



THE JOANNA
BRIGGS INSTITUTE
Better evidence. Better outcomes.



Clinical Fellowship Course Program 2017



www.joannabriggs.org

Program Details

Healthcare systems globally are facing mounting and competing pressures which is impacting healthcare practice at the point of care. The Joanna Briggs Institute (JBI) Evidence-based Clinical Fellowship Program is designed to prepare clinicians, managers, policy makers and quality managers from all of the health professions to lead change initiatives to facilitate the implementation of evidence-based approaches to health care. Participants who complete the program are admitted as Clinical Fellows of the Institute and become part of the JBI Fellows Alumni, a supportive network of clinical leaders who meet, share discussion and establish ongoing collaboration with the aim of getting the best available evidence into practice, at the point of care, in order to improve health outcomes for patients.

Program Objectives

The program enables participants to explore strategies to promote evidence implementation and to collaboratively develop understandings related to clinical leadership and change management in health care.

The Objectives are to prepare participants to be able to:

1. analytically describe the nature of clinical leadership;
2. identify their own strengths and weaknesses as leaders;
3. develop and engage in processes to further develop their leadership strengths;
4. discuss and describe the effectiveness of current approaches to the implementation of Evidence Based Practice;
5. critique current implementation strategies;
6. act as an agent for change;
7. conduct clinical audits;
8. develop and implement strategies to implement evidence-based practice;
9. use the PACES and GRIP on-line programs; and
10. maximize their clinical leadership potential.

Professional Benefits

Participants who complete this program will be able to implement and maintain evidence-based systems in their own practice through processes of clinical leadership. Successful participants will also be able to:

- become a Clinical Fellow of the Joanna Briggs Institute;
- establish (with at least two other colleagues) a JBI Evidence Implementation Group (EIG);
- seek JBI Endorsed Evidence Based Organization status for their organization (further conditions apply);
- become a Member of the JBI Alumni; and
- be published in the JBI Database of Systematic Reviews and Implementation Reports (JBISRIR)

The JBI Database of Systematic Reviews and Implementation Reports (JBISRIR)

The JBISRIR is a refereed online journal that publishes the Institute's implementation reports that present the findings of projects that seek to implement the best available evidence into practice. The JBISRIR also publishes systematic review protocols and systematic reviews of healthcare research following the JBI methodology and undertaken by the Joanna Briggs Institute and its international

collaborating centres and groups. These reviews may be of quantitative or qualitative research data, text and/or opinion, relate to economic data or combinations of the above.

Our content is indexed in Embase, Scopus, Mosby's Index (Elsevier), CINAHL (EBSCO) and MEDLINE.

Program Content

The program consists of:

- A stage 1 intensive training week, including a one-day Clinical Leadership Workshop;
- The conduct of an evidence implementation project in the Fellow's own practice site over a period of 20 weeks; and
- A stage 2 intensive training week.

Stage 1 Intensive Training Week

Fellows attend Stage 1 for a period of five days. During this period Fellows participate in discussion and reflection on leadership, clinical leadership, practice improvement, evidence based health care; and develop, during this period, a project proposal and present this proposal to other Fellows in the program and scientific/ academic staff of the Institute or the JBI Centre where the course is being delivered.

Evidence Implementation Project

Fellows design and implement an evidence-based improvement project to be conducted in their own workplace, using the Joanna Briggs Institute Practical Application of Clinical Evidence System (PACES) and the Joanna Briggs Institute Patient Outcomes On Line (POOL) program over a period of twenty (20) weeks. During this period, a JBI course facilitator provides support.

Stage 2 Intensive Training Week

In the last week of the fellowship period, Fellows again attend for a period of five days. During this period, Fellows finalize their project report for publication and engage in a program of interactive discussion to specify the learning achieved and develop ongoing future plans. The completed project is presented to other Fellows in the program and scientific/academic staff of the Institute or the JBI Centre where the course is being delivered. The program is not completed until the presentation has been delivered and a fully completed project report given to the course coordinator. Certificates are awarded for successful completion and the final report is published in our peer reviewed online journal, the Joanna Briggs Institute (JBI) Library.

Intensive Training Weeks

Intensive Training Weeks offer participants opportunities to explore the literature and their own experiences related to clinical leadership; to examine current evidence on the effectiveness of evidence utilization strategies; to acquire skills in the JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRIP) module and to network with other clinical leaders from different territories and disciplines. This program is particularly relevant for clinicians and for health professionals, managers and policy makers involved in Continuous Quality Improvement (CQI), safety and quality and clinical practice improvement programs in health care organizations.

Pre-Course Work Expectations

Fellows will be required to complete some pre-readings.

