Testing, Testing, 1, 2, 3...
Do you have an internet enabled device?

Go to this link: http://p2.gg/nvv

BEST PRACTICES IN BRIDGING THE RESEARCH-PRACTICE GAP THROUGH NURSING JOURNAL CLUBS

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Here’s What We Know:

- As few as 20% of clinical decisions are based on evidence.¹
- The majority of nurses are not prepared to engage in evidence-based practice.²
- Primary barriers: lack of time, non-supportive organizational culture, lack of EBP knowledge, and lack of access to evidence.³
Journal Clubs

- A group of individuals who meet to discuss critically the clinical applicability of current articles.
- First recorded JC started by Sir William Osler in 1875, to share publications among physicians.
- Today, expanded across nursing and allied health professions.
- Purpose:
  - To keep current with relevant literature
  - To teach critical appraisal skills
  - To translate knowledge into evidence-based practice (research utilization)

What is the primary purpose of your JC?

- http://p2.gg/nvp
Review of the Literature:
Are JCs effective in bridging the research-practice gap in nursing?

- Conducted comprehensive review of literature using CINAHL, MEDLINE via PubMed.
- 10 publications evaluating effect of JC (3 quasi-experimental studies, 1 qualitative study, 6 quality improvement project)
- Outcomes: EBP knowledge, EBP attitude, barriers to research utilization, rating of research utilization in practice, impact on reading behaviors, examples of resulting practice changes, and open-ended evaluation

Synthesis of the Literature:
Are JCs effective in bridging the research-practice gap in nursing?

Glasofer Model of Levels of Journal Clubs
Level 1 Journal Club: Exposure to Literature

Purpose:
- Improve reading habits of nurses
- Expose nurses to trends in literature, especially for a specific clinical specialty
- Utilize for education related to adverse events, practice review
- Increase appreciation of nursing literature and promote spirit of inquiry

Nurses’ Reading Habits

Skinner & Miller, 1989
- 507 nurses from 2 metropolitan hospitals responded to questionnaire
  - 68% of nurses subscribed to a journal
  - 68% reported journals were available at work, but only 56.8% read on the job
  - 33% read journal cover-to-cover, otherwise journals of clinical interest and research articles read most frequently

Journals as Source of Knowledge

Estabrooks and colleagues, 2005
- Nurses ranked sources of knowledge informing their daily practice
  - 1. Individual client/patient
  - 2. Personal experience
  - 3. In-services in workplace
  - 4. Nursing school
  - 5. Physicians’ discussion with nurse
  - 6. Fellow Nurse
  - 7. Intuition
  - 8. Policy and procedure manual
  - 9. Physicians’ orders
  - 10. What has worked for years
  - 11. Textbooks
  - 12. Nursing Journals
  - 13. Way nurse has always done it
  - 14. Nursing Research Journals
  - 15. Medical Journals
  - 16. Media
Level 1 Critical Elements \(^{(6, 10)}\)

- **Purpose**
  - Establish overarching purpose, dependant on target audience and outcomes
- **Facilitator**
  - One dedicated and responsible person
  - Identify articles
  - Lead discussion
- **Attendance**
  - Who has the learning need?
  - Establish a group of members of same discipline or with same clinical specialty
- **Structure**
  - Regular anticipated meeting
  - Appropriate times
  - Circulation of articles before meeting
  - Discuss article in context of clinical practice
- **Evaluate**
  - Adjust format/purpose based on participant feedback
  - Measure participant outcomes

Level 1 Outcomes

- Journal clubs are effective in increasing research awareness, \(^{11-12}\)
- Attendance increases likelihood that participants will read article, \(^{13}\)
- Motivates participant to read research articles, read outside of JC, and read articles they typically would not choose, \(^{14-17}\)
- Increased valuing of evidence-based practice which may spill over to non-participant peers, \(^{14, 18}\)

Level 2 Journal Club: Appraisal of Evidence

- **Purpose**
  - All of Level 1
  - Provide knowledge and skills in critical appraisal of evidence
Level 2 Critical Elements \cite{6,19}

