

Robert L Wears

List of Publications by Year in descending order

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Version: 2024-02-01

233
papers

10,736
citations

36303

51
h-index

34986

98
g-index

246
all docs

246
docs citations

246
times ranked

8411
citing authors

#	ARTICLE	IF	CITATIONS
1	Triage, Machine Learning, Algorithms, and Becoming the Borg. <i>Annals of Emergency Medicine</i> , 2018, 71, 578-580.	0.6	2
2	Understanding Emergency Care Delivery Through Computer Simulation Modeling. <i>Academic Emergency Medicine</i> , 2018, 25, 116-127.	1.8	24
3	Our current approach to root cause analysis: is it contributing to our failure to improve patient safety?. <i>BMJ Quality and Safety</i> , 2017, 26, bmjqs-2016-005991.	3.7	90
4	Rasmussen number greater than one. <i>Applied Ergonomics</i> , 2017, 59, 592-597.	3.1	3
5	Naloxone Triggering the RRT: A Human Antidote?. <i>Journal of Patient Safety</i> , 2017, 13, 20-24.	1.7	4
6	Why do we love to hate ourselves?. <i>BMJ Quality and Safety</i> , 2017, 26, 167-168.	3.7	1
7	The Rush from Judgment. <i>Annals of Emergency Medicine</i> , 2017, 70, 345-347.	0.6	5
8	Learning from near misses in aviation: so much more to it than you thought. <i>BMJ Quality and Safety</i> , 2017, 26, 513-514.	3.7	2
9	Usability evaluation of an emergency department information system prototype designed using cognitive systems engineering techniques. <i>Applied Ergonomics</i> , 2017, 60, 356-365.	3.1	26
10	Design: A Neglected Modality for Improvement. <i>Annals of Emergency Medicine</i> , 2017, 69, 315-317.	0.6	6
11	The Secret Life of Policies. <i>Annals of Emergency Medicine</i> , 2017, 70, 672-673.	0.6	1
12	Communication in the Electronic Age: an Analysis of Face-to-Face Physician-Nurse Communication in the Emergency Department. <i>Journal of Healthcare Informatics Research</i> , 2017, 1, 218-230.	7.6	4
13	Development and Description of a Synthetic, High-Fidelity, Emergency Department Patient Dataset for the Evaluation of Healthcare IT Products. <i>Proceedings of the International Symposium of Human Factors and Ergonomics in Healthcare</i> , 2017, 6, 75-78.	0.3	1
14	When hospitals switch to electronic records. <i>BMJ, The</i> , 2016, 354, i3941.	6.0	1
15	Exploring role dialectics in inter-service admission handoffs: a qualitative analysis of physician communication. <i>Journal of Applied Communication Research</i> , 2016, 44, 399-414.	1.2	11
16	End-tidal carbon dioxide and occult injury in trauma patients. <i>American Journal of Emergency Medicine</i> , 2016, 34, 2146-2149.	1.6	14
17	Big Questions for Big Data. <i>Annals of Emergency Medicine</i> , 2016, 67, 237-239.	0.6	9
18	Visualizing Expertise in Context. <i>Annals of Emergency Medicine</i> , 2016, 67, 752-754.	0.6	9

