

A reflection on the value of participating in a journal club: Early findings from a transition to practice program

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ABSTRACT

The column describes the intersection of a transition to practice program for advance practice providers and incorporating monthly journal club activities. Reflections on the value of the journal club highlight opportunities for education, clinical care, and system-level care.

Keywords: Evidence-based practice; journal club; nurse practitioner.

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Background

The landscape of transition to practice programs for newly graduated advanced practice registered nurses and physician assistants is varied and diverse and continues to evolve. Authors of a systematic review to promote new graduate programs describe the effectiveness and interventions that promote transitions of newly graduated nurse practitioners (Speight et al., 2019). Program length, reduced patient load, precepted experiences, preceptor support, and didactic lectures contributed to program success. Advanced practice providers and educators should use a variety of educational approaches to support new graduate transitions. Creating and running a journal club is another intervention that contributes to program effectiveness.

In this Fellows Speak column, I present some early findings from a transition program for nurse practitioners and physician assistants. The program, WesternU Integrated Substance Use Disorder Training Program (WISTP) is a partnership developed in collaboration with the Health Resources and Services Administration, a college of graduate nursing, a federally qualified health center, and two other academic clinical partners. The WISTP stands out for its focus on enhancing primary care providers'

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understanding of substance abuse. The program equips primary care providers with the necessary knowledge and skills to incorporate substance abuse screening, detection, management, and referral into their practice. The advanced practice providers in the WISTP program consist of recently graduated nurse practitioners, physician assistants, and one individual who transitioned from a specialty practice to primary care. On the surface, these are exactly the trainee levels that transition programs intend to support.

One of the program's interventions, the monthly journal club, is of note. This practice, which has stood the test of time, traces its roots back to the era of Sir William Osler (~1880s at Johns Hopkins University), demonstrating its enduring relevance and effectiveness in promoting evidence-based practice (McGlacken-Byrne et al., 2020). **Table 1** is a partial list of the values and benefits of participating in journal club activities.

Before the reflections, I must disclose additional background on transition programs and journal clubs. Both topics are widely available through our professional literature. Transition programs for advanced practice providers are still relatively young, and the concept of having such programs is not without controversy. Through this Fellows Speak column, I am not addressing the pros and cons of such programs. I encourage all NPs to review the literature and draw their conclusion. For journal clubs, I concede I am a strong supporter. Remaining abreast of the growth of biomedical literature is like trying to sip a drink from a fire hose. The explosion and volume of new material supplants what we learned in textbooks 10-fold or more. The expectation to use evidence-based practice in our decision-making further necessitates remaining abreast of current trends.

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Table 1. Value and Benefits of a Journal Club
Reinforces knowledge of critical appraisal of research methods
Promotes evidence-based practice
Contributes to lifelong learning
Develops presentation skills
Promotes collaborative learning
Disseminates new knowledge
Inspires future projects
Source: McGlacken-Byrne et al. (2020).

Journal topics

Three cohorts explored the topic of relative value units (Sheppard & Duncan, 2020). Overwhelmingly, the transition trainees perceived great value in the topic. A review of the general comments suggested a deep understanding of relative value units was missing in their basic education. This review was widespread in that the trainees all came from different programs. My reflection on this finding is that there is an opportunity for our educational programs to provide more didactic material about practice management. Advanced practice providers must recognize that their productivity is as important as their clinical skills. Although practice management is not a topic reflected by Mc-Glacken-Byrne et al. (2020), the reality is that in today's environment, clinical management and practice management are intricate to each other.

Many new advanced practice providers are primary care generalists. In our program, the monthly host of the journal club rotates. As trainees rotate into the club leader role, they select the article for discussion and distribute it before the meeting. One recent leader picked the topic of management guidelines. Many organizations publish management guidelines. All trainees were familiar with the concept of management guidelines. Selecting and implementing a specific guideline was the new territory. Given the nature of the WISTP, one of the leaders picked a substance use guideline (Ford et al., 2022). The value of the guideline was the breadth of medical and psychosocial interventions available to the provider. On reflection, all respondents indicated that their current electronic medical record (EMR) was "superficial" in this area. Thus, a rich discussion of how to influence the structure of the EMR was highly relevant, thus promoting a system to support evidence-based practice (McGlacken-Byrne et al., 2020).

A physician assistant presented an article on joint pain (Foster et al., 2023). The advanced practice providers embraced articles with decision-making tables and figures. One of the attendees indicated that she clipped the tables and placed the material in her personal pocket guide for handy future use. As with the prior article, the EMR structure varied. Building a personal pocket guide is gathering or reinforcing knowledge.

A nurse practitioner leader brought an article on food allergies for discussion (Bright et al., 2023). All participants reported gaps in their education about food allergies. One positive finding was that all participants knew the signs and symptoms of severe anaphylaxis in group discussions and recognized treatment approaches. This knowledge gap in preventing food allergies allows educators to review already-packed curricula. Sadly, the knowledge may be labeled as nice-to-know but not needto-know for national examinations.

I want to call attention to a final selection. One of the providers introduced the team to cannabis essentials (Sazegar, 2021). Our program is in California, where voters approved recreational cannabis. More than half of the states have varying laws on cannabis. Patients are seeking advice on the subject. None of the providers reported receiving educational instruction on counseling patients on this sensitive topic. In this manner, the information is dissemination of new knowledge (McGlacken-Byrne et al., 2020).

Implications and next steps

I could list more of the articles discussed in the monthly journal club. Each had value to the group. However, the takeaway message is that new clinicians appreciate the literature. Reinforcing how to review an article was timely and added value to the process and aligns with the approach of McGlacken-Byrne and colleagues in understanding critical appraisal and developing presentation skills. Moreover, the advanced practice providers picked articles that bridged a knowledge gap. The providers openly admitted the knowledge gap and were eager to share their interpretations.

Academic programs prepare advanced practice programs with information that conforms to the national certification examinations. Newly graduated providers still have much to learn in clinical and systems care. There was no controversy regarding the article's source, whether from a physician-centric journal, a nurse practitioner journal, or a physician assistant publication. I reflect this is a step in the right direction for interprofessional education.

Even though the sample here was convenient and small, there are some implications. First, the educational journey must instill that professional development and lifelong learning should be the norm. As such, providers should receive ongoing encouragement and support.

Using journals is just one way of riding along the journey. This ride-along necessitates access to newly published material. Regardless of years in practice, all providers need access to current literature. I translate this to mean that all advanced practice providers should be members of their professional association and that associations should have journal access as a member benefit.

Journal clubs are just one approach to sharing knowledge. They have stood the test of time. I call on all practice sites to dedicate 1 hour a month to journal club activities, further demonstrating the support and appreciation of evidence-based practice. Practitioners should freely call on their past academic programs and encourage collaboration with faculty and students for journal clubs. Academic programs may have greater access to articles than individual practitioners. There is more to learn than what is on the certification examination.

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