

Exploring the impact of journal clubs: A systematic review

Christopher P. Honey^{a,1}, John A. Baker^{b,*}

^a Mersey Care NHS Trust, Mersey Forensic Psychiatry Services, Scott Clinic, Rainhill Road, St. Helens, Merseyside WA9 5BD, United Kingdom

^b School of Nursing Midwifery and Social Work (Room 6.306), The University of Manchester, Jean McFarlane Building, Oxford Road, Manchester, M13 9PL, United Kingdom

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SUMMARY

There is a significant gap between the knowledge available about effective clinical practice and what is actually applied (Parkes et al., 2004; Seymour et al., 2003; Sherratt, 2005; McQueen et al., 2006). McMahon (1997) suggests that journal clubs are a particularly good method of exposing practitioners to current literature. Doubt has been cast on the transferability of thinking from classroom to practice (Soden and Halliday, 2000) and the lack of attention as to how knowledge expertise is transferred to problem solving (Soden and Pithers, 2001). The journal club is proposed as a means to address the theory-to-practice gap using the basic components involved in the process of evidence based medicine/practice [EBM (P)]. The literature search covered the period 1992 to 2009. Studies focusing upon outcomes of actual journal clubs that impacted upon participants in terms of increased research awareness, knowledge, skills and enhanced care delivery, were reviewed. Sixteen studies met review inclusion criteria. The review draws from the strengths of journal clubs to recommend the multidisciplinary work based journal club, as a cost effective way of enhancing practitioner capability.

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Introduction

The importance of reading periodicals was recognised by William Oster in 1875 as a method for reviewing the latest medical research; disseminating information that was previously largely inaccessible and for recommending new periodicals for library inclusion (Sidorov, 1995). For most of the 20th century journal clubs have been used educationally in both higher and continuing medical and healthcare education (Langkamp et al., 1992). More recently, journal clubs have been viewed as a mechanism by which healthcare professionals can update their knowledge, promote critical thinking and research, assess the validity and applicability of the literature, improve skills in critical appraisal, increase the use of literature in clinical practice and to influence changes in care practices (Moberg-Wolff and Kosasih, 1995; Nolf, 1995; Ebbert et al., 2001; Hunt and Topham, 2002). That journal clubs continue to be used is an indication of their success. To keep abreast of the literature is difficult in that there are over 2 million biomedical articles published annually (Smith, 1991), and that the half-life of scientific knowledge is 5 years (Hoffman, 1979; Klapper, 2001; Swift, 2004). Although journal clubs are a particularly good method of exposing trainees and practitioners to current literature (McMahon, 1997) concerns have been expressed that they have not developed critical thinking, that articles are often selected ad hoc, and

that there is a lack of standardisation and evaluation of clubs (Linzer, 1987). Journal clubs have also been found to impact on practice behaviours and ultimately patient care (Milinkovich et al., 2008; McQueen et al., 2006; Sherratt, 2005; Murphy, 1994). Their respective studies are well supported by a weight of evidence, including systematic reviews (Deenadayalan et al., 2008; Coomarasamy and Khan, 2004; Ebbert et al., 2001) and a separate randomised trial (Bradley et al., 2002), that concluded where a clinically integrated teaching method, such as a journal club, is used in evidence based practice, improvement is seen in knowledge, skills, attitudes and most importantly, practice behaviours.

There is a clear need to make healthcare professionals much more research aware (Hunt and Topham, 2002) in order to meet the requirements of professional registration and to deliver and disseminate best evidence based practice (Department of Health [DoH], 2001). The research of Ajzen and Fishbein (1977) into the contribution of attitudes and that of Mobbs (2004) and Rassool (2005) that highlights other barriers to implementing research, explain the complexity of the issue. These barriers can be overcome through the use of evidence based medicine (EBM) via journal clubs (Seymour et al., 2003; McQueen et al., 2006; Tibbles and Sandford, 1994; Rassool, 2005; Thompson, 2006; Parkes et al., 2004). Sackett et al., 1996 describe EBM as a combination of clinical expertise and best evidence from clinical research. The EBM process as described by Elnicki et al. (1999) describes five basic components: formulation of a clinical question; searching for the most relevant literature; critical appraisal of the data; application of the evidence to the care of patients; and evaluation of the process. This is a patient-centred

* Corresponding author. Tel.: +44 161 306 7837.

E-mail addresses: christopher.honey@merseycare.nhs.uk (C.P. Honey), John.A.Baker@manchester.ac.uk (J.A. Baker).

¹ Tel.: +44 7815 575 538; fax: +44 151 430 6300.

process that requires active participation by the learner, which acknowledges gaps in knowledge, which bases clinical decisions on evidence rather than authority and is common to different disciplines (Elnicki et al., 1999).

The aim of this unregistered systematic review was to identify and synthesise evidence relating to effective components of journal clubs, with a view to establishing an effective work based journal club in the clinical setting.