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19	Design Trumps Training. <i>Annals of Emergency Medicine</i> , 2016, 67, 316-317.	0.6	4
20	Understanding Overuse of Computed Tomography for Minor Head Injury in the Emergency Department: A Triangulated Qualitative Study. <i>Academic Emergency Medicine</i> , 2015, 22, 1474-1483.	1.8	47
21	Knowledge Elicitation for Resilience Engineering in Health Care. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2015, 59, 175-179.	0.3	15
22	Assessment of Innovative Emergency Department Information Displays in a Clinical Simulation Center. <i>Journal of Cognitive Engineering and Decision Making</i> , 2015, 9, 329-346.	2.3	29
23	Supporting The Work of Ed Clinicians: Assessment of A Novel Emergency Department Information System in A Clinical Simulation Center. <i>Proceedings of the International Symposium of Human Factors and Ergonomics in Healthcare</i> , 2015, 4, 81-83.	0.3	1
24	Standardisation and its discontents. <i>Cognition, Technology and Work</i> , 2015, 17, 89-94.	3.0	62
25	Improvement and evaluation. <i>BMJ Quality and Safety</i> , 2015, 24, 92-94.	3.7	11
26	Resilient health care: turning patient safety on its head. <i>International Journal for Quality in Health Care</i> , 2015, 27, 418-420.	1.8	339
27	Are We There Yet? Early Stopping in Clinical Trials. <i>Annals of Emergency Medicine</i> , 2015, 65, 214-215.	0.6	4
28	Health Information Technology and Victory. <i>Annals of Emergency Medicine</i> , 2015, 65, 143-145.	0.6	22
29	“Just a Few Seconds of Your Time” – at Least 130 Million Times a Year. <i>Annals of Emergency Medicine</i> , 2015, 65, 687-689.	0.6	8
30	In reply:. <i>Annals of Emergency Medicine</i> , 2015, 66, 214-215.	0.6	0
31	The bubble study: ultrasound confirmation of central venous catheter placement. <i>American Journal of Emergency Medicine</i> , 2015, 33, 315-319.	1.6	43
32	Resilience and precarious success. <i>Reliability Engineering and System Safety</i> , 2015, 141, 45-53.	8.9	27
33	The relationship of intravenous fluid chloride content to kidney function in patients with severe sepsis or septic shock. <i>American Journal of Emergency Medicine</i> , 2015, 33, 439-443.	1.6	9
34	Worn Out by Fatigue Training. <i>Annals of Emergency Medicine</i> , 2015, 66, 334-335.	0.6	2
35	Two Cheers for Regulation. <i>Annals of Emergency Medicine</i> , 2014, 63, 598-599.	0.6	0
36	Seeing patient safety “Like a State”. <i>Safety Science</i> , 2014, 67, 50-57.	4.9	23

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37	End-tidal carbon dioxide as a goal of early sepsis therapy. <i>American Journal of Emergency Medicine</i> , 2014, 32, 1351-1356.	1.6	9
38	Diagnosing Diagnosis. <i>Annals of Emergency Medicine</i> , 2014, 64, 586-587.	0.6	2
39	The Tragedy of Adaptability. <i>Annals of Emergency Medicine</i> , 2014, 63, 338-339.	0.6	29
40	Persistent organ dysfunction after severe sepsis: A systematic review. <i>Journal of Critical Care</i> , 2014, 29, 320-326.	2.2	34
41	Risky Business. <i>Annals of Emergency Medicine</i> , 2014, 64, 137-139.	0.6	4
42	In reply. <i>Annals of Emergency Medicine</i> , 2014, 63, 651.	0.6	0
43	Resilience and Resilience Engineering in Health Care. <i>Joint Commission Journal on Quality and Patient Safety</i> , 2014, 40, 376-383.	0.7	93
44	Towards the Development of a Resilience Engineering Tool to Improve Patient Safety. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2014, 58, 803-807.	0.3	7
45	Usability evaluation and assessment of a novel emergency department IT system developed using a cognitive systems engineering approach. <i>Proceedings of the International Symposium of Human Factors and Ergonomics in Healthcare</i> , 2014, 3, 76-80.	0.3	5
46	Handoff Communication and Electronic Health Records. <i>Proceedings of the International Symposium of Human Factors and Ergonomics in Healthcare</i> , 2014, 3, 162-169.	0.3	7
47	Proactive rounding by the rapid response team reduces inpatient cardiac arrests. <i>Resuscitation</i> , 2013, 84, 1668-1673.	3.0	27
48	The Taxonomy of Emergency Department Consultations—Results of an Expert Consensus Panel. <i>Annals of Emergency Medicine</i> , 2013, 61, 161-166.	0.6	9
49	Better Pairing of Providers and Tools. <i>Proceedings of the International Symposium of Human Factors and Ergonomics in Healthcare</i> , 2013, 2, 63-63.	0.3	4
50	Response to separating fact from opinion: a response to “the science of human factors: separating fact from fiction”™. <i>BMJ Quality and Safety</i> , 2013, 22, 964.2-966.	3.7	7
51	Impact of multidisciplinary simulation-based training on patient safety in a paediatric emergency department. <i>BMJ Quality and Safety</i> , 2013, 22, 383-393.	3.7	125
52	The science of human factors: separating fact from fiction. <i>BMJ Quality and Safety</i> , 2013, 22, 802-808.	3.7	193
53	In situ simulation: detection of safety threats and teamwork training in a high risk emergency department. <i>BMJ Quality and Safety</i> , 2013, 22, 468-477.	3.7	365
54	An evidence-based toolkit for the development of effective and sustainable root cause analysis system safety solutions. <i>Journal of Healthcare Risk Management: the Journal of the American Society for Healthcare Risk Management</i> , 2013, 33, 11-20.	0.7	38