- All of Level 1
- Mentor with sufficient training in research design and statistics, usually minimum of masters prepared
- Provide preliminary and ongoing education in literature searching, critical appraisal, and principles of statistics
- Use formal critical appraisal tool (CAT)

Critical Appraisal

- The process of assessing and interpreting evidence by systematically considering its validity, results, and relevance to an individual's work.\cite{20}
- Based on a review of more than 120 critical appraisal tools, AHRQ developed standard categories that any CAT should address to adequately rate specific research designs.\cite{21}
- High-quality Nursing CATS
  - Johns Hopkins tools\cite{22}
  - Melnyk and Fineout-Overholt Tools\cite{23}
  - AORN's Model for Evidence Rating\cite{24}

Level 2 Outcomes

- Greater comfort and understanding in critically reading research articles and perceived their own research skills as less of a barrier to research utilization after JC.\cite{11,14,16,17,25,26}
- Improved research knowledge and skills\cite{27}
Level 3 Journal Club: Evidence Utilization

Purpose
- All of Level 1 and 2
- Change in individual and organizational practice
- Benefits to patients

Level 3 Critical Elements
- All of Level 1 & 2
- Synthesis of literature
- Evidence-Based Practice Model
- Existing infrastructure to promote staff-driven practice change
  - Connection between journal club and practice council
  - Connection between journal club and shared governance/EBP council

Level 3 Outcomes
- All of 1 & 2
- Evidence-based change in individual practice
- Evidence-based change in organization practice
- Improved patient outcomes
Operationalizing A Successful Journal Club

Why?
- Define purpose first\(^{10, 19}\)
- Why should I participate?
  - Food\(^{19}\)
  - CNE, Clinical Ladder\(^{29}\)

How?
- Format
  - Live face-to-face
  - Travelling
    - Enduring (Poster)\(^{30}\)
    - Journal Club On The Run\(^{30}\)
  - Virtual
    - Synchronous\(^{17}\)
      - Google Hangout
    - Enduring\(^{28, 32}\)
      - Joanna Briggs\(^{31}\), Google Docs
- Circulation of articles
Who?

- Define Target Audience

- Leader
  - Academic-Service Partnership
  - Responsibilities

What

- Topics
- Participant Responsibilities
- Education
  - Critical Appraisal
  - Statistics
  - Locating Evidence

Where?

- Onsite
- Offsite
When?
- What time?
- How long?

So What?
- Evaluate
  - BARRIERS to Research Utilization
  - EBP Beliefs and Implementation Scales
  - EBP Self-Efficacy Scale
  - Participant Evaluation
  - CAT Evaluation
  - Patient Outcomes

Virtua Marlton: A Case Study
- 198-bed community medical center in southern New Jersey
- 343 RNs
- Average tenure 9.6 years (range 0-25+ years)
- Highest Nursing Degree: Diploma/Associate = 51%, BSN = 40%, ≥MSN = 9% (system)
- 7 Advanced Nurse Clinicians (ANCs): ≥ MSN prepared
- unit/specialty based nursing professional development specialists
Case Study

- Why? Staff request, desired more meaningful JC (January 2012)
- How? Live
- Who? Professional practice council, lead by ANCs
- What?
  - Education on Critical Appraisal and Locating Evidence
  - Initial assign1 article per month on requested topic
  - Progression- month 1: select topic, groups of 3-4 search for and select article. Month 2: groups present articles
- Where? Standing meeting
- When? Standing 1 hour session during monthly full-day meeting

So What?

- BARRIERS to Research Utilization

Transitioning to an EBP Club to Overcome the Organization as a Barrier
Conclusion

- JCs lead by facilitators with advanced training in research and utilizing formal critiquing tools are an effective tool to overcoming the most common perceived barriers to nursing research utilization.

- JCs are even more effective in overcoming these barriers if incorporated into existing systems for practice changes.

References


References Continued