Method

As a systematic review, the recommended process phases outlined by the University of York and NHS Centre for Reviews and Dissemination (2001, 2009) were followed, in order to answer the question, 'How effective is the use of a work based journal club in effecting change in clinical practice?'

The literature search was formulated initially using the broad parameters of the 'Participants, Interventions, Comparisons and Outcomes' (PICO) format (Rosenberg and Donald, 1995; Sackett et al., 2001). Articles were identified through electronic searches using the following online databases: AMED, BNI, EMBASE, HMC, MEDLINE, PsychINFO, CINAHL and Health Business Elite. The search strategy used the following keywords and terms: 'journal club', 'evidence based', 'clinically integrated teaching', 'creative thinking', 'education', 'importance of', 'critical appraisal skills', 'clinical care delivery outcomes OR impact', 'implementation', 'clinical practice development', 'critical thinking', 'analytical thinking'. Various combinations of these terms were employed to narrow the search. Articles were included if they were: published after 1st January 1992 to present day; were primary research of 'physical' and not 'virtual' journal clubs; available in full text; and written in English. The identified articles were then screened

and assessed for eligibility according to the 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA) flow diagram (Moher et al., 2009) — see Fig. 1. Data were extracted and grouped into themes for comparison (Deenadayalan et al., 2008). Emerging themes were managed through the development of a spreadsheet and the PRISMA checklist was adopted as the means for reporting the review.

Results

Sixteen papers were included in this review, a summary of these studies is provided in Table 1.

Quality — Strengths and limitations

A concern stemming from this review is that of the limited transferability of each of the individual studies. Incentives to learn and prepare when enrolled in university courses or post graduate medical programmes, do not necessarily transfer to the qualified professional and the work based setting; methods of preparation for the sessions appeared arbitrary; the large majority of the studies had only small, local convenience samples; and only three (19%) of the 16 individual studies were conducted in the United Kingdom (Khan et al., 1999; McQueen et al., 2006; Mukherjee et al., 2006). The qualitative results of the individual studies do offer strength in transferability based upon their collective similarity. For this reason, narrative on the design of the individual studies is not offered.

The journal clubs

Four of the papers clearly defined a journal club (Spillane and Crowe, 1998; Bazarian et al., 1999; Khan et al., 1999; McQueen et al.,

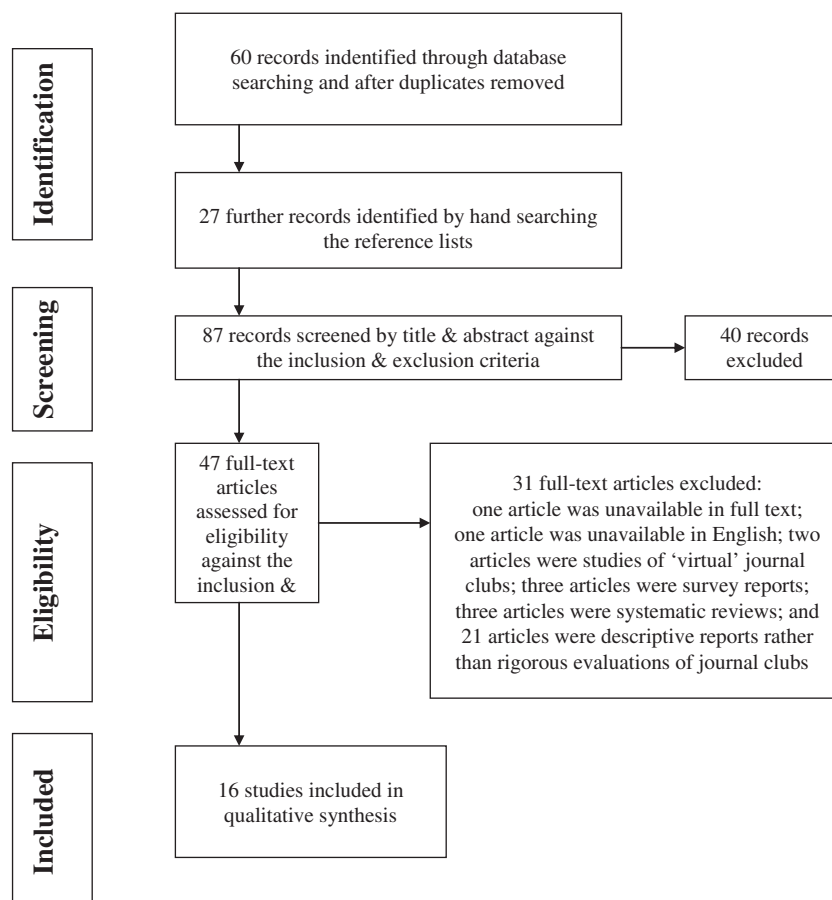


Fig. 1. PRISMA flow diagram.

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