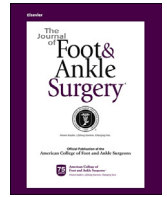




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What Is the Current Role and Factors for Success of the Journal Club in Podiatric Foot and Ankle Surgery Residency Training Programs?



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ABSTRACT

The journal club (JC) is a traditional part of postgraduate medical education, although little has been written on its current role in podiatric surgical training programs. The goal of the present study was to determine how JCs are conducted and the factors associated with their success. Anonymous electronic surveys were distributed to all podiatric foot and ankle surgical training program directors in the United States with a valid e-mail address. A total of 202 surveys were initially e-mailed to training program directors, with a second and third round sent to those who did not respond. The eventual response rate was 47.5%. The variables associated with success included high faculty attendance, dissemination of articles in advance, and regularly scheduled meetings. Of the residency programs that responded, 39.0% provided some type of handout or supplemental session and 39.8% provided supplemental session or handouts regarding the process of critical review, epidemiology, or biostatistics. A structured review instrument or checklist was used to guide critical appraisal in 21.5% of the JCs, and 11.8% of the programs provided feedback to residents. The JC was perceived by residency directors to be valuable and worthy of maintaining. Residency directors perceived the following factors to be associated with a successful JC: faculty participation, a designated leader, mandatory attendance, dissemination of materials in advance, and regularly scheduled meetings. Areas cited for improvement included implementation of a structured review instrument, delineation of clear goals, and periodic evaluation. We believe these findings could aid residency directors interested in maximizing the educational benefits of their JC.

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The first record of a North American journal club (JC) dates back to 1875, founded by Sir William Osler at McGill University for the purchase and distribution of periodicals that he could not afford as an individual (1). He encouraged JC attendees to apply their updated knowledge from attending the JC to relevant patient cases (1). Thus, the philosophy of the JC from its inception was to share current knowledge and translate it into evidence-based patient care (2–4). Over the course of time, the JC has evolved from serving as a forum to discuss and review current medical literature to teaching critical appraisal skills (5).

Surveys of other medical specialties have revealed that JCs are a frequent component of residency programs, with a rate of 100% in 67 physical medicine and rehabilitation programs (6), 95% in 124 internal

medicine programs (2), and 84% in 74 family medicine programs (7). The Council of Podiatric Medical Education (CPME) have provided general guidelines for JCs and their role in contributing to the curriculum in podiatric foot and ankle residency education (8). However, no recommendations are available regarding the way JCs are to be conducted. This highlights the sparse published data regarding the current role of JCs in the podiatric foot and ankle surgical training program curriculum. The goal of the present study was to determine how JCs are currently conducted to elucidate which factors lead to success and to identify variables for improvement.

Materials and Methods

Survey questions were constructed after consultation with the OhioHealth podiatric residency faculty to define JC practices in podiatric foot and ankle surgical training programs and establish potential areas for improvement (Fig. 1). Anonymous electronic surveys were distributed to all residency program directors (RPDs) or a designee using publicly available contact information from the Centralized Application Service for Podiatric Residencies directory (available at: www.casprcrip.org). Study data were collected and managed using REDCap (Research Electronic Data Capture) electronic

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How long has your residency program been in existence?
< 1 year, 1-5 years, 5-10 years, 10-15 years, 15-20 years, > 20 years
Does your program have a regularly scheduled journal club? Yes or No
How many residents are in your residency program? _____
Journal club attendance is (voluntary/mandatory)
What is the average resident attendance at journal club?
<25%, 25-50%, 50-75%, >75%
What is the primary goal of journal club?
To develop critical appraisal skills
To keep current with the literature
To impact clinical practice
Are there formal written learning objectives for journal club?
Yes or No
How often does your journal club meet?
Weekly
Twice per month
Once per month
Quarterly
Other _____
Where does your journal club meet?
Hospital (conference room, library, faculty office, etc.)
Faculty home
Restaurant
Other
How long does your journal club usually last?
< 1 hour, 1-2 hours, 2-3 hours, > 3 hours

Fig. 1. Survey questionnaire. EBM, evidence-based medicine.

data capture tools hosted at OhioHealth (9). REDCap is a secure, web-based application designed to support data capture for research studies, providing an intuitive interface for validated data entry; audit trails for tracking data manipulation and export procedures; automated export procedures for seamless data downloads to common statistical packages; and procedures for importing data from external sources (available at: <https://redcap.vanderbilt.edu/>). Responses regarding format, prevalence, content, efficacy, and areas for improvement were gathered. The surveys were redistributed on 2 occasions after the initial attempt at 2-week intervals. No payment or incentive was offered to the RPDs for completing the survey.

The residency program characteristics are described using frequencies and percentages for categorical variables and the mean \pm standard deviation and/or median and range for continuous variables. The χ^2 test and Fisher's exact test were used to examine features associated with a successful JC, defined as the RPD reporting the JC was "extremely beneficial" to the residency program. Sidorov (2) defined a successful JC as one that has been in existence for >2 years or that has had an estimated attendance of $\geq 50\%$. With this definition of success, it was conceivable that determining the factors

associated with a successful JC would be difficult owing to the suspected high prevalence of residency JCs meeting either of these criteria based on previous reports (2,3,10). The selection of "extremely beneficial" as the indicator for a perceived successful JC was determined by elucidating the factors that differentiated between JCs that were of extreme benefit and those that were only moderately beneficial. The response by the RPD to determine the perceived success of the JC has been performed in surgery and emergency medicine JCs (11,12). SAS, version 9.4 (SAS Institute, Inc., Cary, NC), was used for analysis. Statistical significance was set at $p < .05$ for all tests.

Results

The online survey was distributed to 209 podiatric RPDs in the United States. Of the 209 e-mailed surveys, 202 (96.7%) were delivered to a valid e-mail address. Of the 202 surveys e-mailed to RPDs with valid e-mail addresses, 96 surveys were returned with ≥ 1

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