

Only less than one-third Journal Clubs discussions became SOP, guideline or policy using for real word patient care.

Most of front-line healthcare providers aware of and accept the best evidence after JCs discussion, it is obviously important but insufficient.

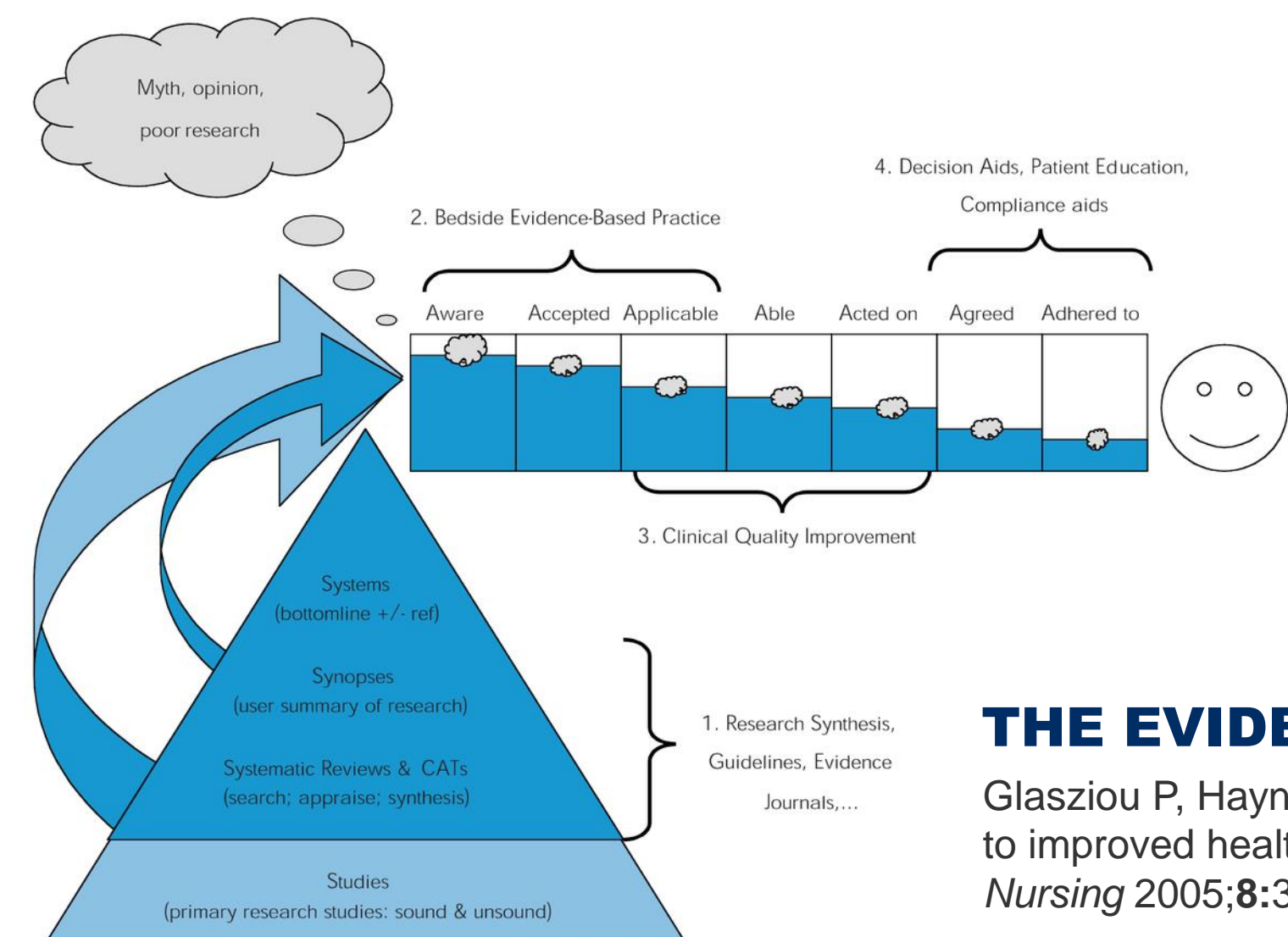
- We should pay further attention to the other knowledge transfer mechanisms, for example, additional training, integration of evidence into clinical decision aids in changing practice pattern and for shared-decision making with patients, etc.
- Healthcare professionals should focus on the process of strengthen the facilitators and overcome the barriers after JCs discussion.

