Nursing Journal Clubs: A Strategy for Improving Knowledge Translation and Evidenced-informed Clinical Practice Invited Manuscript for the *Journal of Radiology Nursing*

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ABSTRACT: **Providing the best care for patients requires commitment to competence acquired through continuing professional education. Remaining current has never been more challenging as we are living in a time of unprecedented information growth and availability. A journal club is a meeting of colleagues designed to promote collaborative knowledge construction by critically discussing practice relevant articles appearing in professional journals. Well-designed journal clubs provide an engaging lifelong learning strategy that can accomplish grassroots knowledge translation (KT) by gathering nurses together over a meal and debating the merits and relevance of recent research. This article provides a brief description of the journal club, situates this educational strategy within current KT theory and evidence-based literature, and also provides practical guidelines for starting a nursing journal club. (J Radiol Nurs 2014;33:3-8.)**

KEYWORDS: **Nursing journal clubs; Knowledge translation; Education; Constructivism.**

INTRODUCTION

We live in a time of unprecedented information growth. In a famous video by Fisch (2006), he estimates that, "a week's worth of New York Times contains more information than a person was likely to encounter over a lifetime in the 18th century". New information allows opportunities to solve complex problems that were previously unthinkable. However, this feverish pace of information growth and availability also means that such information quickly becomes outdated, making it difficult to stay current. Furthermore, the sheer volume of information currently available makes it challenging to filter for not only accuracy but also relevance to our lives.

As health care professionals, nurses have a duty to provide the best care for patients. Doing so requires commitment to competence through continuing professional education and staying updated with latest evidence and best practices. Yet, many frontline nurses do not have authority to dictate practice changes, and this lack of autonomy has been identified as a barrier to evidence-based practice (EBP; Brown, Wickline, Ecoff, & Glaser, 2009). Therefore, for frontline nurses, the provision of opportunities to appraise and debate the merits of emerging research as applicable to their own patients can be inherently empowering. Participating nurses are empowered with a rationale for either implementing or choosing not to implement new evience in their own local context. Furthermore, engaging nurses with research through peer social interaction promotes acceptance and buy-in, making greater knowledge translation (KT) achievable.

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KT is a complex phenomenon, and it is recognized by nurse scholars that organizational level strategies such as evidence-based guidelines, policies, and culture are key components of translating evidence to the point of care (Estabrooks, 2007). The focus of this article was to describe the what, why, and how of integrating evidence and nursing practice at a grassroots level. The word "grassroots" is used here to mean reaching nurses at the frontlines of patient contact.

THE NURSING JOURNAL CLUB

Regarded as one of the fathers of modern medicine, Sir William Osler started the first recorded formal journal club at McGill University in Montreal in 1875 "for the purchase and distribution of periodicals to which he could ill afford to subscribe as an individual" (Cushing, 1926; as cited in Linzer, 1987, p. 475). Today, journal clubs are part of most residency and postgraduate training programs for physicians (Cave & Clandinin, 2007) and have become widely accepted and used in many other health care disciplines (Campbell-Fleming, Catania, & Courtney, 2009). There are many forms of the journal club with varying educational goals, but at its core, a journal club is a meeting of colleagues designed to discuss articles appearing in professional journals that are relevant to their practice (Rich, 2006). Journal clubs for nurses can create a community of practice, provide nurses with structure and incentive to review research articles, and be a vehicle for KT at an individual grassroots level (Nesbitt, 2013).

TRANSLATING RESEARCH INTO PRACTICE

Given today's global information explosion, it is no surprise that EBP and KT are big buzz terms. In fact, EBP is now viewed as a minimum competency for nurses (Canadian Nurses Association, 2010; International Council of Nurses, 2012). Although these terms are found in scholarly articles and organizational policy statements throughout the world, they are not consistently defined nor applied (Graham et al. 2006). For this reason, it is best to begin with a few definitions. In this article, EBP refers to using the most current and best available evidence in delivering care for patients (Goode & Piedalue, 1999). For example, radiology nurses are trained to use the minimum amount of radiation to obtain good quality diagnostic imaging. This is derived from scientific research indicating lower radiation doses are safer.

KT—the study of how to, "get research from the bench to the bedside"—is a prerequisite for EBP (Estabrooks, 2003). Although there are many forms of knowledge relevant to nursing, KT most often refers to research knowledge (Graham, et al. 2006) and its applicability to the work of frontline nurses. To return to the previous example, KT is the process of getting the knowledge to bedside nurses that less radiation is safer for the patient. Therefore, KT can be thought of as the study of understanding and enhancing research utilization. KT applies to all professions including medicine, education, management, and nursing. Across all these fields, the time it takes for research results to be implemented into clinical practice is too long (Graham et al. 2006; Wilkinson, Rycroft-Malone, Davies, & McCormack, 2012). This delay is referred to as the "knowledge-practice gap" or the "knowledge-to-action gap" (Graham et al. 2006). The study of KT in the health professions rose from the need to reduce this gap (Bellman, Webster, & Jeanes, 2010). Unfortunately, although this is an expanding field of inquiry, there is little evidence to demonstrate what KT strategies work and in which context (Mitton, Adair, McKenzie, Patten, & Perry, 2007).

As a final note about EBP, many in the nursing profession are critical of clinical decision making based on research evidence alone, citing the importance of patient individuality and the constantly changing contextual realities of practice settings (Canadian Nurses Association, 2010; International Council of Nurses, 2012). In a position statement on evidence *informed* practice, Canadian Nurses Association delegates clearly state that although "rating systems have been developed to rank evidence … it is imperative to acknowledge that no level of evidence eliminates the need for professional clinical judgment or for the consideration of client preferences" (p.1). In other words, international nursing representatives are highlighting the importance of research evidence-guiding practice, but warn against nursing actions based on evidence alone, without considering relevance to patient specific situations. Given the previous example of selecting radiation exposure for a chest X-ray, perhaps the patient is morbidly obese, and the recommended radiation exposure dosage would yield a limited quality image possibly leading to a misdiagnosis. Research shows that lower exposure doses are safer but does not take into account individual circumstance, placing patients who are outside society's *normal* margins at greater risk of harm.

TARGETING KT IN NURSING

In the nursing KT literature, scholars have emphasized the social context of KT (Bucknall, 2012) and suggested that constructivist teaching methods aiming to create interpretive scholarship practice communities are important for the innovative production, critique, and transfer of knowledge (Brown & Doane, 2007; Estabrooks, 2003; Ironside, 2006). Social constructivists believe that learning does not occur in isolation but is