



### Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-wracking

but...

- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

### Inside this guide:

Part 1.1 Setting the scene	2
Part 2.1-2 Critical appraisal	2-3
Part 2.3 Doing the appraisal	3
Part 2.4 Results	4
Part 3. Managers arrive	4
Participants' worksheet	5-6
Participants crib sheet	7
Feedback sheet	8

# Day hospital versus outpatient care for schizophrenia

## - THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group  
<http://szg.cochrane.org/en/index.html>, email: [jun.xia@nottingham.ac.uk](mailto:jun.xia@nottingham.ac.uk)

from

Shek E, Stein AT, Shansis FM, Marshall M, Crowther R, Tyrer P. Day hospital versus outpatient care for people with schizophrenia. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD003240. DOI: 10.1002/14651858.CD003240.pub2.

## Background explanation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those

attending see that this research may have some clinical value.

### What you will need to do is:

- Have a good read of this
- Then read the review to which this is attached.
- Distribute the review to those attending well before the club
- Make more copies for those turning up on spec
- Do not really expect many to have read the review

## The three parts

### Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

### Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before managers arrive, get them to talk, split into groups - with a feeling of urgency.



### PRINTING GUIDE

Pages 1-4 - one copy for you

Pages 5-6 - one copy for each participant - distributed at **start** of journal club

Page 7 - one copy for each participant distributed at **end** of journal club

Page 8 - one copy for you to collate feedback

Full review for everyone

Try to find a colour printer that does double sided printing

### Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

## Part 1.1 Setting the scene

Introduce participants in the journal club to their scenario

You are a new consultant and part of the role you have just gained is to help run a rather tired Day Hospital. These are, however, times of austerity and funding is tight.



Managers attended the Day Hospital one week ago have announced that the unit is in danger of closure.

Across that one week Day Hospital staff have gathered a petition from pa-

tients and protest directly to you about the threat to their positions.

You were never that keen on the Day Hospital and prefer the less hassle of the quiet out patient department. Protests and petitions and patients who walk about and do things in your vicinity are trouble.

You are called to the Managers Board and your staff expect you to robustly defend the Unit. This meeting takes place directly after this journal club.....you can tell it is going to be a difficult day.....

### Questions for participants:

Q 1. What do you think you need from the data?

A 1. [Suggestion] Does day hospital care keep people better?

Q 2. What do you think 'better' means in this case?

A 2. *List* the suggestions from participants as these are what managers will come back to in the role play [suggestion - less admission, better social integration, more employment]



*Take time to read and think about the review - this is the only time-consuming bit*

## Part 1.2 Setting the scene – the Journal club

Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see management in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on the value of day hospital versus outpatient care.

### Questions for participants:

Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?

A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

Anything that has a **reproducible method** by which results are obtained.

## Part 2.1 Critical appraisal of the review

For every review there are only three important questions to ask:

1. Are the results valid?
2. What are the results?
3. Are the results applicable to Patient?

You now have only 20 mins to get participants through this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

**Suggestion:** Ask participants what salient facts they want to know - especially considering their tight time-scale.

**Remind** them that the managers meeting is now in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively - give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers - your job is to help focus their efforts and categorise their answers.

Do not be worried by silence.

### LIST 1:

- 1.
- 2.
- 3.
- 4.

5.

### List 2:

- 1.
- 2.
- 3.
- 4.
- 5.



**Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart**

## Part 2.2 The three parts of appraising a review

### 1. Are the results valid?

*There is no point looking at the result if they are clearly not valid.*

#### a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

#### b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

#### c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

#### d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

### 2. What are the results?

#### a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

#### b. What is the overall result of the review?

Is there a clinical bottom line?

What is it?

What is the numerical result?

#### c. How precise are the results?

Is there a confidence interval?

### 3. Can I use the results to help the managers?

#### a. Can I apply the results to the current situation?

Is your clinical situation so different from those in the trial that the results don't apply?

#### b. Should I apply the results to my patients?

How great would the benefit of therapy be for my patients?

Is the intervention consistent with patient's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?



