

Intended for healthcare professionals



## Careers

# Are journal clubs an essential tool for postgraduate education?

BMJ 2011; 342 doi: <https://doi.org/10.1136/bmj.d1082> (Published 02 March 2011) Cite this as: BMJ 2011;342:d1082

**Helen Macdonald, assistant editor**

<sup>1</sup>BMJ

[hmacdonald@bmj.com](mailto:hmacdonald@bmj.com)

## Abstract

**Helen Macdonald** argues, no

Journal clubs are a tradition, but educationally, they are hit and miss. It is difficult to argue with the aspirations of a journal club, but equally difficult to argue that they are “essential,” evidence based, or superior to other options.

## Pot luck

In an overheated room with dull lighting, an audience of juniors snatch respite in a journal club (although the club does not always happen).

Some huddle chatting; an aspiring statistician sits expectantly. Others bide time scribbling half remembered jobs on to a tick list, or try to glimpse the paper’s abstract—they have not read it in advance and there are insufficient copies to go round. While juniors gather the presenter waits. Intermittent bleeps punctuate a dribble of doctors who creep in and out with muttered apologies.

What follows is pot luck, dependent on the topic, paper, presenter, and audience. Learning and teaching styles, competence, particular specialties, and organisation factors influence impact. But it is rare to leave with a satisfied feeling.

## Lacking precise purpose

Journal clubs began in the nineteenth century and have grown organically. Originally, doctors gathered to discuss new findings and their clinical practice. They were also an opportunity to network. Enthusiasm for their more informal learning style was documented. Over time different faculties formed their own groups.<sup>1</sup>

Since the 1980s, some journal clubs have altered their focus to tackle critical appraisal and evidence based

medicine (EBM). Papers may be chosen to exemplify specific study design, controversy, classic studies, or patient problems.<sup>2</sup> But for juniors the goals are often unclear.

## Evaluating journal clubs

With nebulous or inconsistent goals, evaluating the efficacy of journal clubs must be difficult. Research on their utility is scarce and has produced inconsistent results. Such results as there are should be interpreted with caution, because benefits are often small, short term, and based on self reported outcomes or changes in knowledge rather than differences in performance.<sup>3</sup>

Descriptions of successful clubs outline the need for a club leader, goals, and a way of selecting articles. A club must generate sustained interest and attendance.<sup>2</sup> Others suggest provision of food, sufficient copies of the paper and appraisal tools, a log of the topics covered, and a conclusion for each session.<sup>4</sup>

A recent systematic review adds that mentoring, didactic support, adhering to adult learning principles, multifaceted approaches, and integration with other learning activities are important factors.<sup>5</sup> Perceived importance by seniors and mandatory attendance are associated with longevity of a club.<sup>6</sup>

## Specifics of evidence based medicine

If the future of the journal club is about teaching EBM skills, its traditional approach is not in line with best evidence. EBM skills are better taught in a clinically integrated manner <sup>7</sup><sup>8</sup>—otherwise there is a sense that EBM is tangential to practice.<sup>9</sup>

Integrated EBM is patient based. A doctor or group must identify a patient with a clinical problem, search for relevant information, critically appraise the evidence, understand the evidence, and then decide on the outcome for the patient.<sup>3</sup>

Some have achieved this in journal club format,<sup>4</sup> but others argue for alternative methods—for example, clinical teams using ward rounds or team meetings to discuss patients and prompt questions.<sup>3</sup>

This raises the question of whether the basic skills, time, and resources are in place for ward teams or local journal clubs to learn effectively. For example, access to computers or the research papers can be limited. Do the majority of senior doctors possess sufficient skills to teach EBM?

Perhaps the future lies online, with guidance and suggestions from medical journals and organisations such as Cochrane, who have started online journal clubs. Staff within such organisations may be better placed to guide users through methodological issues.

## Training reality

In countries such as the United Kingdom, postgraduate education is shaped by curriculums. Evidence of a junior's success is presented by an e-portfolio and exam marks.

The journal club must jostle with numerous other learning tools and experiences for an entry in the e-portfolio. The predictability and quality of an hour spent at journal club must be weighed against other options—for example, clinical meetings, learning modules, reading, reflective entries, revision, and the mandatory skills assessments.

It is notable that the broadest and most basic of the UK training programmes, that for foundation years one and two doctors, does not name the journal club as a specific learning tool.

But it is not all about the e-portfolio; juniors may change hospital, team, and specialty every few months for many years. I suspect most juniors believe that keeping up to date and learning skills of EBM are important, but they must also learn the basics of each specialty they encounter. Scrutinising incremental and uncertain advances from research in a journal club may not trump time spent getting to grips with established practice, guidelines, and protocols which are directly applicable and essential for their day job.

## Conclusion

There is something attractive about the indestructible nature of the journal club. But away from romantic goals and dream scenarios described by some education and EBM enthusiasts, evidence of their efficacy as an essential learning tool is lacking. The journal club is struggling for a place in modern education, and its supporters must revive it before its rival tools confine it to the history books.

## Footnotes

- Competing interests: None declared.

## References

1. Linzer M. The journal club and medical education: over one hundred years of unrecorded history. *Postgrad Med J*1987;**63**:475-8.
2. Valentini RP, Daniels SR. The journal club. *Postgrad Med J*1997;**73**:81-5.
3. Hatala R, Keitz SA, Wilson MC, Guyatt G. Beyond journal clubs moving toward an integrated evidence-based medicine curriculum. *J Gen Intern Med*2006;**21**:538-41.
4. Phillips R, Glaziou P. What makes evidence-based journal clubs succeed? *Evid Based Med*2004;**9**:36-7.
5. Harris J, Kearley K, Heneghan C, Meats E, Roberts N, Perera R, et al. Are journal clubs effective in supporting evidence-based decision making? A systematic review. *Medical Teacher*2011;**33**:9-23.
6. Alguire P. A review of journal clubs in postgraduate medical education. *J Gen Intern Med*1998;**13**:347-53.
7. Coomarasamy A, Khan KS. What is the evidence that postgraduate teaching in evidence based medicine changes anything? A systematic review. *BMJ*2004;**329**:1017-21.
8. Green ML, Ellis PJ. Impact of an evidence-based medicine curriculum based on adult learning theory. *J Gen Intern Med*1997;**12**:742-50.
9. Bhandari M, Montori V, Deveraux PJ, Dosanjh S, Sprague S, Guyatt GH. Challenges to the practice of evidence-based medicine during residents' surgical training: a qualitative study using grounded theory. *Acad Med* 2003;**78**:1183-90.

Should covid-19 vaccines and drugs be “not for profit”?

Yes

No

[View Results](#)