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55	A Bottom-Up Approach to Understanding the Efficacy of Event-Analysis in Healthcare. Proceedings of the Human Factors and Ergonomics Society, 2013, 57, 673-677.	0.3	4
56	1115. Critical Care Medicine, 2013, 41, A282.	0.9	0
57	Poverty amid plenty. BMJ Quality and Safety, 2012, 21, 533-534.	3.7	5
58	When "technically preventable" alerts occur, the design "not the prescriber" has failed. Journal of the American Medical Informatics Association: JAMIA, 2012, 19, 1119.1-1119.	4.4	6
59	A wealth of information creates a poverty of attention?: Understanding information requirements at handovers. Proceedings of the Human Factors and Ergonomics Society, 2012, 56, 860-862.	0.3	0
60	Procedural Safety in Emergency Care: A Conceptual Model and Recommendations. Joint Commission Journal on Quality and Patient Safety, 2012, 38, 516-AP1.	0.7	4
61	Underground adaptations: case studies from health care. Cognition, Technology and Work, 2012, 14, 253-260.	3.0	40
62	Improving Interunit Transitions of Care Between Emergency Physicians and Hospital Medicine Physicians: A Conceptual Approach. Academic Emergency Medicine, 2012, 19, 1188-1195.	1.8	48
63	Stepping Back: Why Patient Safety Is in Need of a Broader View Than the Safety Climate Survey Provides. Annals of Emergency Medicine, 2012, 60, 564-566.	0.6	1
64	The Problem of Orthodoxy in Safety Research: Time for a Reformation. Annals of Emergency Medicine, 2012, 60, 580-581.	0.6	5
65	Lessons From the Glasgow Coma Scale. Annals of Emergency Medicine, 2012, 59, 338.	0.6	6
66	Work, Visible and Invisible. Annals of Emergency Medicine, 2012, 59, 374-375.	0.6	4
67	Can we make health IT safe enough for patients?. Work, 2012, 41 Suppl 1, 4484-9.	1.1	1
68	Pediatric Self-Inflating Resuscitators: The Dangers of Improper Setup. Journal of Emergency Medicine, 2011, 41, 607-612.	0.7	3
69	Health Information Technology: Can there be meaningful use without meaningful design?. Proceedings of the Human Factors and Ergonomics Society, 2011, 55, 724-728.	0.3	2
70	Human Factors Education for Healthcare Audiences: Ideas for the Way Forward. Proceedings of the Human Factors and Ergonomics Society, 2011, 55, 808-812.	0.3	4
71	Using Information Technology to Improve the Quality and Safety of Emergency Care. Academic Emergency Medicine, 2011, 18, e45-e51.	1.8	62
72	Consensus-based Recommendations for Research Priorities Related to Interventions to Safeguard Patient Safety in the Crowded Emergency Department. Academic Emergency Medicine, 2011, 18, 1283-1288.	1.8	16

