



Adaptation Process of Evidence Based Clinical Guidelines

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Director of Iranian Center for EBM

Tabriz University of Medical Sciences, Tabriz, Iran

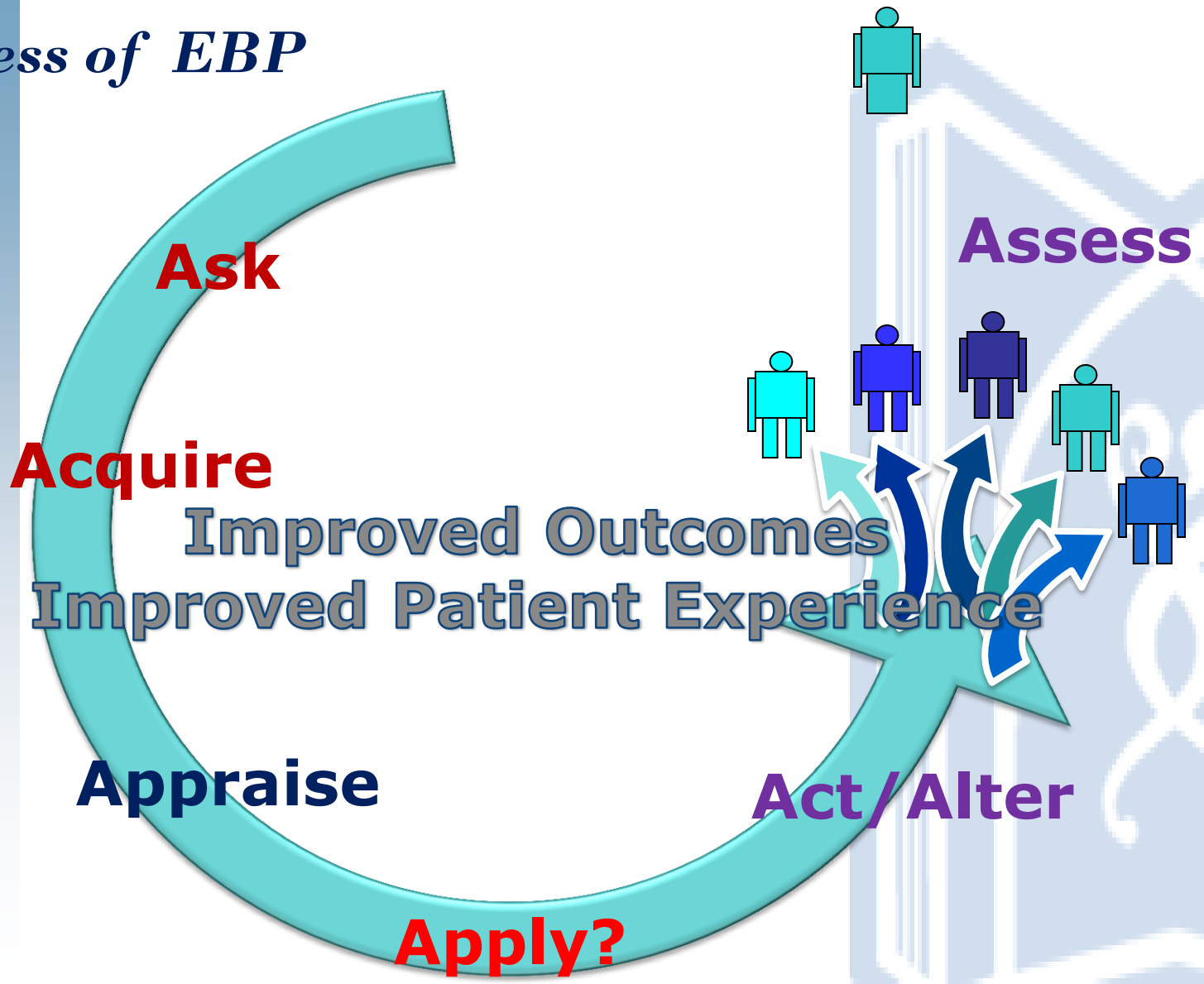


Objectives:

- Why Adaptation of the guidelines?
- What is the process of the Adaptation?



Process of EBP



ASSURE BALANCE

**Practice
By External
Evidence**



**Out of
Date
Practice
"Obsolete"**

**And Balance Between
Evidence and Expertise**

What is the E of EBM Evidence??????????????



A Scenario

- 42 y woman came to your office with chief complain of urine leakage when she cough or sneeze and any physical activity. She must use pad when she is going out and she can not go to the masque or has any other social activities.