*There is no point proceeding to the second question if journal club participants think the results are not valid*



**"Does day hospital care keep people better?"**

## Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers - although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

#### **Do Group 1 really think that the review uses valid methods? Why?**

After the first group's report you may want to ask everyone to vote whether

to proceed or not. If they agree to proceed see if you can **get Group 2 to give you the clinical bottom line.**

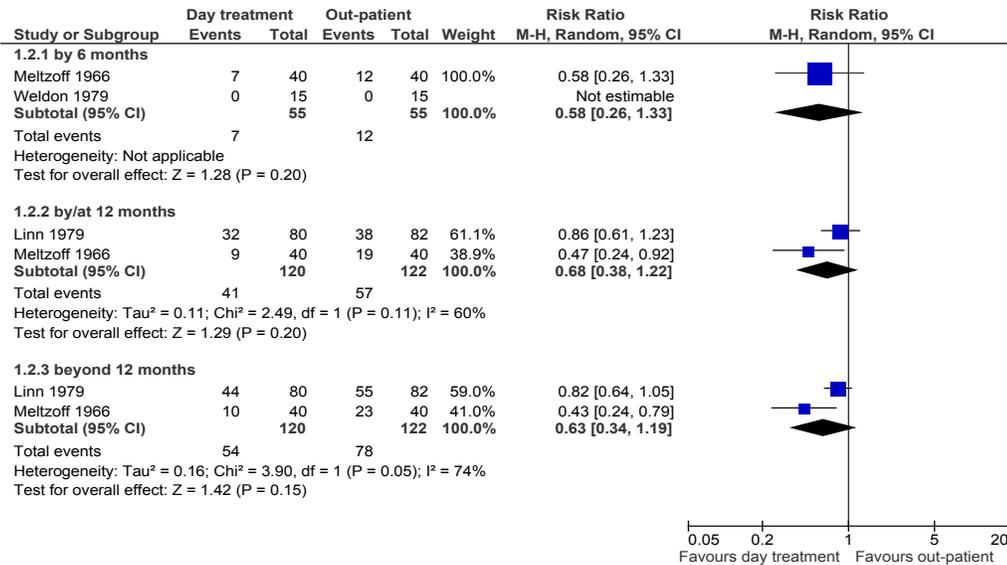
We suggest that the Graph providing data for 'Global impression: 1. Not clinically improved - for people with treatment resistant illnesses' best fits Patient's request of information about getting 'better'.

And from **Group 3 get some feel of how applicable the findings are.**

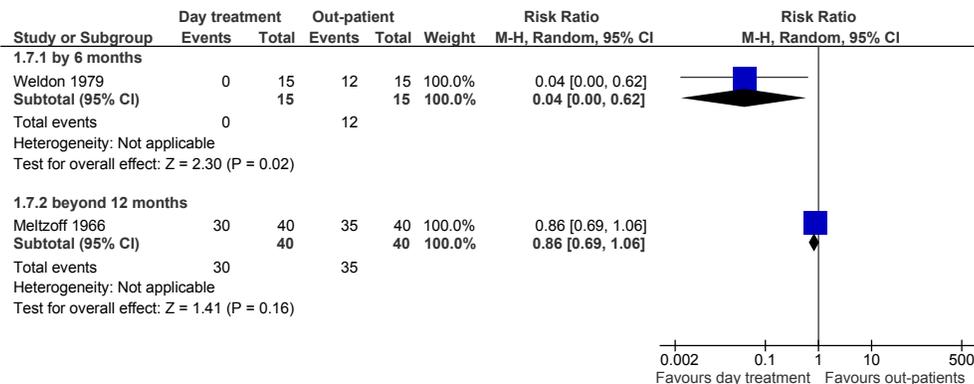


## Part 2.4 Results

COMPARISON 1: DAY HOSPITAL vs OUT-PATIENT CARE - NEAR OR ON DISCHARGE  
Outcome 1.2: Admitted to hospital during study - day treatment centre.



COMPARISON 1: DAY HOSPITAL vs OUT-PATIENT CARE - NEAR OR ON DISCHARGE  
Outcome 1.7: Social function - Unemployed - day treatment centres



## Part 3. Managers arrive

This is the most important part of the journal club - the *practical application* of what knowledge you have gained.

This is one way of doing it.

Set out chairs in managers meeting style.

Do not call for volunteers - just nominate people to be the manager, the clinician and the patient representative or carer.