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73	The Hunting of the Snark, 2011. <i>Annals of Emergency Medicine</i> , 2011, 58, 465-467.	0.6	9
74	Resilience is not control: healthcare, crisis management, and ICT. <i>Cognition, Technology and Work</i> , 2011, 13, 189-202.	3.0	49
75	Emergency department patient-tracking system evaluation. <i>International Journal of Industrial Ergonomics</i> , 2011, 41, 360-369.	2.6	20
76	Pupillary Response to Light Is Preserved in the Majority of Patients Undergoing Rapid Sequence Intubation. <i>Annals of Emergency Medicine</i> , 2011, 57, 234-237.	0.6	8
77	Risk, Radiation, and Rationality. <i>Annals of Emergency Medicine</i> , 2011, 58, 9-11.	0.6	7
78	Development of a Simulation Environment to Study Emergency Department Information Technology. <i>Simulation in Healthcare</i> , 2010, 5, 103-111.	1.2	20
79	Patient Handoffs: Standardized and Reliable Measurement Tools Remain Elusive. <i>Joint Commission Journal on Quality and Patient Safety</i> , 2010, 36, 52-61.	0.7	198
80	Comparison of extent of use, information accuracy, and functions for manual and electronic patient status boards. <i>International Journal of Medical Informatics</i> , 2010, 79, 817-823.	3.3	22
81	Reflective analysis of safety research in the hospital accident & emergency departments. <i>Applied Ergonomics</i> , 2010, 41, 695-700.	3.1	40
82	Improving Handoffs in the Emergency Department. <i>Annals of Emergency Medicine</i> , 2010, 55, 171-180.	0.6	213
83	Situated vs Regulatory Rationality. <i>Annals of Emergency Medicine</i> , 2010, 55, 15-16.	0.6	4
84	Believing Is Seeing. <i>Annals of Emergency Medicine</i> , 2010, 55, 511-512.	0.6	1
85	Delphi Consensus on the Feasibility of Translating the ACEP Clinical Policies Into Computerized Clinical Decision Support. <i>Annals of Emergency Medicine</i> , 2010, 56, 317-320.	0.6	21
86	When Less Is More: Using Shrinkage to Increase Accuracy. <i>Annals of Emergency Medicine</i> , 2010, 55, 553-555.	0.6	3
87	Getting Better at Being Worse. <i>Annals of Emergency Medicine</i> , 2010, 56, 465-467.	0.6	9
88	Emergency Department Status Boards: A Case Study in Information Systems Transition. <i>Journal of Cognitive Engineering and Decision Making</i> , 2010, 4, 39-68.	2.3	35
89	Health information technology: fallacies and sober realities. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2010, 17, 617-623.	4.4	302
90	Process Improvement and Patient Safety. , 2010, , 2547-2553.		2

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91	Evaluating Emergency Department Information Technology Using a Simulation-based Approach. Proceedings of the Human Factors and Ergonomics Society, 2009, 53, 207-211.	0.3	0
92	Clinical Policy: Neuroimaging and Decisionmaking in Adult Mild Traumatic Brain Injury in the Acute Setting. Journal of Emergency Nursing, 2009, 35, e5-e40.	1.0	102
93	Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. Journal of Hospital Medicine, 2009, 4, 364-370.	1.4	180
94	What makes diagnosis hard?. Advances in Health Sciences Education, 2009, 14, 19-25.	3.3	21
95	Transitions of Care Consensus Policy Statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians-Society of Academic Emergency Medicine. Journal of General Internal Medicine, 2009, 24, 971-976.	2.6	192
96	Beyond "Communication Failure". Annals of Emergency Medicine, 2009, 53, 711-712.	0.6	23
97	Forcing Functions: The Need for Restraint. Annals of Emergency Medicine, 2009, 53, 477-479.	0.6	12
98	Anyone, Anything, Anytime" All the Time. Annals of Emergency Medicine, 2009, 53, 724-726.	0.6	2
99	The Medium Is the Message: Communication and Power in Sign-outs. Annals of Emergency Medicine, 2009, 54, 379-380.	0.6	11
100	Stabilization and Treatment of Dental Avulsions and Fractures by Emergency Physicians Using Just-in-Time Training. Annals of Emergency Medicine, 2009, 54, 585-592.	0.6	27
101	Pooled analysis of patients with thunderclap headache evaluated by CT and LP: Is angiography necessary in patients with negative evaluations?. Journal of the Neurological Sciences, 2009, 276, 123-125.	0.6	26
102	User Created Cognitive Artifacts: What can they Teach us about Design of Information Technology?. Proceedings of the Human Factors and Ergonomics Society, 2009, 53, 694-698.	0.3	1
103	Color Coded Medication Safety System Reduces Community Pediatric Emergency Nursing Medication Errors. Journal of Patient Safety, 2009, 5, 79-85.	1.7	17
104	Thick Versus Thin: Description Versus Classification in Learning From Case Reviews. Annals of Emergency Medicine, 2008, 51, 262-264.	0.6	3
105	Clinical Policy: Critical Issues in the Sedation of Pediatric Patients in the Emergency Department. Annals of Emergency Medicine, 2008, 51, 378-399.e57.	0.6	80
106	The Error of Counting "Errors". Annals of Emergency Medicine, 2008, 52, 502-503.	0.6	10
107	The Chart is Dead" Long Live the Chart. Annals of Emergency Medicine, 2008, 52, 390-391.	0.6	28
108	Hazards With Medical Devices: The Role of Design. Annals of Emergency Medicine, 2008, 52, 519-521.	0.6	29

