:jbrehaut@ohri.ca)

## **Theme III: The Emergency Department and Clinical Teaching Unit**

IIIa. Undergraduate, Postgraduate and Continuing Medical Education

How can medical education strategies both at the undergraduate, postgraduate and continuing medical education level promote evidence implementation in graduating and future emergency physicians?  
Dan Mayer: [mayerd@mail.amc.edu](mailto:mayerd@mail.amc.edu)

### IIIb. Informatics and KT

What are the characteristics of an ED-based informatics and decision support system that can most effectively facilitate knowledge translation?  
Michael Bullard: [michael.bullard@ualberta.ca](mailto:michael.bullard@ualberta.ca)

## **Theme IV: Macro view: Issues and perspectives at the broader level**

### IVa. Health Policy and KT

What are the characteristics of health policy programs (local, regional and national) that promote the incorporation of research evidence into the clinical practice of emergency medicine?  
Charlene Irvin: [cbi@123.net](mailto:cbi@123.net)

### IVb. Medicolegal and ethical considerations in KT

What are the medico-legal dimensions (barriers and facilitators) as well as the ethical considerations of both the current gaps between research and practice and of the knowledge translation initiatives that may facilitate their closure?  
Gregory Larkin: [g115@email.med.yale.edu](mailto:g115@email.med.yale.edu)

## **Theme V: Contextually specific challenges to KT**

### Va. International EM

What are the most promising avenues to pursue in approximating the gap between knowledge and practice in the delivery of emergency medical care within the context of countries developing

their  
emergency medical care services capacity?  
Kris Arnold: [karnold@bu.edu](mailto:karnold@bu.edu)

#### Vb. Emergency Medical Services

What are the most promising avenues to pursue in approximating the  
gap  
between knowledge and practice in the delivery of  
emergency medical care in the pre-hospital setting?  
David Cone: [David.Cone@Yale.edu](mailto:David.Cone@Yale.edu)

#### Vc. Public Health

What are the unique contextual elements that need to be addressed in  
order  
to bring proven preventative and other public health  
initiatives into the ED setting?  
Steven Bernstein: [SBERNSTE@montefiore.org](mailto:SBERNSTE@montefiore.org)

### **Theme VI: The science of evidence implementation / dissemination of innovation**

#### VIa. Research principles and methodology of KT research

What research directions and methodologies should be employed to  
identify  
the most  
effective strategies for approximating the research to practice gap  
in  
emergency medicine?  
Scott Compton: [scompton@med.wayne.edu](mailto:scompton@med.wayne.edu)

#### VIb. Capacity development and research networks

What approaches should be emphasized in order to develop capacity  
and  
multi-center consortiums that  
will promote knowledge translation research in emergency medicine?  
Peter Dayan: [psd6@columbia.edu](mailto:psd6@columbia.edu)

**The following stakeholder organizations have issued endorsements and have agreed to be considered among the Consensus Conference supporting agencies so far.**

Agency for Healthcare Research and Quality (AHRQ)

American College of Emergency Physicians (ACEP)  
Alberta Research Centre for Child Health Evidence (ARCHE)  
American Academy of Emergency Medicine (AAEM)  
Cochrane Prehospital and Emergency Health Field (CPEHF)  
Canadian Association of Emergency Physicians Research Consortium  
(CAEP  
RC)  
Canadian Institutes for Health Research (CIHR)  
Emergency Medicine Cardiac Research and Education Group (EMCREG)  
Emergency Multidisciplinary Research Unit (EMRU)  
Emergency Medicine Residents Association (EMRA)  
Evidence Based Emergency Medicine Interest Group, New York Academy  
of  
Medicine  
Knowledge Translation Program at the University of Toronto  
Ottawa Health Research Institute (OHRI)  
Pediatric Emergency Care Applied Research Network (PECARN)  
Pediatric Emergency Research Canada (PERC)  
Society for Academic Emergency Medicine (SAEM)