Make sure that the clinician feels they can have time to ask their [not panel member] colleagues for help [remember - this has got to

be a combination of practical and fun].

Back on page 2 there are suggestions for what patients may ask - use them.

**Is the day hospital better than OPD?**

See if the clinician can use the limited evidence being clear and also honest about limitations.

There is no perfect way to do this - but perhaps something like this:

“The best evidence we have is from old small studies -

but there is the impression that, for people not too dissimilar to the people we look after admissions may be reduced and employment increased.”

**The managers may ask [or be encouraged to ask] “Do you think your information is good enough to justify keeping the day unit open?”** This is a perfectly good question and it would be understandable that the clinician should be asked it.

What compromise could be arrived at? The Managers have to do their job in these times of austerity.

Here are two key graphs. One shows some reduction of hospitalization over time and the other depicts social functioning - including reduction in unemployment.

There are problems with both sets of data. These trials are old, small, limited quality and, if added together data are heterogeneous (I<sup>2</sup> is high).

This best evidence informs the argument but gives no definitive answers to either ‘side’.

### Box 1. Additional questions

Does the day hospital save money?

Here data is in the text (just above ‘Discussion’) - the data are not good but these old numbers suggest that day care is more expensive - a bit - than OPD. But what if admissions were decreased?

If they want to close the day hospital right now - can the evidence be used to help preserve it?

It may be that the day hospital does keep people out of admissions and in employment. These data are not definitive but merely suggestive. ....so they are suggestive that the managers may be making a mistake in closing the unit.

What things could the clinician suggest that may be a compromise?

- Swift audit of outcomes
- Comparison of OPD/day unit outcomes over 6 months (non-randomised)
- Real world randomisation to do a better study to get good evidence.

  
CATmaker

This can be part of a store of  
**Critically Appraised Topics**  
- see CATmaker online



# Day hospital versus outpatient care for schizophrenia

## - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group  
<http://szg.cochrane.org/en/index.html>, email: [jun.xia@nottingham.ac.uk](mailto:jun.xia@nottingham.ac.uk)

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### Managers will arrive soon

What do you think managers may ask?

List:

- 1.
- 2.
- 3.
- 4.
- 5.

If you had not had this paper fall into your lap where might you have gone for reliable information?

#### Special points of interest:

- The idea of this is to lead you from the clinical situation, through the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this



- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

What key points do you need to know to see if this review can help?\*

- 1.
- 2.
- 3.
- 4.
- 5.

\*Managers arrives in 30 mins

After discussion do you want to change the key points you need to know to see if this review can help?\*

1.

2.

3.

\*Managers arrive in 10 mins

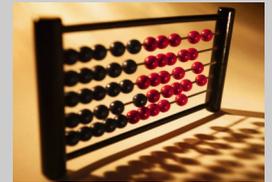
Can you extract numbers that will be useful to your argument?

Clue: focus on what you think managers may ask - main effects and adverse effects - Graph 1.2 may be a good one to use

1. Does day hospital care reduce admission?

2. Compared to outpatient care, does day hospital increase employment?

3. Compared to outpatient care, does day hospital save money?



The arithmetic is not complicated

Managers arrive

Is there a good use of words you would want to use?



**Special points of interest:**

- Best evidence suggests that clinically focused problem-based learning “has positive effects on physician competency” even long into the future.<sup>1</sup>

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. CMAJ 2008; 178(1):34-41. (free online)



This can be part of a store of Critically Appraised Topics - see CATmaker online

# Day hospital versus outpatient care for schizophrenia

## - PARTICIPANTS' CRIB SHEET

### The three parts of appraising a review

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### The results – Graph 1.2 & Graph 1.7

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# Day hospital versus outpatient care for schizophrenia

## - FEEDBACK

### Date and place of journal club

#### 1. How many attended?

About

#### 2. What was the background of the people attending? (please tick)

Health care professionals

Consumers

Policymakers

Undergraduate

Postgraduate

Others

#### 3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

#### Free text feedback

#### Please return to:

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## Thank you

This is one of 40 Cochrane Schizophrenia Group Guides for Journal Clubs

A full list is found on

<http://szg.cochrane.org/journal-club>