

Talking about evidence: a qualitative study of journal clubs

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Why study journal clubs?

- Health care professionals
 - New guidelines, treatment recommendations
 - 1 question per 4 patient consultations
- Potential changes in practice
 - Access, be convinced by, current best evidence
- Journal clubs
 - Opportunity to appraise articles
 - Discuss issues related to clinical practice



Aims of the study

- Understand impact of general practitioner (GP) journal clubs
 - 5 GP practice groups
 - Record journal club activity
 - Investigate views and experiences
 - Document changes in practice
 - Identify key components to sustaining successful journal clubs

Setting and study participants

- 5 GP practice groups
 - Oxfordshire
 - 5,500-12,000 patients
 - Diverse populations
 - Multidisciplinary
 - 2 had established journal clubs
- Researcher visited
46 participants consented
 - 30 GPs, 4 GP registrars / trainees, 7 practice nurses, 1 district nurse, 1 nurse practitioner, 2 health visitors, 1 administrative staff



Intervention and data collection

- Training offered
 - Visit from facilitator
 - EBM workshop
- Journal club activity
 - Regularly recorded
 - Clinical question, reference, attendance, facilitation
- Semi structured telephone interviews
 - 27 journal club participants
 - Experiences, views, changes in practice
 - Recorded, transcribed, analysed thematically



Results of the study

- Training
 - Workshop places (4), facilitator visit (2), none (1)
- Journal club activity
 - Autumn 2006, all run journal clubs, 2-6 weekly
 - All multidisciplinary, mostly GPs
 - Similar formats, choose topic, search in advance
 - Appraise paper, discuss, decide, in 1 hour
- Key requirements
 - Protected time – organisation
 - Facilitation and EBM skills
 - Training, motivation – achievement and enjoyment

The journal club experience



- Informal, social, supportive learning environment
- Sharing skills, discussion and decision making

Journal club outcomes

- Team building
 - Group size, familiarity are important
 - Confident about revealing areas of ignorance
 - Social supportive function facilitates learning
- Learning opportunity
 - Broaden knowledge – fungal toe nails
 - Visit from expert – caring for patients with personality disorders
 - Sharing skills and knowledge between disciplines
- Changes in practice
 - Switch from atenolol to alternative to treat hypertension
 - Epley manoeuvre for benign positional vertigo
 - Audit asthma inhaler use, poor control, now use combined inhaler

Summary

- Journal clubs
 - EBM skills to facilitate initially
 - Supportive learning environment
 - Team building, decision making
 - Part of established practice
 - Inform and reassure about current best evidence
 - Can lead to changes in practice

