

## Journal Club 2014-2015

Hosting Attending

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Carolinas Medical Center's Department of Emergency Medicine has placed a strong emphasis on Journal Club for over 20 years with the goals of bringing academic medicine and research to clinical practice. Our goal is threefold: the first goal being able to be abreast of cutting edge practices, the second is to be able to judge the quality of data in articles you read throughout your career, and lastly to bring Residents and Attendings together in a social atmosphere.

Journal Club is part of your residency requirements. Your attendance along with an ability to discuss all the articles is compulsory and expected.

\*\*\*Secondary to all Journal Club activity being published in the EM Update Newsletter AND our entire Alumni Network, it is imperative to be ON TIME with your assignments. Unlike years past, if you are late with your assignments this year, it will cause ALL updates (not just Journal Club) to be postponed being sent out to Faculty, Residents, and Alumni. **Consequently, if your assignments are delayed, I will ask Dr. Gibbs and Dr. Craig to remove you from clinical duties until they are done\*\*\***

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Journal Club articles, vignettes, and questions, will be sent out via CMC email, links via the EM Update Newsletter, and most importantly are deposited in our Compendium Website.

- **Carolinas Compendium Website:**

- **cmcedmasters.weebly.com**
  - This is password protected: Carolinas (case sensitive)
  - Everything we do in JC is available via the Compendium Website (and is archived there)
  - Please DOWNLOAD only!
  - Do NOT alter any of the materials.
  - Direct Link: <http://cmcedmasters.weebly.com/journal-club.html>
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### **1. Vignette to start:**

- a. DUE 15 days prior to JC (see schedule) – Email them to [Tyson.Cook@carolinashealthcare.org](mailto:Tyson.Cook@carolinashealthcare.org)
- b. The third year resident will write a one paragraph vignette that is a clinical case.
  - i. Example:
    1. *"Mrs. Smith is a 72 year old female with a CC of "Nosebleed". On arrival her vitals are normal except a BP of 178/100. PHx significant for a recent MI with a stent to the LAD, and A-Fib currently taking Clopidogrel, Warfarin (INR 3.1) and Aspirin. She tried direct pressure with no change, no recent history of trauma, no history of Epistaxis, no signs or symptoms of bleeding elsewhere. You place the patient in an upright position, ask the RN for Oxymetazoline and Merocel. After placement of the packing, you prescribe Keflex at the recommendation of the ENT specialist, and schedule follow-up."*

### **2. Articles:**

- a. DUE 15 days prior to JC (see schedule) – Email them to [Tyson.Cook@carolinashealthcare.org](mailto:Tyson.Cook@carolinashealthcare.org)
- b. The articles should be of similar genre, and MUST include at least one LLSA article from the 2013-2015 LLSA Reading List from ABEM (see LLSA folder on compendium).
  - i. Example:

1. 2013 LLSA *Content Area I. Signs, Symptoms and Presentations*  
Samaras N, Chevalley T, et al. Older patients in the emergency department: a review. *Ann Emerg Med.* 2010;56(3):261-269.
- ii. Broad genre for the theme (e.g. PE, rather than BP monitoring in pediatric blunt head trauma). This can be easily seen by looking at how the LLSA articles are arranged in “content area” such as: ENT, Cardiovascular Disorders, Traumatic disorders, etc.
- c. **FOUR articles TOTAL will be discussed, and must include one LLSA article, and one statistical paper (leaving two main discussion articles).**
  - i. **These do not have to be “huge” papers. Editorials, opinions, point/counterpoint, etc. are perfectly appropriate.**
  - ii. **The 2<sup>nd</sup> year will discuss the statistics.**
- d. Plan on ~20 minutes per paper (10 minutes to go over the article, and ~10+ min for discussion).

### 3. Questions:

- a. DUE 15 days prior to JC (see schedule) – Email them to [Tyson.Cook@carolinashealthcare.org](mailto:Tyson.Cook@carolinashealthcare.org)
- b. 2 Questions in regards to each article should be written by the resident assigned to that article, and turned into the third year resident in charge of that month’s JC.
  - i. These should be sent out with the general email for RSVP’s, address, food, vignette, etc. All the residents are responsible for developing their own questions, and submitting them to the third year resident. They can include statistics, study type, applicability, etc. The point is to encourage discussion of the article, flaws, statistics, and most importantly pre-reading.
  - ii. Example: Samaras et al. note that “only 21% of elderly current alcohol abusers are detected in the ED.”, why is this statement flawed based on the evidence she provides in the article?
- c. **Anyone in attendance should be able to answer the questions when asked.**

