



# Research in Practice

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## DEVELOPING A JOURNAL CLUB THAT IMPACTS PRACTICE

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**J**ournal clubs are regular meetings of colleagues to critique current research publications and evaluate clinical utility. Although physicians have used journal clubs for many years, nurses started using them only recently. Nurses who specialize in gastroenterology and hepatology at our Veterans Affairs Medical Center decided to conduct monthly journal clubs to explore innovations in nursing care of patients with gastrointestinal (GI) and liver disease. In this column, I will describe how we developed our journal club and how it has helped us improve patient care.

### Starting a Journal Club

Our hospital administration encourages nurses to join journal clubs, but we needed to overcome two major barriers in our unit: time and insecurity. Many nurses thought that they were too busy to attend a journal club and also felt unprepared to evaluate articles; however, our hepatitis C nurse coordinator was so inspired by a workshop about evidence-based practice that she was determined to start a journal club. She first enlisted the support of the GI diagnostic center charge nurse, nursing supervisor, and other members of the unit, and then arranged the first meeting for a time when there were no procedures or other patient care needs.

The hepatitis C nurse coordinator used the first meeting to help the staff feel more secure by establishing a procedure and teaching them how to use it. The nurses decided to meet for 1 hr on the first Wednesday of each month, selected a permanent location, and chose problems that they wanted to explore. All nurses signed up for a month when they would be responsible for choosing an article to review and distributing copies to everyone at least a week in advance. The journal club members planned a full year's schedule.

Our GI diagnostic center staff members are known for their openness to change. Whenever we hear about a better way to do something, we say, "Let's try it!" True to form, the team enthusiastically accepted the idea of a

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journal club. We made sure that we protected the time assigned for the club and arranged for someone to bring refreshments every month. The nurses also received continuing education units for participating.

## How the Journal Club Changed Our Practice

Some of the articles reviewed reinforced our practices but several encouraged change. For example, we made changes in hydration instructions, started doing some nonsedated procedures, shortened the recovery time after liver biopsies, and learned better ways to manage patients with obstructive sleep apnea. The following sections describe how the journal club stimulated change in these four areas.

### Hydration

Hydration was the focus of Lichtenstein, Cohen, and Uribarri's (2007) article about bowel preparation for colonoscopy. The authors discussed the importance of hydration before, during, and after colonoscopy for both effective bowel cleansing and patient safety. This article struck a nerve because we have done unit quality improvement projects about bowel cleansing. We need the colon to be clean so that neoplasms, polyps, and arterial venous malformations are clearly visible. We also do not want the costs, risks, and discomforts of repeating a colonoscopy because the colon was not clean enough; however, because laxatives clean the colon by pulling fluid from the body into the colon to flush out the stool, patients must be well hydrated. Also, good hydration is safer for patients because it helps maintain electrolyte balance.

As a direct result of this article, we added instructions about hydration to the instructional pamphlet given to patients to help them prepare for colonoscopy. We now instruct them to drink at least 3 L of clear liquids before starting the laxatives at 3 p.m. We also ask them to drink two (8 oz) glasses every hour, starting at 8 a.m. and ending at noon, and then continue to drink clear liquids until midnight. We reinforce the information verbally when we give them the pamphlet.

### Nonsedated procedures

Members of the journal club also read "Options for Screening Colonoscopy Without Sedation: A Pilot Study in United States Veterans" by Leung, Mann, and Leung (2007). The authors explained how nonsedated procedures could be safer for patients who are susceptible to complications because of respiratory and cardiac problems. They also described how some veterans were avoiding colonoscopies because sedation required that they have someone to drive them home and they did not have anyone to ask. When given a choice, some veterans preferred to have the procedure without seda-

tion; they were able to tolerate the colonoscopies very well and could drive themselves home.

This article made us question our current practice, and we therefore decided to offer our patients the option of nonsedated colonoscopies. We added a statement to the instruction sheet for colonoscopy, advising the patients that they could choose whether or not they wanted sedation; we did the same for other procedures such as esophagogastroduodenoscopies. When we gave patients a choice, the number of nonsedated colonoscopies nearly doubled from 77 out of 607 in 2007 to 141 out of 618 in 2008.

### Liver biopsy

Patients with hepatitis C are routinely seen by nurses in the Veterans Affairs Liver Clinic and are seen in the GI diagnostic center if they need liver biopsies or screening for esophageal varices. Because they see many of the same patients, nurses in the liver clinic and diagnostic center must stay in close communication. The journal club provides an opportunity for them to address issues that they share. For example, the journal club studied an article about shortening recovery time after percutaneous liver biopsy. Firpi et al. (2005) found that 1-hr recovery was sufficient. Patients with 6-hr, 4-hr, 2.5-hr, and 1-hr recovery times all had the same clinical outcomes.

We had been keeping our patients in recovery for 4 hr after liver biopsies and checking the complete blood cell count 3 hr after the procedure to check for internal bleeding. After reading the article, our nurses met with the hepatologist who performs the biopsies to see whether we could shorten the recovery time. Consequently, we now draw blood for the complete blood cell count a little earlier (2.5 hr after the procedure) and recover patients for only 3 hr. The 1-hr shorter recovery time decreases cost of staffing for the facility.

### Obstructive sleep apnea

An article about patients with obstructive sleep apnea after endoscopic procedures (Moos, 2006) alerted us to the dangers of sleep apnea following procedures involving conscious sedation. To prevent respiratory complications, the author recommended that patients who have machines that deliver continuous positive airway pressure (CPAP) during sleep bring their machines with them to the hospital and use them during the recovery period.

Many of our patients live far from the hospital and stay overnight in our boarding facility after they have undergone a procedure. After reading the article, we began asking patients to bring their CPAP machines with them to use after the procedure and also during the night in the boarding facility. Using the CPAP

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machines helped prevent postprocedure apnea and also was a courtesy to their roommates because people with sleep apnea snore, often very loudly, without CPAP.

### Conclusion

Nursing journal clubs are a good way to keep the staff aware of recent developments in professional practice and facilitate evidence-based change. They help nurses think critically about their practice and identify topics for further research. I highly recommend journal clubs as a way to get all nurses involved and excited about finding ways to improve patient care.

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