SEARCH

Title, Abstract or Keywords

Advanced Search > MeSH Search >

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COCHRANE REVIEWS

By Topic New Reviews Updated

OTHER RESOURCES

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urinary incontinence

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Send to: Filter your results:

All (30286)

There are 1... View: 1-2



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"stress urinary incontinence"

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FILTER SEARCH

Order By: **Date Relevance**

(Showing all results - Only show new)

EVIDENCE 535

- All Secondary Evidence 73
 - Evidence Based Synopses 8
 - Systematic Reviews 49
 - Guidelines
 - Aus. & NZ 0
 - Canada 7
 - UK 4
 - USA 5
 - Other 0
- Clinical Q&A 4
- Core primary research 14
- Extended primary research 389
- eTextbooks 47
- Patient Decision Aids 1
- Patient Information 0
- More 2
- News 5

MEDICAL IMAGES 0

MEDICAL VIDEOS 2

MEDICAL EDUCATION

- USA 0
- UK 0

Suitable for the Developing World

BY CLINICAL AREA What does this mean?

- Urology 449
- OB-Gyn 328
- Surgery 126

SEARCH RESULTS

Select All

Choose Your Action

- Two routes of transobturator tape procedures in stress urinary incontinence: a meta-analysis with direct and indirect comparison of randomized trials
 - DARE, 2010
 - CPD/CME Developing World? Related Conclusion Preview
- Midurethral minimally invasive sling procedures for stress urinary incontinence.
 - SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA 2009
 - CPD/CME Developing World? Related Conclusion Preview
- Complication rates of tension-free midurethral slings in the treatment of female stress urinary incontinence: a systematic review and meta-analysis of randomized controlled trials comparing tension-free midurethral tapes to other surgical procedures and
 - DARE, 2008
 - CPD/CME Developing World? Related Conclusion Preview
- Trans-obturator tape compared with tension-free vaginal tape in the surgical treatment of stress urinary incontinence: a cost utility analysis
 - EVIDENCEUPDATES 2011
 - CPD/CME Developing World? Related Conclusion Preview DOI [Full text](#)
- Transobturator and retropubic tape procedures in stress urinary incontinence: a systematic review and meta-analysis of effectiveness and complications
 - DARE, 2007
 - CPD/CME Developing World? Related Conclusion Preview

ASSOCIATED RESULTS

MEDLINE ARTICLES PubMed.gov

Therapy	460
Etiology	433
Diagnosis	85
Prognosis	349
Systematic Reviews	119

CLINICAL TRIALS ClinicalTrials.gov

Fetching

BNF RESULTS

- DULOXETINE
- DULOXETINE
- Yentrev®

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RELATED ARTICLES

Choose some articles on the left to see related...

CLINICAL CALCULATORS

We found no calculators related to this search - can you recommend any?

RESULTS FROM BLITTER

- chemosabe1: My blog 'JustOncology'

ment

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ry

arms

versus no treatment, base Syst Rev. 2010]

rgency urinary [N Engl J Med. 2010]

and meta-analysis of posus [Eur Urol. 2010]

See more...

s in PubMed

with low valsalva leak Int Neurourol J. 2011]

utic effect of Int Neurourol J. 2011]

tside-in and Inside-honnam Med J. 2011]

See all (1226)...

Minimally Invasive Synthetic Suburethral Sling Operations for Stress Urinary Incontinence in Women: A Short Version Cochrane Review

J. Ogah,^{1,*} D.J. Cody,² and L. Rogerson³

¹*Department of Gynaecology, Leeds University Teaching Hospital, Beckett Street Leeds, UK*