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109	Clinical Policy: Neuroimaging and Decisionmaking in Adult Mild Traumatic Brain Injury in the Acute Setting. <i>Annals of Emergency Medicine</i> , 2008, 52, 714-748.	0.6	429
110	Advanced Medical Simulation Applications for Emergency Medicine Microsystems Evaluation and Training. <i>Academic Emergency Medicine</i> , 2008, 15, 1058-1070.	1.8	15
111	Clinical Policy: Critical Issues in the Sedation of Pediatric Patients in the Emergency Department. <i>Journal of Emergency Nursing</i> , 2008, 34, e33-e107.	1.0	9
112	Expanding Perspectives on Misdiagnosis. <i>American Journal of Medicine</i> , 2008, 121, S30-S33.	1.5	10
113	Cognitive Artifacts in Transition: An Analysis of Information Content Changes between Manual and Electronic Patient Tracking Systems. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2008, 52, 363-367.	0.3	11
114	<i>Semper Gumby sub Rosa</i>: Adaptability in a Healthcare Setting. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2008, 52, 319-322.	0.3	2
115	Cognitive Engineering Approaches to Safety in Healthcare. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2008, 52, 231-235.	0.3	0
116	Assessing the Impact of Computerization on Work Practice: Information Technology in Emergency Departments. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2007, 51, 377-381.	0.3	19
117	Factors that affect the flow of patients through triage. <i>Emergency Medicine Journal</i> , 2007, 24, 78-85.	1.0	36
118	Dynamic Changes in Reliability and Resilience in the Emergency Department. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2007, 51, 612-616.	0.3	4
119	Predicting Endotracheal Tube Size by Length in Newborns. <i>Journal of Emergency Medicine</i> , 2007, 32, 343-347.	0.7	6
120	Replacing Hindsight With Insight: Toward Better Understanding of Diagnostic Failures. <i>Annals of Emergency Medicine</i> , 2007, 49, 206-209.	0.6	79
121	Studying the Technical Work of Emergency Care. <i>Annals of Emergency Medicine</i> , 2007, 50, 384-386.	0.6	22
122	Always Adapting. <i>Annals of Emergency Medicine</i> , 2007, 50, 517-519.	0.6	13
123	Using Patient Care Quality Measures to Assess Educational Outcomes. <i>Academic Emergency Medicine</i> , 2007, 14, 463-473.	1.8	22
124	The Use of the Broselow Tape in Pediatric Resuscitation. <i>Academic Emergency Medicine</i> , 2007, 14, 500-501.	1.8	17
125	Emergency department status boards: user-evolved artefacts for inter- and intra-group coordination. <i>Cognition, Technology and Work</i> , 2007, 9, 163-170.	3.0	72
126	Information flow during crisis management: challenges to coordination in the emergency operations center. <i>Cognition, Technology and Work</i> , 2007, 9, 25-31.	3.0	90

