Will the journal club survive?

COMMENTARY ON… ARE JOURNAL CLUBS USEFUL IN TEACHING PSYCHIATRY?†

COMMENTARY

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SUMMARY

We outline benefits and problems of introducing internet-based approaches (e.g. e-learning, social networking) into journal clubs. We also look at potential risks to the continuing existence of clubs posed by the changing health economy and the move in psychiatry from clinical medicine to community care. Overall, we are optimistic for the journal club's survival.

DECLARATION OF INTEREST

None

Swift's article (2016, this issue) touches on key issues relating to an important teaching and learning opportunity for doctors that we believe is under threat in today's National Health Service (NHS). She considers the myriad options for journal clubs, from traditional face-to-face sessions to online environments using simulation and social media. But how do we harness these exciting new possibilities when finding time for regular educational opportunities is more and more difficult, services are increasingly geographically fragmented and so many NHS trusts have no or limited wi-fi (Scott 2013; Godlee 2015)? Strict regulations about the use of smartphones to disseminate patient-related material add to the problem.

The new zeitgeist

We live in an age where doctors are increasingly aware of the potential dangers of posting clinical information on public forums such as Twitter, lest it be deemed patient-identifiable in any way. This culture may discourage would-be entrepreneurs from exploring the ways social media could be used to take journal club discussions beyond the classroom and draw in a wider audience (Rattray 2015). Healthcare providers now champion public engagement and most have Twitter handles and a social media presence accessible to the public. Is this a missed opportunity to include a patient voice at these meetings?

Moreover, we may now be in a situation where tech-savvy trainees are held back by monolithic, one-size-fits-all IT systems with outdated web browsers, crumbling hardware and sometimes Luddite consultants.

In our new health economy the independent sector is providing an increasing number of clinical services (CHPI Research Team 2015). Would these enterprises offer the same support for journal club meetings were they to take charge of your local service?

Swift highlights the demonstrable value of free food as bait for attendees. An ongoing challenge is the conflict between the scrupulous evidence-based enquiry of a journal club and the potential for bias introduced by pharmaceutical representatives that so often accompanies the 'free lunch' (Alkhaled 2014).

The future

Will hospitals of the future have meeting rooms that can be available for these events? Junior doctors face an ongoing challenge to preserve their hospital mess rooms, some of which have been converted into office space or rooms for patients (British Medical Association 2013). 'Hot-desking' is now commonplace as the estate shrinks and more staff work from home, leading to increasingly fragmented teams.

Journal clubs are a key opportunity for networking and peer support among trainee and senior doctors alike. No randomised-controlled trial will ever capture the rich variety of discussion or the synthesis of clinical decisions and learning that take place at these meetings across the country every week. Harnessing social media, e-learning resources and tools for audience participation could bring this 19th-century institution into the information age. An example is Mentimeter (www.mentimeter.com), a Swedish startup that allows users to participate in real-time voting, free-text responses and problem-solving that can help shape seminars as they happen.

Perhaps journal clubs could have a Facebook page accessible to hospital staff within their

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†See pp. 203–210, this issue.

employer's network and then a Twitter handle to disseminate the 'take-home messages' to a wider group of patients, carers and other stakeholders in the community. This could encourage a broader dialogue on issues such as the use of newer medication and psychological interventions, allowing these groups to view the journal club's opinions on these and respond using Twitter.

There must be a 'parity of esteem' for the journal club as the in-patient model of clinical medicine is gradually replaced with community care. Time and resources must be set aside to preserve this essential component of training and CPD so that our journal clubs do not wither on the vine. If face-to-face meetings are replaced with the synchronous and asynchronous format that Swift describes, then all would-be attendees should have access to training and infrastructure provided by their NHS organisations so that they can participate effectively.

Conclusions

We believe there is a future for the journal club, perhaps where face-to-face networking and peer support are complemented by smartphone apps and e-learning. There may even be room to employ social media as a means of widening participation in clinical problem-solving, including a patient voice and facilitating discussion between journal clubs. We are optimistic!

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