²*Academic Urology Unit, University of Aberdeen, Foresterhill, Aberdeen, UK*

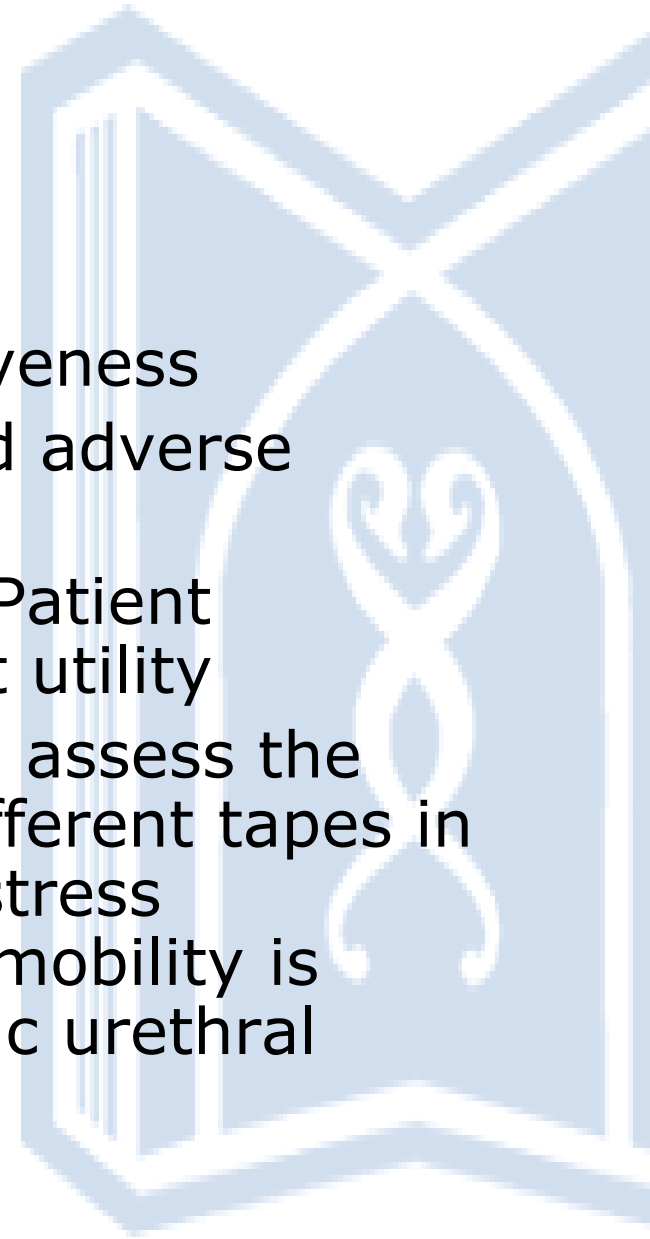
³*Gynaecology Department, St. James University Hospital, Beckett Street Leeds, UK*



OB.

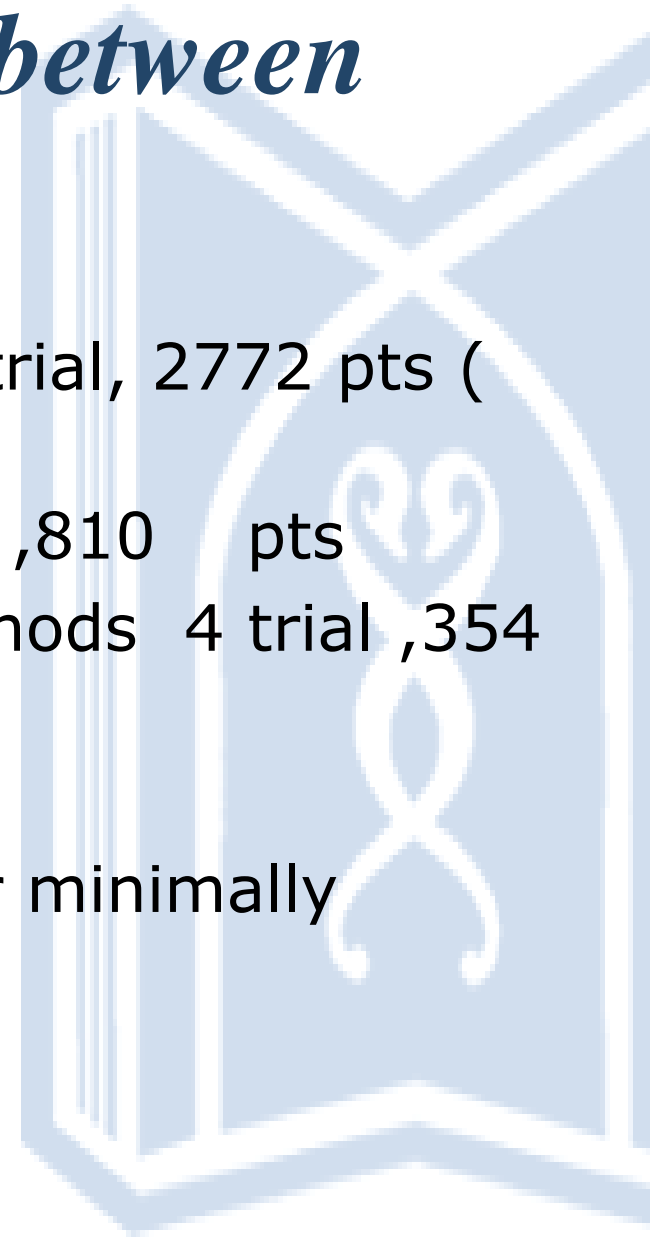
1. Minimally invasive synthetic suburethral sling operations versus traditional suburethral slings.
2. Minimally invasive synthetic suburethral sling operations versus colposuspension (abdominal surgery).
3. Minimally invasive synthetic suburethral sling operations versus laparoscopic procedures. One type of minimally invasive synthetic suburethral sling operations versus another, subgrouped as:
4. Retropubic bottom-to-top approach versus retropubic top-to-bottom approach.
5. Obturator medial-to-lateral approach versus obturator lateral-to-medial approach.
6. Monofilament versus multifilament.
7. Retropubic versus transobturator.
8. Minimally invasive synthetic suburethral sling operations versus no treatment.
9. Minimally invasive synthetic suburethral sling operations versus conservative treatment.

