
Why all emergency departments should have ED nursing journal clubs, not just physician journal clubs

By June Tavenor-Brake, RN, BN

I am a registered nurse in the emergency department (ED) at the Health Sciences Centre, one of only two adult EDs here in St. John's, Newfoundland. The physician group we work with covers both EDs, but the nursing staff is exclusive to each site. The ED physicians hold a monthly journal club as a means of keeping up to date with current practice and research. The doctors rotate who hosts the event, and food and drink are provided. Each month, they invite two nurses from each ED to also attend the event. Earlier this year, I was selected to join.

Prior to the event, I had access to the research articles, which were critiqued and presented by one of the residents in the emergency medicine residency program at Memorial University of Newfoundland. At the event, the research methodologies were scrutinized, the authors themselves were critiqued for any conflicts of interest, and the findings were thoroughly debated. At the end of the evening, there was a general consensus reached about whether the studies presented sufficient evidence to alter or improve current practice.

I had a great time at the journal club, largely because I am somewhat of a research nerd, but also because I love getting involved in debates and conversations that are actually going to improve patient care. As ED nurses, we can all tell stories of how we “just knew” that the patient needed something, but without evidence we were unable to convince the physician to order a specific test, or try a certain medication. Inspired by the open dialogue of the physicians' journal club, I decided this was a great opportunity to organize the ED nurses, take a critical look at nursing literature, and really start examining our practice. Perhaps we could even find evidence to support our “gut instincts” when faced with a resistant physician in the future.

So, I decided to start the ED Nursing Journal Club. The first challenge I encountered was making the nurses feel as though this was not going to be like nursing school, where we had to know how to read stats, or know how to search CINAHL, and so on. To counteract this, I decided I would do the first “critique and presentation.” Participants would have to simply read the articles I emailed to them and show up. I did all the leg work on critiquing the research methodologies. As an added strategy, I also emailed a short article I found in *JEN*, about a two-step approach to critiquing nursing research. We still reference this article from time to time.

The second challenge was getting the nurses interested. Like all EDs in Canada, we are faced with staffing issues,

overcrowding, increasing numbers of admitted patients, and sicker patients. Why would they want to take their off time to meet and talk about the things that frustrate them at work? So, the research I chose for the first meeting of the journal club was centred around nursing burnout and fatigue, and the differences between critical care nurses and med/surg nurses. I thought that at least this would help my colleagues feel as though nursing research could be helpful as support when we complained to management about working conditions, and what some of the implications could be if things did not change.

Hoping that I had met my two biggest challenges, I set the date, decided to host the event at my home, put up a poster in the break room with directions to my house, and hoped for the best. The day of journal club, we were hit with a storm. One nurse who lived close showed up, but obviously the event was a bust. So, I rescheduled in two weeks' time to ensure I still captured the “side of the schedule” that would have been planning to come to the original event. Two nurses, a nurse practitioner, and myself sat down with potluck and wine and discussed the articles. Although this small group may have seemed like an indication that this project would not work, this was not the case. One of the nurses, in particular, who attended is well liked among our colleagues, and she spent the next few shifts bringing up our discussion to everyone else. The other participant and nurse practitioner were also excited about our discussion, and whenever we worked together over the next few months, we would see examples of scenarios we had discussed, and relate it back to the research.

Next, I decided I would target someone I thought would draw a crowd. One of our new graduate nurses is exceptional, and just lovely to work with. So, I approached him to see if he would be interested. I figured that he would be someone to whom others would want to listen. I'm not sure if I coerced him, but he agreed. I decided to host again because I did not want to put too much pressure on him, and at this journal club meeting, we had a total of five participants. I was gaining slow momentum, but I felt like I was starting to get some attention. Of particular interest from this event was the decision by the nurse practitioner to have a “holding area” for patients who were waiting for blood work or ultrasounds, etc., thereby improving her patient flow of CTAS 4 and 5 patients. Now I had the managers' attention.

For the third, and most recent meeting, I decided to go big. I recruited the most experienced and most popular nurse in our ED to choose the articles to discuss, and I encouraged her to come to me with any research-related problems. I started a

Facebook group and invited all of my colleague “friends” to join. I also included the ED residents, staff physicians, and paramedics to join. Then I created an event for this group, inviting everyone. I even had friends from my previous ED in Toronto ask if they could attend via “Skype”. Unfortunately, I did not know how to organize this in time. I advertised in our department and the other ED, and required an RSVP because I was going to have the event catered, albeit BYOB. The date was set, I was going to host again, and now I had “confirmed” attendees. I booked a caterer, secured a small amount of financial backing from our “recycling fund” at work, and decided I would absorb the rest of the cost personally, because I really wanted this to work! Fingers were crossed. The event totalled one nursing student, 12 nurses, and four paramedics. The discussion, guided by the articles, could have continued for hours. We learned more from the paramedics than we expected, and the paramedics stated that there were now several new ways they were going to approach patients. At the end of the evening, everyone asked when the next event would be held, and at whose house. Success!

In planning our upcoming event, I asked if anyone was interested in hosting, and several people volunteered. I approached one of my colleagues and close friend to choose a topic and find the articles, and she agreed. I have been unsuccessful in finding a regular source of funding to cater the journal club, so this one is planned as a potluck. One of the paramedics is also a nursing student, and has had several inquiries from nursing students who are interested in ED nursing if they can attend. They have also been requesting to join the Facebook group! The current tally on “attendees” as per Facebook is eight, with an additional 10 “maybes”. This does not include those ED nurses who are not Facebook users, but have stated to me that they are coming. I am also hoping to take advantage of Skype, and perhaps include ED nurses from other locations, such as my former colleagues in Toronto, and other EDs where some of our nurses have worked in the past. Many nurses who are unable to attend have requested I send them the articles.


My colleague who is reviewing the articles this month is going to address family presence in the ED, and decided to do an informal survey of the nurses, paramedics, and doctors in the department using a tool from the literature. This strategy has opened dialogue about the topic even before the event, and prompted a locum physician to email our manager some literature that “changed the way he practises” when it comes to family presence during invasive procedures and resuscitation. Several of the staff physicians have also requested the articles, and plan to attend. You don’t see the physician journal club sparking this kind of interprofessional debate.

In conclusion, all EDs in Canada should have an ED nursing journal club in addition to any physician journal clubs, because nurses are the ones who spend the most time with patients and their families, we collaborate with all professions, we coordinate care and information with all professions, yet our knowledge and experience is still under-utilized. All ED nurses have

issues, and may resort to lunchroom venting, so why not organize ourselves, our thoughts and our research evidence, and invite the other ED care providers to hear what we have to say. And also listen to what they may have to say. It will improve our collaboration, the care we all deliver, and just may make our working environment better places, even within the chaos of the ED.

Lessons learned:

- Stay positive. If you want to champion a project such as this, it is up to you to keep the momentum strong.
- Remove the idea that this is going to be work!
- Involve key people, and keep approaching naysayers, because their involvement can turn the tide. Each ED has its own culture, so only you know who these people are.
- Consider interprofessional involvement, because we may be complaining about another group only to learn that a simple “did you know” conversation can change practice and attitudes.
- Everyone loves food, but secure funding BEFORE booking a caterer!

If anyone has any experience or suggestions as to how I can improve or build on this project, I encourage you to contact me personally. 

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