



iCAHE Journal Club Summary

Journal Club evolution

Over the years many different Journal Club formats have been trialled and unfortunately have not seem to last the distance due to a wide variety of reasons. iCAHE has explored a wide range of Journal Club formats to ascertain the inherent weakness and have created a Journal Club methodology that addresses and remedies these limitations.

iCAHE has structured a Journal Club system that evolves; provides strong initial support and guidance which gradually reduces to enable the Journal Club to establish and maintain independence and provide the framework for future growth.

At the commencement of a new Journal Club (JC) it is important to delegate a JC Leader or Facilitator.

The Facilitator undertakes basic training in literature searching, hierarchy of evidence, critical appraisal, and interpretation of stats. iCAHE currently offers a one-day workshop encompassing these areas, which provides practical skills that help the JC move forward.

Thirdly the JC needs to define its purpose and parameters, such as:

- ◆ Is the JC single discipline or multidisciplinary?
- ◆ What types of literature are JC members interested in reading (RCTs, qualitative, epidemiological etc)?
- ◆ What are the skills of the JC members?
- ◆ What is the commitment of the JC to uptake of evidence (how possible is it for members of the group to change practice if they read something that challenges what they already do etc).

Once these parameters have been established iCAHE then provides sample papers to the JC over a two to three month period. These initial papers have already been critically appraised to enable the JC to:

- ◆ Practise interpreting the critical appraisal scores
- ◆ Discuss the statistics
- ◆ Focus on what the papers have to offer in terms of uptake of evidence.

In doing this we try to relieve the burden of finding, reading and critiquing papers from the Journal Club in the initial stages. iCAHE encourages the JC to concentrate accessing the outcomes of the research and determining its applicability to the local clinical environment.

As the Journal Club becomes more experienced, iCAHE then encourage members to set search strategies to find papers in areas that are relevant to the parameters of the JC, and that meet the interests of JC members. Search strategies are reported to iCAHE, who then find an appropriate paper which is then critically appraised and returned to the Journal Club.

This process continues until the Journal Club indicates they are ready take on paper search/finding and the subsequent critical appraisal. This evolution enables iCAHE to gradually withdraw, and allow the Journal Club independence, with the knowledge that iCAHE staff are always available to provide support and feedback as required by the individual clubs.



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Aims of Journal Club

Improve Quality of Care

- ◆ To encourage reflection upon individuals current clinical practice
- ◆ To have an impact on clinical practice
- ◆ To keep up with the current literature
- ◆ To provide staff with the opportunity to reflect on their teaching and learning practices in relation to educational literature

Knowledge Acquisition

- ◆ To teach critical appraisal skills
- ◆ To learn about current research
- ◆ To provide a supportive environment for staff to develop skills in presentation and research

The Processes: iCAHE JC Algorithm

- ◆ Please see following page

The Plan

- ◆ The Club
 - Club to be held once a month
 - Each session has a Presenter and Facilitator
 - Facilitators have basic critical appraisal skills and oversee the JC
 - Presenters will be decided in advance of each JC, and the role should rotate through the group
- ◆ iCAHE and the Club
 - Facilitators will be trained by iCAHE if required
 - Regular communication between JCs and iCAHE,
 - iCAHE assists with identification of articles, critical appraisal, interpretation of statistics, and interpretation into practice
 - Manages the JC website on www.unisa.edu.au/cahe

The Benefits

The Patient

- ◆ Reinforcement of EBP within treatment regimes, i.e. potentially improved outcomes

The Clinician

- ◆ A tangible tool to narrow the gap between research and practice
- ◆ Promotion of EBP within the clinical setting
- ◆ Gradual up skilling of clinicians in critical appraisal skills
- ◆ Potential to improve evaluation techniques and develop auditing skills

The Hospital

- ◆ Versatility to be used as both discipline specific or multiID
- ◆ A supplementary source of CPD with measurable outcomes
- ◆ A tool to assist the evaluation of clinical practices, reading behaviours, appraisal skills,
- ◆ Potential to develop more cost effective treatment strategies

iCAHE

- ◆ Develop closer relationship between stakeholders of health care and bridge gap between research evidence and clinical practice

The International Centre for Allied Health Evidence (iCAHE)

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