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127	Using Patient Care Quality Measures to Assess Educational Outcomes. <i>Academic Emergency Medicine</i> , 2007, 14, 463-473.	1.8	16
128	The Use of the Broselow Tape in Pediatric Resuscitation. <i>Academic Emergency Medicine</i> , 2007, 14, 500-501.	1.8	20
129	Heart Bone Connected to the Trauma Bone?. <i>Annals of Emergency Medicine</i> , 2006, 48, 355-357.	0.6	5
130	Automation, interaction, complexity, and failure: A case study. <i>Reliability Engineering and System Safety</i> , 2006, 91, 1494-1501.	8.9	37
131	The Role of Automation in Complex System Failures. <i>Journal of Patient Safety</i> , 2005, 1, 56-61.	1.7	27
132	The Medicalization of Patient Safety. <i>Journal of Patient Safety</i> , 2005, 1, 4-6.	1.7	18
133	One cheer for feedback. <i>Annals of Emergency Medicine</i> , 2005, 45, 24.	0.6	3
134	Patient Satisfaction and the Curse of Kelvin. <i>Annals of Emergency Medicine</i> , 2005, 46, 11-12.	0.6	6
135	Stroking the Data: Re-analysis of the NINDS Trial. <i>Annals of Emergency Medicine</i> , 2005, 45, 385-387.	0.6	8
136	Thinking Globally, Acting Locally. <i>Annals of Emergency Medicine</i> , 2005, 46, 61-63.	0.6	1
137	Subgroups, Reanalyses, and Other Dangerous Things. <i>Annals of Emergency Medicine</i> , 2005, 46, 253-255.	0.6	8
138	The Society for Academic Emergency Medicine Position on Principles for Measuring Quality and Reporting Incidents and Adverse Events. <i>Academic Emergency Medicine</i> , 2005, 12, 1010-1010.	1.8	2
139	Computer Technology and Clinical Work. <i>JAMA - Journal of the American Medical Association</i> , 2005, 293, 1261.	7.4	357
140	Communication in Emergency Medicine: Implications for Patient Safety ¹ This study was funded by a generous grant from the National Patient Safety Foundation.. <i>Communication Monographs</i> , 2005, 72, 390-413.	2.7	162
141	Conceptual Framework for Studying Shift Changes and other Transitions in Care. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2004, 48, 1615-1619.	0.3	4
142	Transitions in Care: Signovers in the Emergency Department. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2004, 48, 1625-1628.	0.3	11
143	Crafting Information Technology Solutions, Not Experiments, for the Emergency Department. <i>Academic Emergency Medicine</i> , 2004, 11, 1114-1117.	1.8	11
144	The limits of techne and episteme. <i>Annals of Emergency Medicine</i> , 2004, 43, 15-16.	0.6	6

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145	Reaching first Bayes. <i>Annals of Emergency Medicine</i> , 2004, 43, 447-448.	0.6	1
146	Clinical policy: Evidence-based approach to pharmacologic agents used in pediatric sedation and analgesia in the emergency department. <i>Annals of Emergency Medicine</i> , 2004, 44, 342-377.	0.6	107
147	The quality gap: Searching for the consequences of emergency department crowding. <i>Annals of Emergency Medicine</i> , 2004, 44, 586-588.	0.6	44
148	Upgrading our instructions for authors. <i>Annals of Emergency Medicine</i> , 2003, 41, 565-567.	0.6	7
149	Reporting research results: Recommendations for improving communication. <i>Annals of Emergency Medicine</i> , 2003, 41, 561-564.	0.6	15
150	Clinical policy: Critical issues in the evaluation and management of adult patients presenting with suspected pulmonary embolism. <i>Annals of Emergency Medicine</i> , 2003, 41, 257-270.	0.6	103
151	How many emergency department visits are there?. <i>Annals of Emergency Medicine</i> , 2003, 41, 319-321.	0.6	6
152	A different approach to safety in emergency medicine. <i>Annals of Emergency Medicine</i> , 2003, 42, 334-336.	0.6	8
153	Effect of an Intervention Standardization System on Pediatric Dosing and Equipment Size Determination. <i>JAMA Pediatrics</i> , 2003, 157, 229.	3.0	98
154	A prospective, randomized, controlled trial of benzodiazepines and nitroglycerine or nitroglycerine alone in the treatment of cocaine-associated acute coronary syndromes. <i>American Journal of Emergency Medicine</i> , 2003, 21, 39-42.	1.6	69
155	A Comparison of Manual and Electronic Status Boards in the Emergency Department: What's Gained and What's Lost?. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2003, 47, 1415-1419.	0.3	10
156	Shift Changes among Emergency Physicians: Best of Times, Worst of Times. <i>Proceedings of the Human Factors and Ergonomics Society</i> , 2003, 47, 1420-1423.	0.3	31
157	Journal Prestige, Publication Bias, and Other Characteristics Associated With Citation of Published Studies in Peer-Reviewed Journals. <i>JAMA - Journal of the American Medical Association</i> , 2002, 287, 2847.	7.4	524
158	Communication in the emergency department: separating the signal from the noise. <i>Medical Journal of Australia</i> , 2002, 176, 409-410.	1.7	32
159	Error Reduction and Performance Improvement in the Emergency Department through Formal Teamwork Training: Evaluation Results of the MedTeams Project. <i>Health Services Research</i> , 2002, 37, 1553-1581.	2.0	873
160	Researching Quality in Emergency Medicine. <i>Academic Emergency Medicine</i> , 2002, 9, 1116-1123.	1.8	6
161	Advanced Statistics: Statistical Methods for Analyzing Cluster and Cluster-randomized Data. <i>Academic Emergency Medicine</i> , 2002, 9, 330-341.	1.8	163
162	Managing the Unique Size-related Issues of Pediatric Resuscitation: Reducing Cognitive Load with Resuscitation Aids. <i>Academic Emergency Medicine</i> , 2002, 9, 840-847.	1.8	73

