



University of
South Australia

*i*CAHE

International Centre for
Allied Health Evidence

*i*CAHE Journal Club

An Introduction

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Aims of this presentation

- Define Journal Club (JC)
- Outline the aims and benefits of a JC
- Outline the processes of getting started
- Outline key process within JC
- Outline roles and the development of a workable JC program



- A **journal club** is a group of individuals which meets regularly to critically evaluate articles in scientific literature, and to consider the relevance of the scientific information to clinical practice in local contexts
- Issues generally addressed
 - the appropriateness of the research design
 - the way the study was conducted
 - the results of the study and how they were arrived at
 - the applicability of the findings to practice
 - lessons learnt from the study
 - gaps in knowledge



Outcomes of Journal Club

- To Directors of Allied Health/Managers
 - To demonstrate a commitment to evidence-based practice
 - To put a tangible quality improvement process into practice
 - To instil in staff the routine habit of reading and critiquing scientific papers
 - To base clinical activities on current research
 - To provide a supportive environment for clinicians to develop skills in presentation and research
 - Provide a tangible tool for Continuing Professional Development
- Clinicians
 - To learn about current research
 - To learn about critical appraisal
 - To improve/expand current clinical practice based on evidence



A successful Journal Club

- Consistent attendance at journal club sessions
- Serving food and drink at JC
- Appropriate article identification and critical appraisal relevant to the organisational setting
- Obtaining formal teaching of/ assistance with, biostatistics and clinical epidemiology as part of JC processes
- Participants' involvement in selection of articles for JC
- Practical application of research into practice



Key processes in JC

- Identify and train appropriate clinicians to run the Club (Facilitators)
- Identify and implement what makes a JC successful
- Establish a timetable
- Topic identification
- Search and retrieve the relevant paper(s)
- Appraise, or assess the quality of, the paper
- Present and discuss the article and appraisal
- Apply the new knowledge into practice





Getting Started and Overview

- Getting a JC started requires some thinking and planning
- Many JC fail to proceed after initial enthusiasm because key structural issues haven't been thought through
- This presentation highlights these issues
- If you have addressed the issues you are ready to learn how to run a JC





- Recognise that a successful JC is a demonstration of an organisational culture of commitment to excellence and quality improvement
- Successful JC requires overt commitment and support from managers
- This commitment can be obtained by:
 - Engaging managers in establishing JC
 - Identifying relevant staff
 - Setting aside time for regular JC over a long time frame
 - Supporting the process long term
 - Promoting JC widely through the organisation
 - Supporting interpretation of research evidence into practice



- This commitment can be obtained by:
 - Engaging managers in the process of running JC
 - Invite their attendance
 - Report regularly on papers being reviewed
 - Report regularly on interpretation of research into practice
 - Demonstrate outcomes of research into practice
 - Engaging managers in supporting the practicalities of running JC
 - Committing regular clinician time
 - Providing funding for printing, training, refreshments, staff attendance at JC, travel if necessary
 - Supporting initiatives in putting research evidence into practice
 - **If you cant engage your manager to commit to the JC process, your JC**

probably wont succeed in the long term



- Get all the interested or potential JC participants together and think about what might not make JC work eg
 - Workload
 - Knowledge about EBP, statistics, finding articles etc
 - Committing to attending a regular meeting
 - Finding a common and regular time for JC
 - Have sufficient people prepared to assist in leading the JC (so it doesn't become one person's problem)
 - Having a plan for JC (areas of interest identified etc)
 - Having a plan for implementing findings of research articles into practice
- **Work out strategies to overcome important barriers to a successful JC**



- Identify the people who would attend regularly
 - Do they represent a single discipline?
 - If so, do they work in similar areas?
 - Do they represent multiple disciplines?
 - If so, do they work in similar areas?
- Discuss the general topics about which the group wishes to read and discuss
- Establish a broad list of topics for the first 6 months
- **Think about how these topics could inform current or future clinical practice**



