

Chapter 13

The Cochrane Students Journal Club and Creating a Secondary Learning Resource for Gathering and Appraising Evidence: An Example of Rational Use of Medicines to Prevent Malaria Relapse

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ABSTRACT

In the current era of evidence-based healthcare, online learning resources provide accessible and affordable training and teaching resources to stimulate the next generation of medical professionals. In the first of a series of qualitative case studies on the Cochrane student's journal club, the authors evaluate and portray the outcomes in each of its patient-focused, evidence-based learning activities. This study illustrates an exercise centered on the hypothetical case of a patient treated for Plasmodium vivax presenting with a suspected relapse.

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INTRODUCTION

In the current era of healthcare, educational paradigms are gradually shifting from didactic teaching to the implementation of more evidence-based approaches (Cramer & Mahoney, 2001) While the transition in itself may take a certain amount of time and infrastructural change amongst educational institutions, the knowledge translation can be facilitated by the use of other tools such as journal clubs.

The first recorded journal club was put into practice by Sir William Osler at McGill University in 1875 with the objective that one could “afford opportunities, which after graduating you never obtain, of learning how to prepare papers and express your ideas correctly” and that via these journal clubs one could attain a “training in the difficult science of debate” (Cushing, 2010). The same principles constitute the foundation of journal clubs today.

Usually set within the framework of educational institutions, journal clubs are often tailored to suit the needs of individual academic departments. However the basic format remains the same as outlined in the excerpt below taken from the American Journal of Critical Care (2002).

“The steps to beginning a journal club at your school, hospital, or medical institution are simple:

- 1. Post and distribute copies of the research article and the journal club discussion questions to interested persons*
- 2. Set up a convenient meeting time and location (e.g., monthly)*
- 3. Identify a facilitator for the meeting (initially, this could be a clinical educator, clinical nurse specialist, nurse practitioner, nurse manager, or senior staff member, with journal club members then taking turns to lead subsequent journal club sessions)*

4. Hold the journal club (encourage active participation of those attending by using the discussion questions)

5. Evaluate the journal club (e.g., at the end of the session, gather feedback from participants). Determine how the next journal club meeting could be made more beneficial, e.g., encourage more attendance, hold more than one session, tape-record the session for those unable to attend.)

6. Schedule the next meeting”

Role of Journal Clubs in the Medical Curriculum

Journal clubs play an important role in the dissemination of knowledge and appraisal skills. For example, the adaptation of an evidence-based approach to journal clubs organized by residency programs help to familiarize the residents with the skills of scientific appraisal and at the same time keep them abreast with current practices in healthcare (Ebbert, Montori, & Schultz, 2001). While such clubs are an established component of the medical curriculum in Western countries (Alguire, 1998) emerging nations in the South-Asian region are yet to adopt them widely. Journal clubs can provide a student-centered, interactive, and supervised learning session, which can incorporate case vignettes and other learning resources that address issues pertinent to the region. For example, a discussion centered on treatment protocols for malaria would be far more useful in regions such as Africa and South Asia where the disease is endemic. Furthermore, related issues such as parasite drug resistance, genetic influences on treatment outcomes (G6PD deficiency, sickle cell anemia), health education, and access to medical care could also enhance the clinical discussion.

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