



THE JOANNA  
BRIGGS INSTITUTE  
*Better evidence. Better outcomes.*



Centro español para los cuidados  
de salud basados en la evidencia  
[www.evidenciaencuidados.es](http://www.evidenciaencuidados.es)

# Curso 2017 Clinical Fellowship Program (CFP)



# Detalles del programa

El programa Clinical Fellowship Program del Instituto Joanna Briggs basado en la evidencia está diseñado para apoyar a clínicos, gestores, responsables de políticas y profesionales responsables de calidad a liderar iniciativas de cambio que faciliten la implantación de cuidados basados en la evidencia en la práctica. Los participantes que completen el programa formarán parte de la red “JBI Fellows Alumni” del Instituto Joanna Briggs, la cual es una red de líderes clínicos que se reúnen, comparten discusiones y establecen colaboración con el objetivo de implantar la mejor evidencia en la práctica, en el ámbito de los cuidados, para mejorar los resultados en pacientes.

## Objetivos del programa

El programa permite a los participantes explorar estrategias para promover la implantación de evidencia y desarrollar colaborativamente conocimientos sobre liderazgo clínico y gestión del cambio en cuidados de salud. Los objetivos específicos del programa son:

1. describir analíticamente la naturaleza del liderazgo clínico;
2. identificar las fortalezas y debilidades del liderazgo;
3. desarrollar e involucrarse en procesos para potenciar las fortalezas del liderazgo;
4. discutir y describir la efectividad de los enfoques actuales a la implantación de evidencia en la práctica;
5. realizar una valoración de las estrategias de implantación;
6. actuar como un agente del cambio;
7. realizar auditorías clínicas;
8. desarrollar e implementar estrategias para implantar la evidencia en la práctica;
9. utilizar las aplicaciones online PACES y GRIP; y
10. maximizar el potencial del liderazgo clínico.

## Beneficios profesionales

Los participantes que completen este programa podrán implantar y mantener la evidencia en su práctica a través del proceso del liderazgo clínico. Los participantes que superen este programa podrán:

- convertirse en Clinical Fellow del Instituto Joanna Briggs;
- establecer (con al menos otros dos colegas) un grupo de Implantación de Evidencia del JBI (EIG);
- establecer el estatus de JBI Endorsed Evidence Based Organization en su institución (con condiciones adicionales);
- convertirse en miembro de JBI Alumni; y
- publicar en la revista JBI Database of Systematic Reviews and Implementation Reports (JBISRIR)

## La revista JBI Database of Systematic Reviews and Implementation Reports (JBISRIR)

JBISRIR es una revista de revisión por pares que publica “implementation reports” (informes de implantación) que presentan los resultados de proyectos que implantan evidencia en la práctica. En JBISRIR también se publican protocolos de revisiones sistemáticas y revisiones sistemáticas de investigación en cuidados siguiendo la metodología de JBI.

El contenido está indexado en Embase, Scopus, Mosby’s Index (Elsevier), CINAHL (EBSCO) y MEDLINE.