- Be prepared to report regularly on JC within your organisation
 - Be proud of what you are doing and find ways of keeping anyone interested informed of progress
- Find a mechanism to involve all JC attendees in the JC processes:
 - Setting topics
 - Finding/reading articles
 - Critically appraising articles
 - Interpreting research into practice
- Find ways to demonstrate how JC is improving practices eg
 - Improved care processes
 - Improved outcomes of care
 - Improved satisfaction of patients / staff
- See JC as part of quality improvement



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How *iCAHE* suggests an Allied Health Journal Club starts up



- Ensure **topics** are clinically relevant
- Ensure **articles** are clinically relevant
- Ensure **critical appraisal** is understood
- Encourage and implement **regular reflection** on current clinical practice (the 'so what' factor?)
- Give **ownership** of JC to clinicians
- Provide **tangible evidence** of the effect of JC on clinical practices



The Facilitator

Subheading when required

- Ideally, not a senior staff member (i.e. >PO2)
- CAHE provides JC workshops to train Facilitators in JC and critical appraisal processes
- Ideally, there should be more than one Facilitator for each JC, in case of sickness, holidays etc



Timetable

- Ideally monthly
- Establish a 6-12 monthly program and plan ahead
- Identify in advance who will present the article for each JC





Topic Identification

- A clinical scenario developed from discussion within the club
- Scenario **must** be:
 - Relevant to some aspect of the current clinical environment of the Club/Allied Health Dept
- Scenario **should** be one or more of:
 - Relevant, or of interest, to multiple Allied Health disciplines
 - Relevant to the current clinical climate, eg DOH policy
 - An area where no current guidelines exist
 - An area where many different treatment choices exist
 - An area where a new intervention is proposed against traditional interventions
 - An area in which the clinicians have autonomy over clinical decision making



Relevant Articles

Finding and Appraising

- The CAHE JC approach addresses the big issues of lack of time resources for clinicians and ensuring identification and appraisal of appropriate articles
- JC formulates a question using PICO format
 - **P** opulation *who is under scrutiny?*
 - **I** ntervention *treatment type?*
 - **C** omparison *comparison with what?*
 - **O** utcome *what is the outcome of interest?*
- PICO question and clinical scenario is emailed to CAHE
- CAHE identify relevant article, critically appraises it and returns to Journal Club



Presenting the article

- Facilitator and presenter meet one week prior to JC to discuss article and appraisal
- Presenter acquires knowledge in establishing appropriate PICO question and CA skills
- Presentation of article
 - translation of PICO question to clinical scenario
 - resolution of evidence with current clinical environment and patient values
 - reflection on potential for change in current clinical practices



Role of the Facilitator

- Educates JC members re critical appraisal, statistics, interpretation
- Establishes timetables, topic selection, format of club
- Ensures discussions remain relevant
- Facilitates comparisons between the research and clinical setting requirements, during discussions



Facilitator *and* Presenter

Why?

- Gives opportunity to educate on a 1:1 basis
- Gives opportunity for all clinicians to develop presentation skills
- Introduces variety and learning opportunities
- Reduces the pressure on one Facilitator



- All CAHE JCs are formally evaluated
 - Prior to commencing JC, all new club facilitators will have an interview with a CAHE staff member so that the individual nature of each JC can be identified and celebrated
 - After 3 months, a formal evaluation tool is sent to all JCs so all members can participate in the evaluation. This is returned to CAHE
 - This evaluation continues every 6 months
 - The findings of each evaluation are summarised by CAHE and sent back to the JC in deidentified form. This helps JC keep on track and lets CAHE know whether it needs to provide further supports



Conclusion

- The CAHE JC approach addresses identifiable shortcomings in existing JC
- The CAHE_JC partnership provides a tangible way of helping address barriers in uptake of EBP in present clinical practice
- Accumulation of EB repository for AH clinical scenarios on CAHE website
- Excellent resource to develop teaching and learning practices
- Provides opportunity for integration of evidence by AH disciplines into relevant clinical practices



Checklist

- Download CAHE 'Getting Started' checklist from CAHE JC website
- Work through it with potential JC members
- Try to identify potential barriers to JC success in your institution and determine ways to overcome barriers
- Email checklist to CAHE JC team
- Become a CAHE JC!!!



References

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Further Information

For further information on sustainable Allied Health Journal Clubs and the International Centre for Allied Health Evidence (iCAHE) please contact:

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