- Mostly efficacy not effectiveness
- No long-term efficacy and adverse effects determined.
- No High quality study for Patient reported outcomes or cost utility
- More trials are required to assess the clinical effectiveness of different tapes in women with urodynamic stress incontinence where hypermobility is differentiated from intrinsic urethral sphincter deficiency.



What was happen between 2008-2012

- 22 more trial
- ✓ TVT vs TOT 11 trial, 2772 pts (almost low to moderate quality)
- ✓ TVT or TOT vs mini sling 5 trial ,810 pts
- ✓ Minimally sling vs traditional methods 4 trial ,354 pts
- ✓ One cost analysis
- ✓ One patient reported outcome for minimally invasives



TRIP results for SUI



Search "stress urinary incontinence"

Search

Advanced Search History Search Tips

Translate



FILTER SEARCH

Order By: **Date Relevance**

(Showing all results - Only show new)

EVIDENCE 535

All Secondary Evidence	73
Evidence Based Synopses	8
Systematic Reviews	45
Guidelines	
Aus. & NZ	0
Canada	7
UK	4
USA	5
Other	0
Clinical Q&A	4
Core primary research	14
Extended primary research	389
eTextbooks	4
Patient Decision Aids	1
Patient Information	0
More	2
News	5

MEDICAL IMAGES 0

MEDICAL VIDEOS 2

MEDICAL EDUCATION

USA	0
UK	0

Suitable for the Developing World

BY CLINICAL AREA What does this mean?

Urology	449
OB-Gyn	328
Surgery	126

SEARCH RESULTS

Select All

Choose Your Action

1. Two routes of transobturator tape procedures in stress urinary incontinence: a meta-analysis with direct and indirect comparison of randomized trials

DARE. 2010
CPD/CME Developing World? Related Conclusion Preview

2. Midurethral minimally invasive sling procedures for stress urinary incontinence.

SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA 2009
CPD/CME Developing World? Related Conclusion Preview

3. Complication rates of transobturator tape procedures for female stress urinary incontinence: a randomized controlled trial comparing transobturator tape with other surgical procedures

DARE. 2008
CPD/CME Developing World? Related Conclusion Preview

4. Trans-obturator tape surgical treatment for stress urinary incontinence: a systematic review and meta-analysis of effectiveness and complications

EVIDENCEUPDATE
CPD/CME Developing World? Related Conclusion Preview

5. Transobturator and retropubic tape procedures in stress urinary incontinence: a systematic review and meta-analysis of effectiveness and complications

DARE. 2007
CPD/CME Developing World? Related Conclusion Preview

Search "urinary incontinence"

Search

Advanced Search History Search Tips

FILTER SEARCH

Order By: **Date Relevance**

(Showing all results - Only show new)

EVIDENCE 1,857

All Secondary Evidence	322
Evidence Based Synopses	44
Systematic Reviews	181
Guidelines	
Aus. & NZ	2
Canada	18
UK	30
USA	44
Other	0
Clinical Q&A	10
Core primary research	55
Extended primary research	1,136
eTextbooks	255
Patient Decision Aids	2
Patient Information	28
More	10
News	39

SEARCH RESULTS

Select All

Choose Your Action

1. Two routes of transobturator tape procedures in stress urinary incontinence: a meta-analysis with direct and indirect comparison of randomized trials

DARE. 2010
CPD/CME Developing World? Related Conclusion Preview

2. Analytic model comparing the cost utility of TVT versus duloxetine in women with urinary stress incontinence

NHS ECONOMIC EVALUATION DATABASE. 2010
CPD/CME Developing World? Related Conclusion Preview

3. Midurethral minimally invasive sling procedures for stress urinary incontinence.

SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA 2009
CPD/CME Developing World? Related Conclusion Preview