Stage 1 Intensive Training Week

Monday	
0930	Session 1: Introduction to the Clinical Fellowship Program
1000	Morning Tea
1030	Session 2: Introduction to Evidence Based Healthcare
1130	Session 3: Evidence Utilization
1230	Lunch
1330	Session 4: Implementing Evidence into Policy and Practice
1430	Session 5: Clinical Audit
1530	Session 6: How to Develop Your Fellowship Protocol
1630	Close
Tuesday	
0930	Session 7: Clinical Leadership Workshop - Introduction
1030	Morning Tea
1100	Great Leaders
1230	Lunch
1330	Creating a positive culture
1400	Resolving conflict
1430	Afternoon Tea
1530	The nature of change and change management
1630	Close
Wednesday	
0930	Session 8: JBI PACES
1000	Morning tea
1030	JBI PACES /cont...
1200	Session 9: JBI PACES Trial
1230	Lunch
1300	Session 10: JBI POOL
1400	Session 11: Developing Your Fellowship Proposal
1630	Close
Thursday	
0930	Session 12: Finalizing Your Fellowship Project Proposal and Presentation
1230	Lunch
1330	Finalizing Your Fellowship Project Proposal and Presentation/cont...
1630	Close
Friday	
0930	Session 13: Group Presentations
1230	Lunch
1300	Group Presentations
1530	Session 14: Debriefing
1600	Close

The Fellowship Protocol

The protocol must be delivered as a presentation and submitted as a report on the final day of the first week.

Stage 2 Intensive Training Week

Monday	
0930	Session 15: Welcome Back and Feedback on Projects
1000	Morning Tea
1030	Welcome Back and Feedback on Projects/cont...
1230	Lunch
1330	Session 16: Report Writing – using the template
1630	Close
Tuesday	
0930	Session 17: Writing up Report
1230	Lunch
1330	Session 18: Writing for Publication in the JBI Library and for journals
1500	Afternoon tea
1530	Report writing/Cont...
1630	Close
Wednesday	
0930	Session 19: Continue report writing
1230	Lunch
1330	Session 19: Continue report writing/cont...
1630	Close
Thursday	
0930	Session 20: Group Discussion – JBI Endorsement, EIGs and Centers for Evidence Implementation
1000	Session 21: The JBI Fellows Alumni and JBI Programs
1030	Morning Tea
1100	Report Writing
1230	Lunch
1330	Report finalization
1430	Session 22: Report submission, copyright assignment and finalization of presentation
1630	Close
Friday	
0930	Session 23: Presentation of project to invited audience
1230	Lunch
1300	Presentations continue
1530	Session 24: Final Program Evaluation
1600	Close

The Fellowship Report

The project findings must be delivered as a presentation and submitted as a report, on the final day of the second week. The report should be no more than 3,000 words in length. The final report will be peer reviewed and published in the JBI Library as an Implementation Report. Session 22 will discuss Library requirements in detail.

Program Popularity

This transformative program has been undertaken by 225 participants from 16 countries.

'...the course is practical! Having to design and lead a project in my own clinical setting allowed me to apply what I'd learnt.'

'...having access to the Institute's custom resources and tools was so helpful...'

'...the one on one time with my facilitator, and continued support throughout, were invaluable. Having a Research Fellow as my facilitator meant that my published report was of a really high quality...'

'...the Clinical Leadership Program in week 1 was fantastic! Dynamic and transformative...can apply the skills back at work.'

Past Participants

Our past participants have included clinicians from health and allied health sectors, quality and risk managers, educators and researchers:

Clinical Neuropsychologist, Dietician, Doctor (Critical Care), Midwife, Nurse, Occupational Therapist, Pharmacist, Physiotherapist, Clinical Nurse Educator, Clinical Research Associate, Quality Improvement Coordinator, Vice Director of Laboratory Centre, Learning and Development Manager, Director of Nursing, Clinical Care/Facility Manager, Lecturer, PhD Student, Associate Professor

Read our case study on Gail Whitelock, Senior Dietician, Royal Adelaide Hospital, who has completed the Clinical Fellowship Program and gone on to make a great impact across the hospital departments and the local health network (page 9).