### 4. JC Discussion and Statistics:

- a. Specific review of the article statistics, and how/why they are applied. The focus of the JC should be on how to review/read articles critically and after residency be able to analyze articles and be able to weigh their scientific merit, and applicability to every day practice. **PLEASE DO NOT REHASH THE ARTICLES**, but rather discuss the merit and applicability.
- b. **Statistical Point:**
  - i. The **2<sup>nd</sup> year** resident is responsible for articulating one statistical paper during JC, and discusses benefits and shortcomings of that statistical principle.
  - ii. Example:
    1. Intention to Treat (ITT):
      - a. ITT is the idea that a study includes all randomized patients in the groups to which they were randomly assigned, regardless of their adherence with the entry criteria, regardless of the treatment they actually received, and regardless of subsequent withdrawal from treatment or deviation from the protocol. In other words, accounting for ALL subjects that started your study in the results, not just the ones that finished it under protocol. By not accounting for ITT, we introduce bias after randomization has occurred. Thus, excluding non-compliant subjects from the results, IS NOT THE SAME as including them in the result, introducing bias and essentially decreasing the accuracy of the outcome.
  - iii. This will be sent out with the JC Summary to all Residents, Faculty, and Alumni

## **5. Recommendation to Change Practice:**

- a. Each JC group will make a recommendation to change practice at the end of the night that will be carried forward and applied in the ED. For recommendations that require other specialties, or departments, the recommendations will be placed on the Faculty Conference schedule, and implemented ASAP.

## **6. Email Review, “take home point”, Recommendation:**

- a. **DUE 2 days after JC** (see schedule) – Email to [Tyson.Cook@carolinashealthcare.org](mailto:Tyson.Cook@carolinashealthcare.org)
- b. The **3<sup>rd</sup> year** is responsible for a very brief summary of the discussion, “take home point”, and lastly recommendation to change practice.
  - i. Example:
    - 1. October Journal Club Take Home Point
      - a. Articles Discussed
        - i. Bundy DG, Byerley JS, et al. Does this child have appendicitis? *JAMA*. 2007;298(4):438-451.
        - ii. Jacobs DO. Diverticulitis. *N Engl J Med*. 2007;357(20):2057-2066.
        - iii. Ranji SR, Goldman LE, Simel DL, et al. Do opiates affect the clinical evaluation of patients with acute abdominal pain? *JAMA*. 2006;296(14):1764-1774.
        - iv. Thomsen TW, Shaffer RW, White B, et al. Paracentesis. *N Engl J Med*. 2006;355(19):e21.
      - b. Discussion Pearls:
        - i. Opiates do not decrease sensitivity of abd exam but our surgeons may disagree.
        - ii. Diverticulitis treatment is almost always outpatient, but need to discuss with your attending and their PCP.
        - iii. ESR/CRP/CBC do not trump clinical exam in appy, exam rules all.
        - iv. INR is not always indicated in paracentesis
    - a. The “take home point”
      - a. CT and labs are nice, but nothing trumps your H+P. At CMC, being conservative is appropriate, and admission/Obs is safest when these cases present.
    - b. Recommendation made to change practice
      - a. Observation status for patients with “classic” story, reexamination, and close follow-up if concerning story.

**Journal Club is a part of your residency requirements, failure to complete your journal club assignments will directly impact your residency graduation.**

## **Timeline:**

-15 days prior to JC (Monday two weeks prior) – Vignette, Articles and Questions are **DUE** to Tyson, and ready to be sent out to faculty, residents, students, MLP's, and Alumni.

-7 days prior to JC (Tuesday prior) Reminder sent out as to location, food, RSVP's, vignette, etc

0 days – Send out brief email to faculty and residents reminding them of Journal Club.

Journal Club: Always the **last Tuesday** of each month (see schedule) \*except\* November and February

+2 days after JC - Email Discussion Review, "take home points", and "Suggestion to Change Practice" to Tyson (due Thursday following JC).

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Parting Thoughts:

1. The expectation is that you will be there. If you are not currently working, and are not there, expect an email/phone call, remember this is part of your residency requirements.
2. We've had around 30 replies to having JC at attending's houses and driving distance, and it was overwhelmingly in favor of driving over restaurants. >30m was the time that most cited as being too far, so those months may be at a restaurant.
3. Your host and I are here to HELP YOU! Please email and utilize us.
4. Please keep a list of who is at JC. This is to help with reimbursement for food. If the list is not submitted you may not get reimbursed for food.
5. Faculty have been asked to "step it up" as well, we expect you as the resident to do likewise.
6. Remember the Journal Club Materials are now archived in the Compendium Website:
  - a. <http://cmcedmasters.weebly.com/journal-club.html>
  - b. This is password protected: Carolinas (case sensitive)