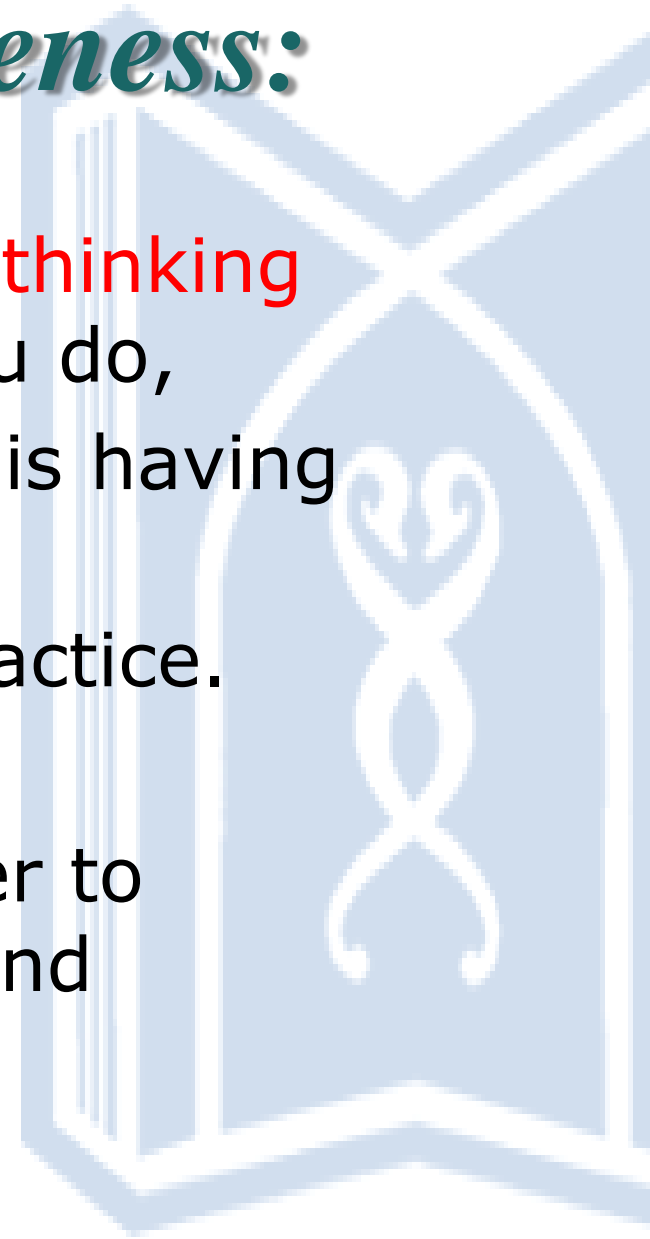
We found no calculators related to this search - can you recommend any?

RESULTS FROM BLITTER

• [chemosabe1: My blog 'JustOncology'](#)

Clinical Effectiveness:

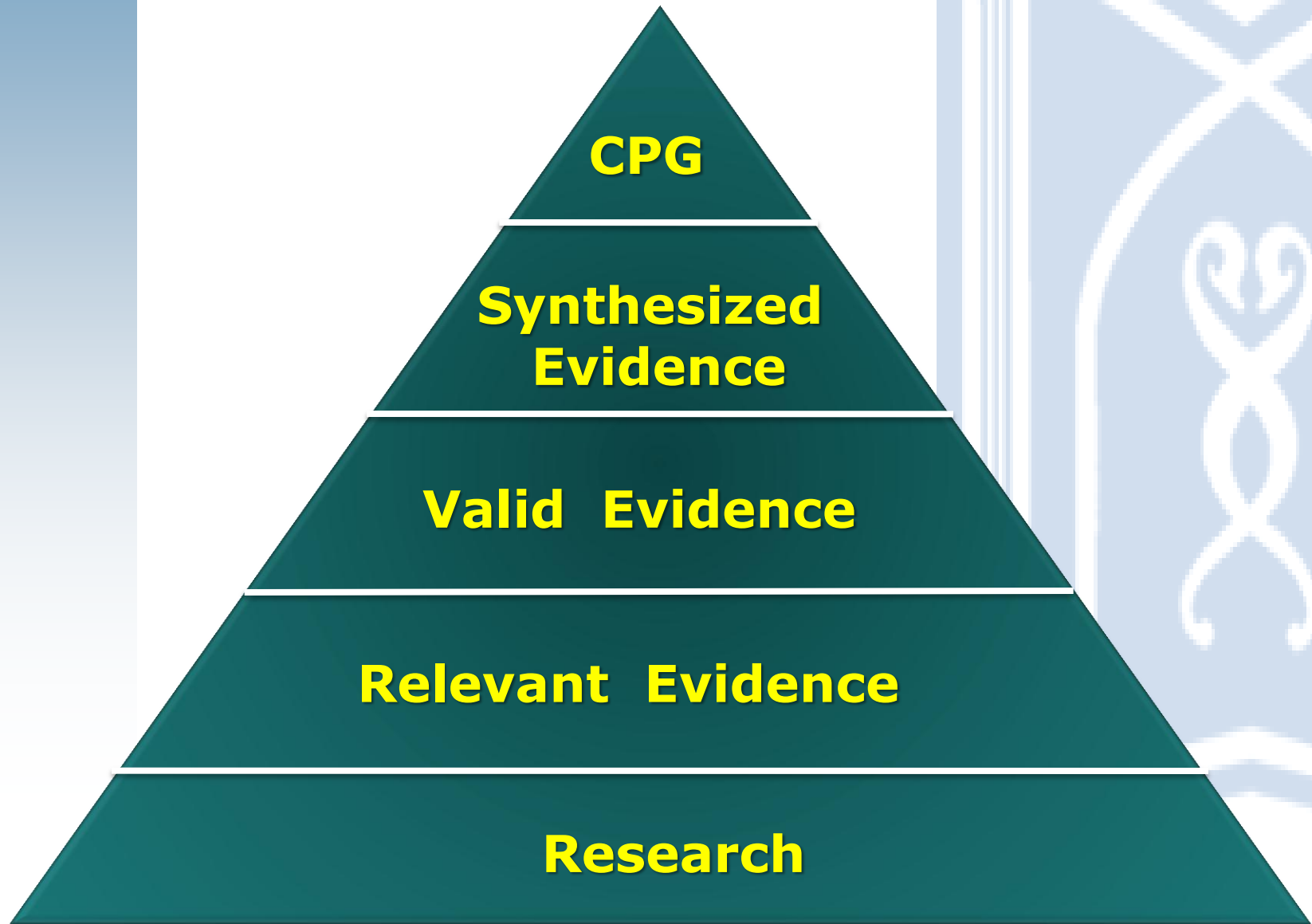
- Clinical effectiveness is **thinking critically** about what you do,
- **questioning whether** it is having the desired result,
- **making a change** to practice.
- It is **based on evidence**
- what is effective in order to **improve** patient care and experience.



