

# CAHE launches Journal Club

## CAHE and the Department of Health (SA) pilot new initiative that will impact on our AH clinicians

The Center for Allied Health (CAHE), in collaboration with the Department of Health South Australia (DOHSA) are excited to announce the launching of a new initiative, the Allied Health Journal Club. This concept has evolved after much discussion between the two parties regarding the most effective means to ensure new evidence and clinical guidelines are making their way to Allied Health clinicians

Journal Clubs have been in existence for over a century with the purpose of bringing together likeminded people to discuss current research and concepts within their field. A Journal Club (JC) introduces a topic for discussion to the members and provides a forum for dialogue and review of new and relevant information.

CAHE has developed a model of sustainable Journal Clubs, and with the collaborative support of DOHSA, is launching a three month pilot study of the first SA Allied Health (AH) Journal Club. It is anticipated that most Allied Health Departments within the state will have their own Journal Club before the end of 2007.

So how does it work? A clinical question, or scenario, is developed by the Journal Club within their own Allied Health Department which is then emailed to CAHE. CAHE will identify the most recent high quality article and critically appraise it, i.e. carry out a quality check. The article and critical appraisal is then returned by email to the Journal Club. Many organisations may not have adequate resources nor adequately trained practitioners in the critical appraisal processes and this is where CAHE will assist, by providing training in critical appraisal techniques through workshops.

How are the topics of the JC determined? The Journal Club develops a clinical scenario amongst clinicians and from this an appropriate question to be addressed in the PICO or PACO format is formulated. The PICO format has universal application and use:

- P: Population of interest
- I: Intervention or A - assessment
- C: Comparison
- O: Outcomes

Each JC has a Presenter and a Facilitator. The Presenter is a rotating position, changing for each JC session and whose role is to present the article and appraisal to the club. The Facilitator is responsible for running and chairing each club. This position is fixed.

Once the presenter has presented the articles or reports to the JC, the facilitator then leads the discussion alongside the presenter. The discussion aims to address issues relevant to the article such as methodological quality, shortcomings in research and implications for clinical practice.

The interest in this project has been exceedingly high as these Journal Clubs will enable participating organisations ownership and autonomy over their own JC. CAHE aims to provide a compendium of critically appraised papers, and Journal Clubs will provide a wonderfully evolving resource that is responsive to relevant research.

This initiative has implications nationally and internationally for AH clinicians and patients. The Journal Clubs provide an exciting model embracing an active and interactive learning environment and hopefully will have an impact on teaching methods within our hospitals.

CAHE embraces its pivotal role within this project and is looking forward to working alongside the Department of Health and public health stakeholders. There will be further updates in CAHE's next newsletter on rural critical appraisal training and pilot study progress.



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# Barriers to uptake of evidence

## Taking evidence from concept to practice

While the past decade has been spent on generating “evidence”, increasingly it is recognised that development of evidence on its own does not necessarily equate to uptake of evidence into clinical practice. Barriers to uptake have been identified due to persistent practice “gaps” even in the presence of best evidence. What accounts for this? Well, numerous reasons have been proposed. Well, firstly behaviour change is difficult to achieve in health care systems which are entrenched in tradition and historical practices. While practitioners of health care might have good intentions of implementing evidence, such good intentions should be supported by upskilling of practitioners, availability of resources (financial and human) and achievable time frames (planning and evaluation).

Grol and Wensing (2004) highlight multiple levels of barriers for achieving translation of research evidence into clinical practice. For example they highlight at the individual professional level, professional’s awareness, knowledge, attitude, motivation to change and their behavioral routines may act as barriers towards evidence based practice. Other levels include structure of health care system, patients’ expectations and perspectives, social and community context, organisational context and economic and political context.

CAHE recognises these challenges faced by health care service providers in implementing research evidence into clinical practice. CAHE routinely provides workshops for stakeholders in health care to recognise potential barriers to evidence based practice and identify innovative incentives to foster uptake of research evidence in clinical practice. CAHE plans to conduct multiple workshops on barriers to uptake of EBP throughout 2007, across Australia. Please visit CAHE website regularly for updates on these workshops.

**See the next CAHE newsletter for details on upcoming workshops in 2007!**



### January Bulletin from SA’s Dept of Health’s Principal AH Advisor: Catherine Turnbull

This newsletter seems to be immersed in a cat theme. First there was Squiggly the cat, then me, Cat Turnbull, and now C.A.T.

A C.A.T is a Critically Appraised Topic which is what the CAHE is busily building a library up around so that clinicians can access information easily on the centre’s website. The C.A.T is also part of the new online journal club that is being piloted at health sites in South Australia. The CAHE journal club leader, Matthew Sutton, is presenting the concept to the National Allied Health Advisory Committee (NAHAC) next month as part of the plan to roll it out across the country. So if you are part of a journal club and are interested in piloting this tool then either mention your interest to your Principal Allied Health Advisor (or equivalent) or contact Matthew through the CAHE.

The NAHAC is currently exploring the possibility of the CAHE doing a review of the literature on Allied Health benchmarking. There appears to be little available on this topic yet there is a lot of interest around the different ways services are provided by the same discipline in different settings across Australia. The National Allied Health Benchmarking Consortium has done significant work in this area but there are still not nationally recognised workload standards for allied health disciplines. The NAHAC will certainly be discussing this further at the next face to face meeting that precedes the National Allied Health Conference that is being held in Hobart this July.

I hope to meet or see many of you again at the conference. The CAHE have submitted abstracts, as have I, so we are anticipating some strong debate and discussion on the topic of allied health evidence and also the topic of what is allied health...but more on that next time.

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