there is a pyramid of research types based on studies' contribution to accumulation of evidence so that systematic reviews and meta-analysis studies are on top and basic research studies at the bottom. Therefore, moving from bottom to top to reach to a reasonable body of evidence is very time consuming and this fact contradicts with KT purposes. However, we found some solutions to overcome to this paradoxical problem, some of them including: online publishing with short intervals between issues (weekly, semiweekly or monthly) or optimally online continuous updated publishing, and more attention to systematic reviews and meta-analysis so that they could be performed for shorter periods of time (e.g. annual or semi-annual).

Conclusion: A successful health system would be reachable through considering both KT and EBM criteria. While KT mainly focuses on the developing best knowledge targeting the right audience in a short possible time, EBM focuses on the quality of knowledge directed to clinical decisions.

185 KNOWLEDGE TRANSLATION (KT) AND EVIDENCE-BASED MEDICINE (EBM): A PRACTICAL CONFLICT

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Background and aims: Knowledge translation (KT) tries to bridge the gap between knowledge production and consumption by targeting the knowledge users and shortening the period of conveying research results to practice. Evidence based medicine (EBM) is the righteous use of accumulated evidence to guide clinical decisions. Therefore, while KT tools are designed to expedite consumption of newly carried-out research, conscientious use of conducted research is hinted at EBM studies. Thus, the primary goal of this study is re-examining KT and EBM foundations to make a clear understanding of how these two apparently conflicting areas in medicine can join forces to improve health practice.

Methods: This is a historical research which uses KT and EBM related studies and documents to find about foundations and strategies taken in KT and EBM. Thus, a comprehensive review