Efficacy or Effectiveness?????????

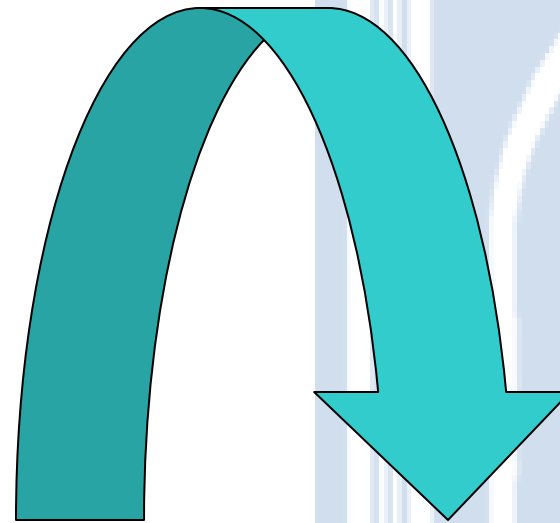


Level of Evidences



PIPOH in Guidelines

- Patients
- Intervention
- Practitioner
- Outcome
- Health System

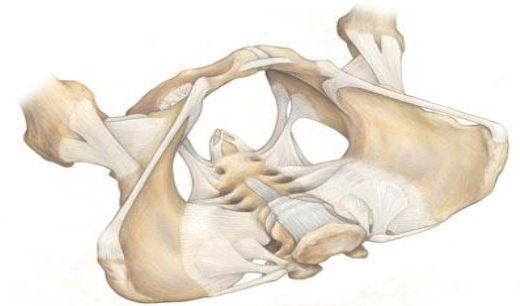


**All those is as
same as my
setting?**

Patient Centeredness

&

Is their patients are as same
as my patients



Health care should honor the individual patient, respecting the patient's choices, culture, social context, and specific needs

The new guideline should integrate local expertise and local context of practice with the best available evidence



**Local
Expertise**



Evidence

Evidence Based Practice: Perspectives of Iranian Urologists

(A questionnaire based survey April 2009)