The Problem

- Journal clubs (JCs) are well-recognized quality improvement strategy used by health practitioners to update relevant health literatures. JC also used in the evidence-based practice (EBP) education of healthcare professionals. However, it is unclear that JCs can promote translating evidence from Bench to Bedside in real world practice.
- The aims of this study were to assess the outcomes of JCs for promoting knowledge translation (KT) in real world clinical setting. In additional, we also want to identify the facilitators and barriers of KT.

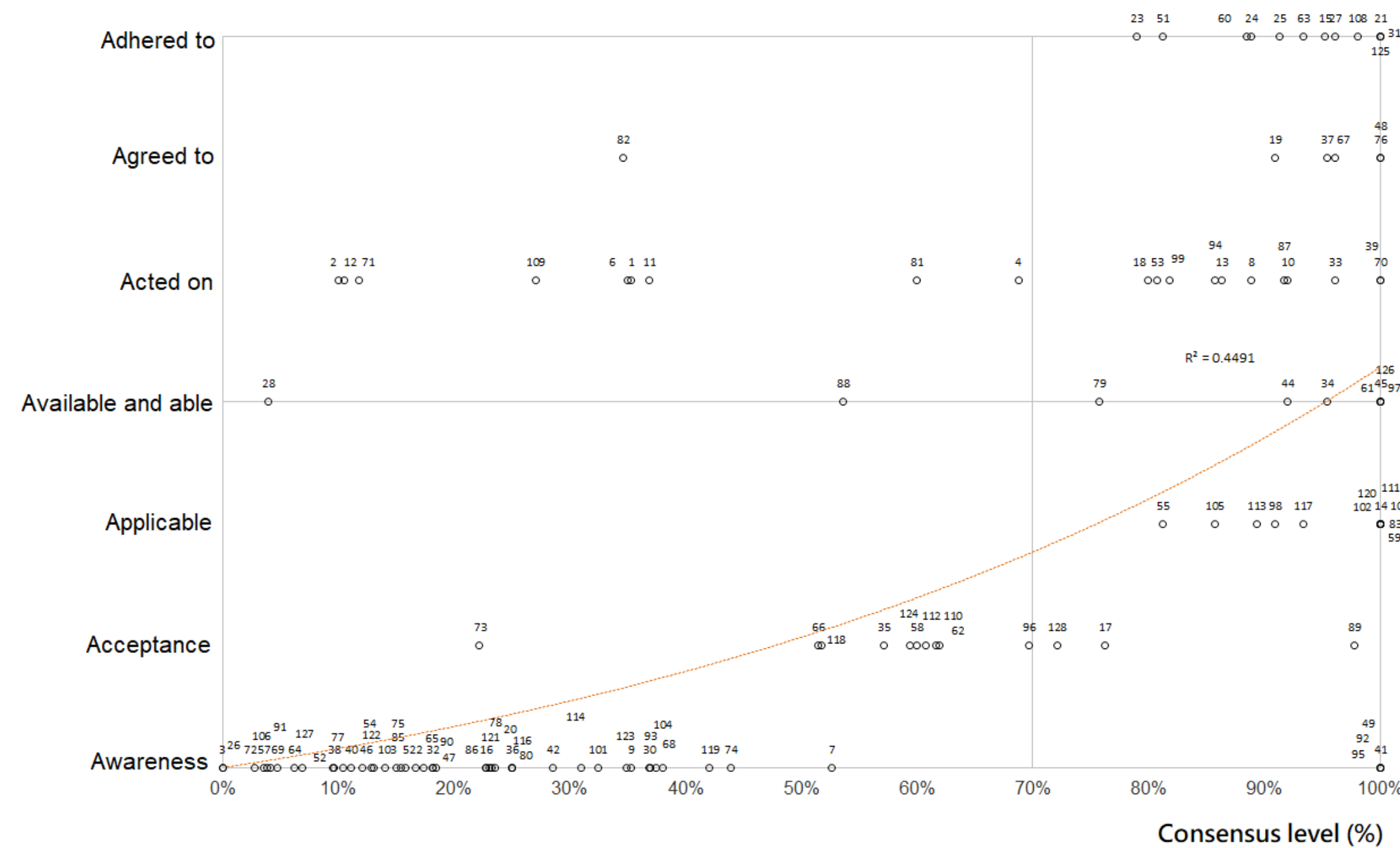
Methods

- The JCs were held regular every other week in a medical center in Northern Taiwan. Assigned facilitators were responsible for choosing topics relevant to clinical care and quality improvement, and identifying the current best evidence before JCs meeting. Multidisciplinary teams were invited according to the JCs topic.
- The “evidence pipeline” model (Glasziou & Haynes, 2005), which contain 7 barriers of evidence use (Awareness, Acceptance, Applicable, Available and able, Acted on, Agreed to, and Adhered to), was used to evaluate the results of KT.
- The number of changes of previous standard of procedures as the result of JCs was tracked.
- Content analysis was used to identify the facilitators and barriers of KT.



Key Results

- A total of 131 JCs were held every other week from 2012 to 2019. There were 195 participants.