Participant Employers

Participation in our program has been supported by the following employers:

ACT

ACT Health - Canberra Hospital

ACT Health - Canberra Sexual Health Centre

ACT Health - Clinical Forensic Medical Services

ACT Health - Mental Health, Justice Health, Alcohol and Drugs Service

Australian National University / ACT Health - Research Centre for Nursing and Midwifery

NSW

Allity Aged Care

Australian Catholic University

Calvary Mater Newcastle Hospital

Catholic Care of the Aged

NSW Health - Gosford Hospital

NSW Health - South Eastern Sydney Local Health Service

Sisters of St Joseph Aged Care Services

St Vincent's Private Hospital

Uniting Care Ageing

Wagga Wagga Base Hospital

QLD

Anglicare Southern Queensland
Blue Care
Frontline Aged Care Solutions
Holy Spirit Care Services
Mater Health Services
Queensland Health - Australian Centre for Rural and remote evidence based practice
Queensland Health - Logan Hospital
RSL Care
Southern Cross Care
St Andrew's Toowoomba Hospital

SA

Aged Care & Housing Kapara Hostel
Helping Hand Aged Care
LHI Retirement Services
Lobethal & District Aged Homes Inc
Resthaven Inc
Royal District Nursing Service SA Inc
SA Health – Flinders Medical Centre
SA Health - Lyell McEwin Hospital
SA Health – Mt Gambier & District Health Services
SA Health – Repatriation General Hospital
SA Health – Royal Adelaide Hospital
SA Health – Whyalla Hospital
SA Health – Women’s & Childrens’ Hospital
University of South Australia
Wellness & Lifestyles Australia

TAS

Department of Health and Human Services, TAS – Royal Hobart Hospital
Corumbene Nursing Home For The Aged
OneCare
Huron Eldercare Inc

VIC

Ballarat Community Health
Ballarat Health Service
Barwon Health Allied Health
Eastern Health – Boxhill Hospital
SomerCare
Southern Health
St John of God Health Care – Geelong Hospital

WA

Hall & Prior

St John of God Murdoch Hospital

Carinya of Bicton

Churches of Christ homes and Community Services

Southern Cross Care (WA)

WA Health - Child and Adolescent Health Service

WA Health - Sir Charles Gardner Hospital

BRAZIL

University of Sao Paulo

CHINA

Fudan University - Huashan Hospital

Fudan University - Obstetric and Gynaecological Hospital

Fudan University - Children's Hospital

Fudan University - Eye & ENT Hospital

Fudan University - School of Nursing

Fudan University - Shanghai Cancer School

Fudan University - Huadong Hospital

ETHIOPIA

Jimma University

GHANA

University of Ghana

Regional Health Directorate

HONG KONG

United Christian Hospital

KENYA

Gertrude's Children's Hospital

KEMRI (Kenya Medical Research Institute) / Wellcome Trust Research Laboratory

Kilifi District Hospital

KOREA

Yonsei University College of Nursing

Yonsei University Health System - Gangnam Severance Hospital

MALAWI

Catholic Relief Services

MALAYSIA

UCSI University

University Kebangsaan Malaysia Medical Centre (UKMMC)

MYANMAR

Military Institute of Nursing & Paramedical Sciences

NEW ZEALAND

Mercy Hospital

University of Auckland Waikato Clinical School

SAUDI ARABIA

King Fahad Medical City

King Faisal Specialist Hospital and Research Centre

Riyadh Military Hospital

SINGAPORE

Institute of Mental Health

National University Cancer Institute, Singapore

Singapore National University Hospital (NUHS)

UGANDA

Kabano Development and Research Center

Makarera University

USA

Lawrence Memorial Hospital - Regis College

Icon Clinical Research

Malnutrition among elderly patients in an acute care tertiary setting: a JBI Best Practice Implementation Project Case Study

Department of Clinical Dietetics: Royal Adelaide Hospital

Adelaide South Australia

2014

Gail's team identified and engaged in a number of actions to improve compliance with best practice. As well as delivery of educational in-service training for 120 staff, after implementation, the follow-up audit demonstrated a 69% increase in nutritional screening at admission as well as a 42% increase in documentation of actions related to nutrition care plans.

Gail Whitelock is a senior dietitian working in the Department of Clinical Dietetics at the Royal Adelaide Hospital (RAH). The RAH is South Australia's largest accredited teaching hospital. The Department of Clinical Dietetics provides nutrition assessment, education and support across all 640 beds of the hospital as well as the Hampstead Rehabilitation Centre. The Department offers a comprehensive range of services for both inpatient and outpatient clients across a number of specialised areas including: cancer, cardiac, renal, gastrointestinal, internal medicine (thoracic, cystic fibrosis, endocrine and metabolic), intensive care, orthopaedics and trauma including spinal injuries, surgical specialties (burns, ear, nose and throat) and stroke. Gail undertook the Joanna Briggs Institute's Clinical Fellowship in 2009 followed by the Master of Clinical Science (MClinSc) and submitted her thesis 'Effectiveness of mealtime interventions to improve nutritional intake of adult patients in the acute care setting: a systematic review' in 2012.