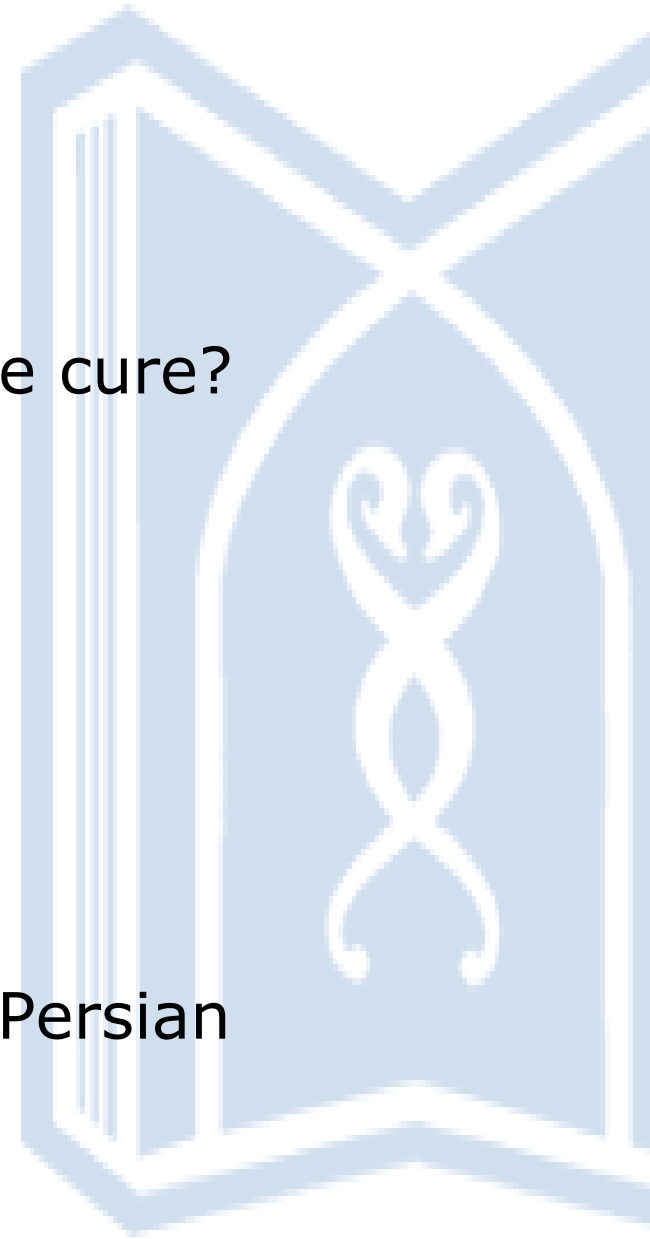
- They as well appreciate the impact of use of guidelines on clinical decision making and quality of health services (>45%) and the outcome of surgery (76.2%)
- More than half believed that utilization of research is costly and time consuming (62.8% and 64.3% respectively)
- 54.5 % disagreed with the point that they can't use information sources
- 53.4% agreed that there are not enough facilities to practice evidence based

Outcomes



Outcomes

- What is the meaning of the cure?
 - Subjective?
 - Objective?
 - Primary outcome?
 - Secondary outcomes?
 - Patient reported
 - Physician seeking
- What is the quality of life(Persian Validation of ICIQ-UISF)



Review**Is Evidence-Based Medicine Relevant to the Developing World?****Systematic reviews have yet to achieve their potential as a resource for practitioners in developing countries****Paul Chinnock*, Nandi Siegfried and Mike Clarke**

Paul Chinnock is Senior Editor, PLoS, Medicine. Nandi Siegfried is a South African Nuffield Medical Fellow at the University of Oxford (Oxford, United Kingdom). Mike Clarke is Director of the United Kingdom Cochrane Centre (Oxford, United Kingdom). The authors are involved in the work of the Cochrane Collaboration, but the views expressed in this article are their own and are not necessarily those of the Cochrane Collaboration

Box 1. Comparison of the Health Care Experiences of Patients in the Less Developed and Developed Worlds

Features of the typical health care experience of a patient living in the less developed world include

- late presentation
- self-medication of “prescription” drugs or traditional treatments
- poor facilities may delay diagnosis
- referral (if needed) not easily arranged
- if a child, may be malnourished
- if a woman, may be anaemic
- will experience problems because of shortages of trained staff
- . . . and because of poor infection control
- . . . and because of a lack of follow-up care
- patient may be unable (e.g., because of lack of funds) to fully adhere to treatment.

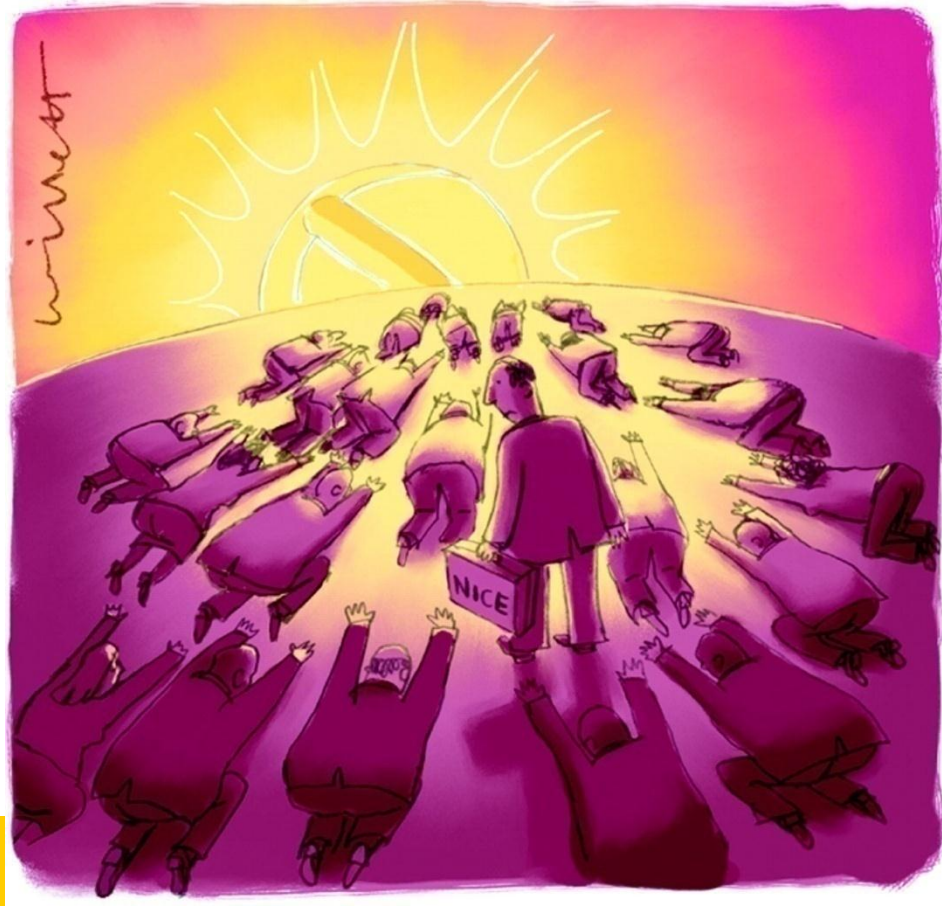
Features of the typical health care experience of a patient in a clinical trial in a developed country include