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163	The prosecution of sexual assault cases: Correlation with forensic evidence. <i>Annals of Emergency Medicine</i> , 2002, 39, 39-46.	0.6	112
164	Dealing with failure: The aftermath of errors and adverse events. <i>Annals of Emergency Medicine</i> , 2002, 39, 344-346.	0.6	66
165	Headaches from practice guidelines. <i>Annals of Emergency Medicine</i> , 2002, 39, 334-337.	0.6	10
166	Human factors and ergonomics in the emergency department. <i>Annals of Emergency Medicine</i> , 2002, 40, 206-212.	0.6	69
167	Clinical policy: Neuroimaging and decisionmaking in adult mild traumatic brain injury in the acute setting. <i>Annals of Emergency Medicine</i> , 2002, 40, 231-249.	0.6	102
168	The use of dedicated methodology and statistical reviewers for peer review: A content analysis of comments to authors made by methodology and regular reviewers. <i>Annals of Emergency Medicine</i> , 2002, 40, 329-333.	0.6	27
169	The effect of dedicated methodology and statistical review on published manuscript quality. <i>Annals of Emergency Medicine</i> , 2002, 40, 334-337.	0.6	16
170	Advanced Statistics:Statistical Methods for Analyzing Cluster and Cluster-randomized Data. <i>Academic Emergency Medicine</i> , 2002, 9, 330-341.	1.8	133
171	Researching Quality in Emergency Medicine. <i>Academic Emergency Medicine</i> , 2002, 9, 1116-1123.	1.8	5
172	Managing the Unique Size-related Issues of Pediatric Resuscitation: Reducing Cognitive Load with Resuscitation Aids. <i>Academic Emergency Medicine</i> , 2002, 9, 840-847.	1.8	67
173	Citation characteristics of research published in emergency medicine versus other scientific journals. <i>Annals of Emergency Medicine</i> , 2001, 38, 513-517.	0.6	30
174	Ethical Dilemmas in a Randomized Trial of Asthma Treatment Can Bayesian Statistical Analysis Explain the Results?. <i>Academic Emergency Medicine</i> , 2001, 8, 1128-1135.	1.8	39
175	Effect of state legislation prohibiting denial of emergency department patient claims. <i>Annals of Emergency Medicine</i> , 2000, 35, 267-271.	0.6	6
176	Errors in Emergency Medicine A Call to Action. <i>Academic Emergency Medicine</i> , 2000, 7, 1173-1174.	1.8	28
177	Beyond Error. <i>Academic Emergency Medicine</i> , 2000, 7, 1175-1176.	1.8	18
178	Setting the Educational Agenda and Curriculum for Error Prevention in Emergency Medicine. <i>Academic Emergency Medicine</i> , 2000, 7, 1194-1200.	1.8	72
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