Together with Mark Ramage, a registered nurse and clinical practice consultant in the Cardiothoracic Surgical Unit, Gail undertook a Best Practice Implementation project during her participation in the JBI Clinical Fellows program. The project, entitled 'Malnutrition among elderly patients in an acute care tertiary setting', aimed to improve nursing nutrition documentation for elderly patients identified as being at risk of malnutrition and ensure identified patients at risk of malnutrition had appropriate nutrition care plans actioned.

A major problem in Australian hospitals, malnutrition often goes unrecognised and untreated. Around 40% of elderly patients are malnourished on admission to hospital and more than 60% have been found to be unable to maintain their nutrition status while in hospital. Malnutrition is associated with increased morbidity, mortality, functional decline and increased hospital stay. The use of validated nutritional screening tools has had demonstrated effectiveness in identifying patients who are at risk of malnutrition.

At the RAH, two previous pilot projects had trialled the use of a validated screening tool; however despite an increase in the number of patients screened, the nutritional plans developed via the tool were not always being followed by nursing staff.

Gail felt that while there were many barriers to undertaking practice improvement projects, it was important that she established a starting point in order to improve the situation for patients. Reflecting on her experience, Gail considered the support and tools offered by JBI to be critical:

'For my clinical fellowship JBI provided the framework in which to work. Tools like the Practical Application of Clinical Evidence System (PACES) and the template for writing the implementation report were very useful and gave me a starting point... Joanna Briggs Institute staff were there to assist directly when we had any difficulties.'

Five acute care wards were chosen to participate in the Best Practice Implementation project and the multidisciplinary team convened by Gail and Mark commenced a baseline audit of 71 patients across the Gastrointestinal Unit, General Surgery, Internal Medicine and Cancer Services. A number of barriers to best practice were identified by the team including: limited access to a validated nutritional screening tool, lack of documentation of nutritional care plans, non-recognition of responsibility for nutrition assessment and lack of access to additional foods and fluids between meals. Gail's team identified and engaged in a number of actions to improve compliance with best practice such as improving access to a validated screening tool, development of a nutrition observation chart which streamlined the documentation of patients' intake, making available nourishing drinks in wards and delivery of educational in-service training for 120 staff. After implementation, the follow-up audit demonstrated that Gail's team had brought about a 69% increase in nutritional screening at admission from a baseline of 0%, as well as a 42% increase in nursing documentation of actions related to nutrition care plans.

A hospital-wide roll out of malnutrition screening followed which was primarily based on the work undertaken in this Best Practice Implementation project. Gail has noted that despite varying levels of success, overall the work she has undertaken following her JBI MClinSc and Clinical Fellowship has resulted in great improvements across the hospital in terms of addressing the needs of patients who are malnourished or at risk of malnutrition. Gail highlights this:

'The main impact is the raising of awareness among other staff as to the significance of malnutrition in acute care hospitals.'

Gail has noted that within the hospital, there is certainly more recognition and awareness of malnutrition which is having a daily impact on patient care; however as there are no current national nutrition standards in hospitals, ensuring that changes are translated into policy is difficult. Gail expresses the importance of moving forward with changes to improve the identification and management of malnutrition in hospitals even if it is at a slow pace and within a currently uncertain political climate. Some of her ongoing efforts to ensure continuing improvements are through regular communications with nurses and dieticians across other South Australian hospitals.

'Nurses and dieticians across South Australia regularly contact me for advice and guidance around malnutrition issues as they have become aware of the work I have done.'

Reflecting on her experience of the Joanna Briggs Institute's Clinical Fellows Program, Gail attests that:

'JBI reignited my passion for nutrition and dietetics and has given me confidence to deal with the barriers faced while working in an acute care hospital. It had enabled me to create my own opportunities to improve things and to let people know about the importance of patient mealtime care and malnutrition.'

Gail, Mark and her team have noted that while nutrition screening and observation charts alone cannot eradicate malnutrition in the hospital, it is critical that a first step be taken to identify which patients need additional nutritional care. Further work is required to address other nutritional aspects such as feeding assistance, menu choices, mealtimes and eating environments in order to further enhance the nutritional care of hospitalised elderly people. Since undertaking the Best Practice Implementation project and completing her MClinSc, Gail attests that:

“JBI has increased my confidence and made me excited about my profession again... made me more motivated to keep going until barriers are broken down and issues resolved. I have completed several small research projects that I would never have contemplated before JBI.”

To learn more about the Joanna Briggs Institute’s Clinical Fellowship Program, Master of Clinical Science program and tools, visit joannabriggs.org

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JBI Product(s): Joanna Briggs Institute Clinical Fellows Program, Master of Clinical Science (MClinSc)

Topic: Best Practice Implementation project

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