

Propositions

1. The research agenda for prehospital care needs to start with identifying clinical and cost effective interventions to allow their integration into guidelines, followed by monitoring of adherence and assessment of impact on outcomes (this thesis).
2. Pragmatic RCTs are needed to continue the debate about whether or not to transport TBI patients directly to neurosurgical centers (this thesis).
3. Trauma centers with similar structure and processes of care can achieve comparable outcomes in severely injured patients irrespective of the number of severely injured patients they treat (this thesis).
4. Using a definition of an Injury Severity Score higher than 15 is insufficient to define the group of trauma patients with benefit from treatment in Level-1 trauma centers (this thesis).
5. Benefit of transportation to a Level-1 trauma centers differs between patients and the difference in outcome between Level-1 and Level-2 trauma centers is small (this thesis).
6. Female trauma patients are less likely to be given the highest prehospital priority, the highest prehospital competence level, and direct transport to the designated trauma center (Wahlin et al, BMC Emerg Med, 2016).
7. MD/PhD programs, where Medical Degrees are combined with PhD trajectories, are effective in training graduates to pursue careers integrating research and clinical practice (adapted from Skinnider et al, CMAJ Open, 2017).
8. Statistical significance, or a p-value, does not measure the size of an effect or the importance of a result. (Wasserstein, Am Stat, 2016)
9. As always in life, people want a simple answer . . . and that simple answer is always wrong (Susan Greenfield, The Guardian, 2014).
10. To maximize benefit to society, you need to not just do research but do it well (Doug Altman, when awarded the Lifetime Achievement Award by The BMJ, 2015).
11. If there is effort, there is always accomplishment (Jigoro Kano, founder of Judo).