



Twenty-four hour care for schizophrenia

- THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group
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from

Macpherson R, Edwards TR, Chilvers R, David C, Elliott HJ. Twenty-four hour care for schizophrenia. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD004409. DOI: 10.1002/14651858.CD004409.pub2.

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

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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 re-

search 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



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

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 the Manager arrives, get them to talk, split into groups - with a feeling of urgency.

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 – The manager

Introduce participants in the journal club to their scenario

You are in charge of one of the last 'ward-in-a-house' facilities in the country. This provides care for people who have serious mental illnesses with considerable residual disability. Your colleagues in other hospital envy you this resource saying that the group with the same problems that they try and look after are either stuck in hospital or are lost or in prison. You are called to a hurriedly convened meeting of the managers of the

local mental health care provider. They are bankrupt. They think the money would be better spent elsewhere and want to axe your expensive twenty-hour care in the community facility. The meeting starts in 20 minutes. Can you help resolve the debate and the managers with their – and your – problem?



Questions for participants:

Q 1. What do you think the manager may ask?

A 1. [Suggestion] "Is twenty-four hour care better than other standard care?"

Q 2. What do you think the manager means by 'better'?

A 2. **List** the suggestions from participants as these are what manager will come back to in the role play.

Q 3. What do you think your fellow clinicians will ask?

A 3. Again, list answers.



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 the funder 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 twenty-four hour care for schizophrenia.



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 Manager now arrives 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 gives 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 Manager?

a. Can I apply the results to my patients?

Are your patient 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 them?

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



"Is twenty-four hour care better than other standard care?"

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 'Unable to manage in the placement' best fits manager's request of information about whether 24-hour care is better than standard care.

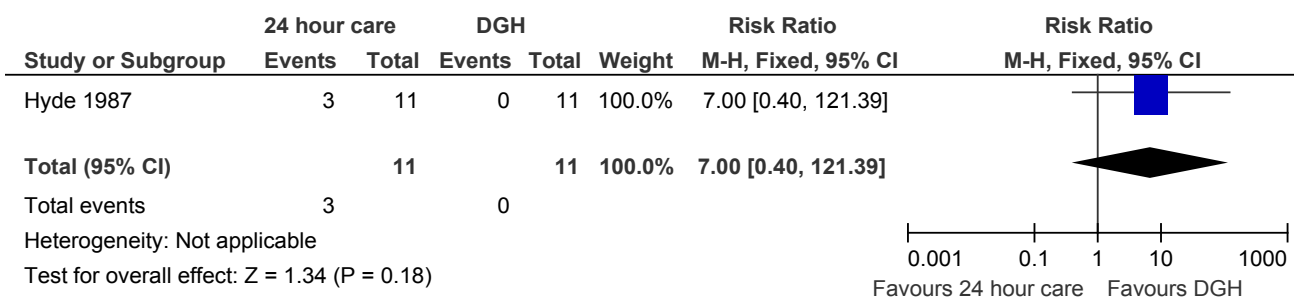
And from **Group 3** get some feel of how applicable the findings are.



Part 2.4 Interpreting numerical outcomes

COMPARISON 1. 24 HOUR CARE vs STANDARD HOSPITAL CARE

Outcome 1.1 Unable to manage in the placement



This study compared 24-hour care with standard care.

Three out of 11 participants were reported to be unable to manage in the experimental community placement ward in 24-hour care group, compared to zero in control group. But

information concerning the control group were less explicit - It's unclear how they are assessed. Outcome data showed no real difference between the interventions.

Data are few and difficult to interpret in this instance. Can you ask the clinician to use these data for the

meeting - or the person role-playing the manager to make a decision based on these few data from their perspective.



Part 3. Manager arrives

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 two chairs in consultation style.

Do not call for a volunteer - just nominate someone to be the clinician and you be the Manager.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember - this has got to be a combination of practical and fun].

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

Well, is 24-hour care better than standard care?

See if they can put across in a supportive way the best evidence as they understand it.

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

"The best evidence we have is from a small Cochrane review - there is the impression that there is no real differ-

ence between 24-hour care placement and standard care. However, the data are few and the mean of assessment of standard care group was unclear, therefore, the result is inconclusive."

As has been said - there is no right answer and all depends on personal style and situation. Your job is to encourage the best answer out of the clinician.



The Cochrane Library

End on a positive note. Feedback how in a matter of minutes they have got through the bare bones of a big review, appraised and applied it - and, you hope, enjoyed doing it.

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

1.

2.

3.

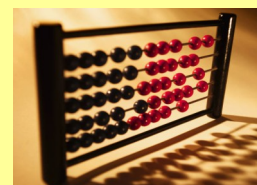
*Manager arrives in 10 mins

Can you extract numbers that will be useful to you and Manager?

Clue: focus on what you think Manager may ask - main effects and adverse effects - graph number '1.1.1' may be a good one to use

1. Can you put relative risk into words?

2. Can you work out the proportion of improvements *attributable* to use of 24hour care?



The arithmetic is not complicated

3. Can you put that into words?

4. How confident are you to base your decisions on these numbers?

Manager arrives



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- HANDOUT FOR PARTICIPANTS

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Manager will arrive soon

What do you think Manager 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.

*Manager arrives in 30 mins



Special points of interest:

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

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

Twenty-four hour care for schizophrenia

- PARTICIPANTS' CRIB SHEET

The three parts of appraising a review

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Interpreting numerical outcomes (Graph 1.1.1)

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pared to zero in control group. But information concerning the control group were less explicit - It's unclear how they are assess. Outcome data showed no real difference between the interventions.

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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/journalclub>

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- 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