## Organizadores del Programa

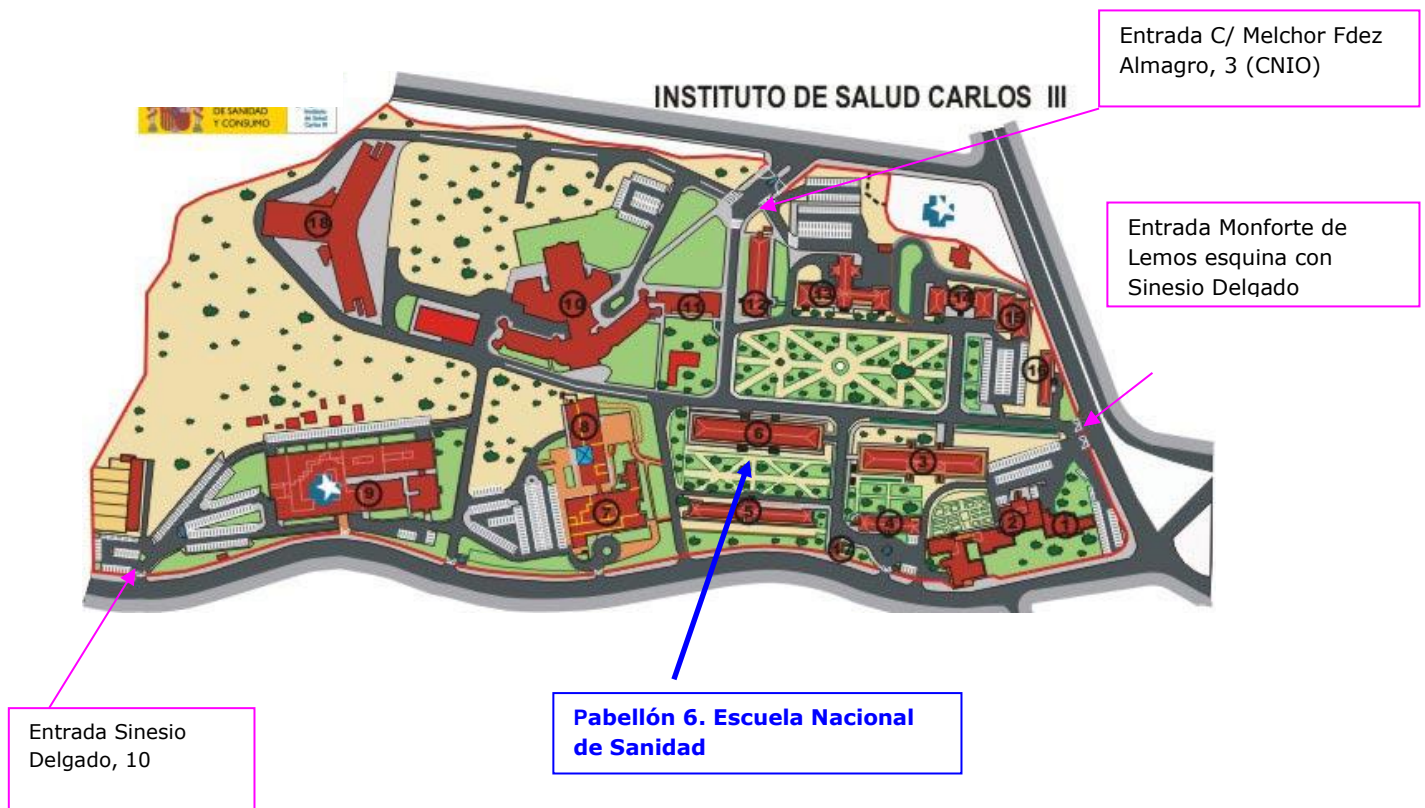
- Clinical Fellowship Program (CFP) está organizado por el Centro español de cuidados de salud basados en la evidencia ([www.evidenciaencuidados.es](http://www.evidenciaencuidados.es))
- La acreditación del Clinical Fellowship Program (CFP) se recibe por el Instituto Joanna Briggs

## SEDE DEL CURSO

El curso se celebrará del 24 al 27 de abril de 2017 en la Escuela Nacional de Sanidad del Instituto de Salud Carlos III (Aula Informática 2).

Avenida Monforte de Lemos, nº 5. Pabellón 6  
28029 Madrid

Teléfono de contacto: 918222517 (Laura Albornos Muñoz)  
Instituto de Salud Carlos III. Investén-isciii



- 🚇 Metro: Begoña y Chamartín (Línea 10), Plaza de Castilla (Líneas 1, 9 y 10)
- 🚆 Chamartín Estación de tren
- 🚌 Autobús: 67, 124, 132, 134 y 135

## Contenido del programa

El programa consiste en:

- Fase 1 semana de formación intensiva, que incluye el workshop de liderazgo clínico;
- Realizar un proyecto de implantación en la institución del participante durante 20 semanas; y
- Fase 2 de formación para publicación del implementation report.

### Fase 1 Semana de formación

Durante este periodo los participantes discutirán y reflexionarán sobre el liderazgo, liderazgo clínico, ciclos de mejora, práctica basada en la evidencia; y desarrollarán durante este periodo un protocolo de proyecto de implantación y presentar dicha propuesta a los demás participantes.

### Proyecto de implantación de evidencia

Los participantes diseñarán e implantarán un proyecto de ciclo de mejora basado en la evidencia en su lugar de trabajo, utilizando las aplicaciones de JBI Practical Application of Clinical Evidence System (PACES) y Joanna Briggs Institute Patient Outcomes On Line (POOL) durante 20 semanas. Durante, este periodo tendrán un persona de apoyo del Centro español de cuidados de salud basados en la evidencia.

### Fase 2 Formación basado en programa JBI

Tras el Proyecto de implantación de evidencia, se dará formación para finalizar el informe del proyecto para su publicación y se facilitará que los participantes intercambien sus resultados y experiencias para establecer los planes de sostenibilidad del proyecto. El proyecto completo se mostrará a los demás participantes mediante una presentación. El programa no se completará hasta que la presentación y el “implementation report” se entreguen al Centro español de cuidados de salud basados en la evidencia. Los certificados se emitirán para los que hayan completado con éxito el “implementation report” y sea publicado en la revista Library del Joanna Briggs Institute (JBI).