- Up to now, only 29% (38 / 131) JCs discussion issues have finally become guidelines or SOPs in real world clinical setting.
- The facilitating factors of KT: (1) leadership and organization culture; (2) physician participation; and (3) external audit.
- The barriers of KT: (1) lack of time to read, discuss or implement the evidence; (2) research outcomes and statistical analyses are not understandable; (3) healthcare providers feel they don't have enough authority to change patient care procedures.



Patient involvement

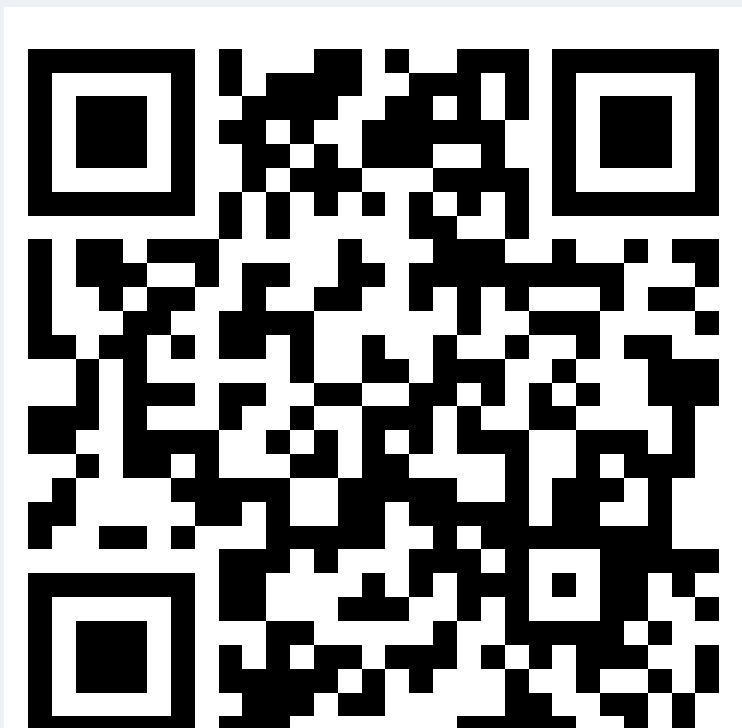
- Besides healthcare professionals' participation, we also should promote shared-decision making (SDM) with patients based on best evidence to promote KT.
- To invite patient participation in clinical JCs will be a creative strategy to facilitate evidence use.

Relevance to diversity

- The component of KT is not just methodology, the ultimate goal is to reach the endpoint user, clinical healthcare professionals and patients.
- This study explored the results of JCs experiences of the front-line healthcare provider and their facilitators and barriers of KT implementation.
- Most of them aware of and accepting the best evidence, but insufficient in actual practice.
- We should focus on the process of getting over the barriers, change culture of practice for better and quality healthcare.



More information about Journal Club



Title: Can evidence-based journal clubs promote knowledge translation in real world clinical setting?

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