


2017

## From the Editor

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### Recommended Citation

Meza JP. From the Editor. Clin. Res. Prac. 2017;3(1):eP12XX. doi: 10.22237/crp/1484611200

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## From the Editor

### **Cover Page Footnote**

Clinical Research in Practice Editor JAMES P. MEZA, MD, PhD teaches Translational Medicine and Evidence Based Practice at Wayne State University School of Medicine. He is also the Director of Research at Oakwood Annapolis Hospital Family Medicine Residency.

## From the Editor

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The foundation of this journal is the Translational Medicine paradigm established by the National Institutes of Health, which encourages efforts to facilitate use of clinical research in practice. A typical estimate of the time lag from generation of evidence to widespread implementation in clinical practice is 17 years.<sup>1</sup> We advance the Translational Medicine agenda by demonstrating “just-in-time” use of evidence relevant to a clinical question related to a specific patient’s case. This creates an almost instantaneous implementation of evidence for that patient.

All our published work is driven by this paradigm. Medical professionals that write, review, edit and use the papers we publish are changed by the experience. This critical appraisal and clinical application process generates what social scientists call “embodied knowledge”.<sup>2,3</sup> Our authors attest to the personal transformation that occurs.<sup>4,5</sup> The way we use evidence affects the way we interact with other professionals and with the healthcare environment. This contributes to a change in the culture of medicine by changing our shared cognitions.<sup>6,7</sup>

Our Reflections and Letters to the Editor serve in this capacity as well. Consider the contextual factors that determine how doctors deploy evidence in practice: “...clinicians may be aware of the risks but feel pressured by institutional, societal or even legal directives to intervene.”<sup>8,9</sup> Reflections and Letters to the Editor are important in this light. They help us think critically as a community of doctors dedicated to improving care to our patients.

In the spirit of the above, with this issue of the Journal, we continue to generate embodied knowledge, but expand types of submissions to include generalizable knowledge in the form of brief reports and original research. We are particularly interested in papers that inform our readers about how evidence is actually used, misused, or not used in clinical practice.

Science is asking good questions, and research answers those questions. It will not be an easy task to create generalizable knowledge: it is not always clear exactly what the most important questions are. But Clinical Research in Practice remains devoted to advancing both the understanding and practice of evidence-based clinical medicine, and this new, broader coverage hopes to advance those aims even further.

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