### La formación intensiva

La formación intensiva ofrece oportunidades a los participantes para explorar la literatura y sus propias experiencias relacionadas con el liderazgo clínico; examinar la evidencia actual sobre efectividad de las estrategias de utilización de evidencia; adquirir habilidades en el manejo de las aplicaciones JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRIP), así como hacer red con otros líderes de diferentes lugares y disciplinas. El programa es relevante para profesionales de los cuidados, gestores y responsables de políticas, profesionales responsables calidad y seguridad.

### Fase previa al curso

Se requerirá que los participantes completen algunas lecturas de apoyo.

## Fase 1 Semana intensiva presencial de formación

<b>Lunes 24 de Abril 2017</b>	
10.30 – 11.00	<b>Sesión: Introducción</b> <ul style="list-style-type: none"> <li>• Centro español de los cuidados de salud basados en la evidencia.</li> <li>• Introducción al “Clinical Fellowship Program”</li> </ul>
11.00 – 13.30	<b>Sesión: Práctica basada en la evidencia</b> <ul style="list-style-type: none"> <li>• Introducción a la práctica basada en la evidencia</li> <li>• Utilización de la evidencia</li> <li>• Implantar evidencia en las políticas y prácticas</li> </ul>
13.30 – 14.30	Comida
14.30 – 17.00	<b>Sesión: Desarrollo de protocolo de implantación</b> <ul style="list-style-type: none"> <li>• Auditoría clínica</li> <li>• Cómo desarrollar el protocolo de implantación</li> </ul>
<b>Martes 25 de Abril 2017</b>	
09.00 - 10.30	<b>Sesión: Workshop Liderazgo clínico</b> <ul style="list-style-type: none"> <li>• Introducción</li> <li>• Liderazgo</li> </ul>
10.30 – 11.00	Café
11.00 – 13.30	<b>Sesión: Diagnóstico y desarrollo de estrategias</b> <ul style="list-style-type: none"> <li>• Cómo crear una cultura positiva</li> <li>• Resolución de conflictos</li> </ul>
13.30 – 14.30	Comida
14.30 – 16.30	<b>Sesión: Diagnóstico y desarrollo de estrategias II</b> <ul style="list-style-type: none"> <li>• La naturaleza del cambio y de la gestión del cambio</li> </ul>
<b>Miércoles 26 de Abril 2017</b>	
09.00 – 11.30	<b>Sesión: Aplicaciones de evaluación</b> <ul style="list-style-type: none"> <li>• JBI PACES. PACES (Practical Application of Clinical Evidence System)</li> <li>• JBI POOL</li> </ul>
11.30 – 12.00	Café
12.00 – 13.30	<b>Sesión: Desarrollo de la propuesta del proyecto Fellowship</b>
13.30 – 14.30	Comida
14.30 – 16.30	<b>Sesión: Desarrollo de la propuesta del proyecto Fellowship (continuación)</b>
<b>Jueves 27 de Abril 2017</b>	
09.00 – 11.30	<b>Sesión: Desarrollo de la propuesta del proyecto Fellowship y elaboración presentaciones (continuación)</b>
11.30 – 12.00	Café
12.00 – 13.30	<b>Sesión: Presentación de protocolos Fellowship / feedback</b>
13.30 – 14.30	Comida
14.30 – 16.30	<b>Sesión: Presentación de protocolos Fellowship / feedback</b>
16.30 – 17.00	<b>Sesión: Información sobre Programas de interés JBI</b> <ul style="list-style-type: none"> <li>• JBI Endorsement, EIGs and Centers for Evidence Implementation, JBI Fellows Alumni</li> </ul>

### Protocolo del programa Fellowship

El protocolo se mostrará con una presentación y se entregará como informe el último día de la 1ª formación.

## Fase 2 Formación

### **\*Fecha (a partir de los 6 meses de la fase 1)**

Contenidos según el programa JBI:

- Presentación de proyectos (tras 6 meses de implantación)
- Utilización de la plantilla para la publicación del “implementation report”
- Publicación en la JBI Library/revistas
- Desarrollo del “implementation report”
- Envío del manuscrito del “implementation report”

### **Informe del Fellowship**

Los resultados del proyecto se mostrarán mediante una presentación y se entregará un informe al final de la segunda fase. Este informe no deberá contener más de 3000 palabras. El informe final se revisará por pares y se publicará en la JBI Library como un “implementation report”. Durante la segunda fase se revisarán los requisitos de publicación en detalle.

## **Popularidad del programa**

En este programa han participado 225 profesionales multidisciplinares de 16 países.

Se incluye un caso de estudio en el Royal Adelaide Hospital (página 10).

## **Instituciones que han participado a nivel internacional**

### **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](http://joannabriggs.org)

**Impact Case Study Identifier:** JBICS012014 **JBI Product(s):** Joanna Briggs Institute Clinical Fellows Program, Master of Clinical Science (MClInSc) **Topic:** Best Practice Implementation project **Geographic Location:** Adelaide, Australia.