- none of the above

Equity



The system should seek to close racial and ethnic gaps in health status



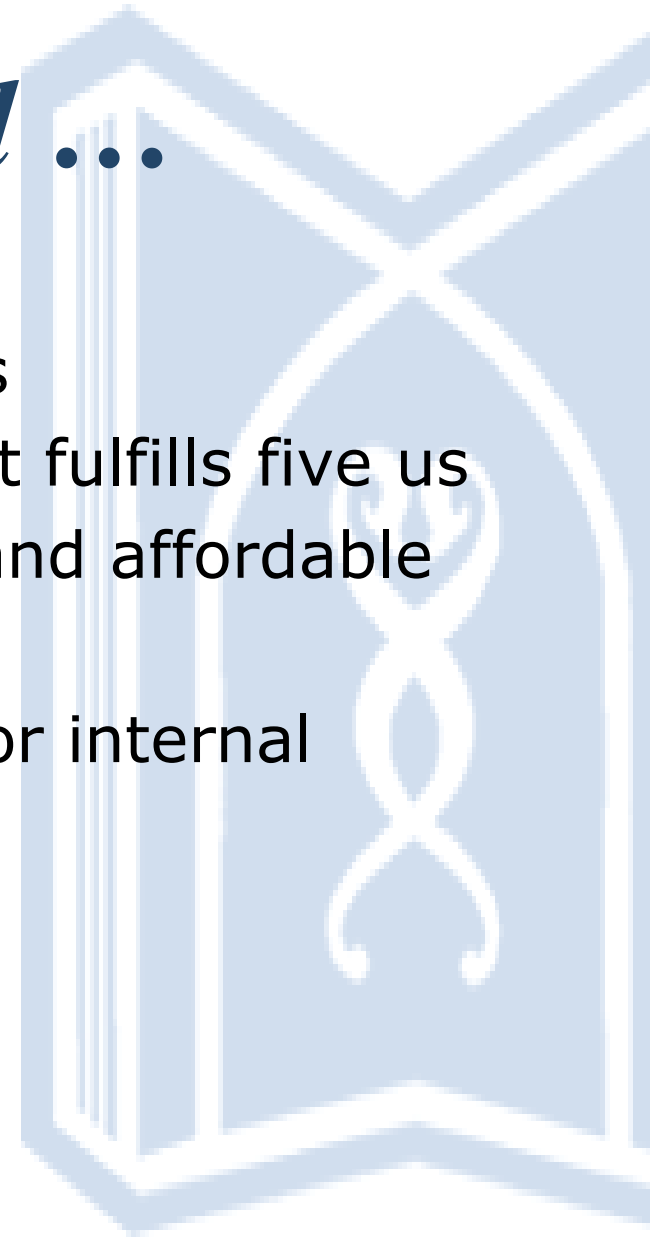
How to Get These Improvements?



*Need for an evolution
for developing CPGs hand-in-
hand*

The way forward ...

- Prioritize health care issues
- Search for intervention that fulfills five us
- Make evidence accessible and affordable
- Generate evidence locally
- Assess external evidence for internal applicability
- Make evidence assessable



To do....

**the right thing
at the right time
in the right place
with the right result**



Guideline Adaptation DEFINITIONS

Clinical Practice Guidelines are systematically developed statements to assist provider and patient

decisions about appropriate healthcare for specific clinical circumstances. (Field & Lohr, 1990)

Their purpose is to make explicit recommendations with a definite intent to influence what clinicians do.

(Hayward et al, 1995)

► **Explicit links between the recommendations & scientific evidence**

Being clear about what is a Guideline

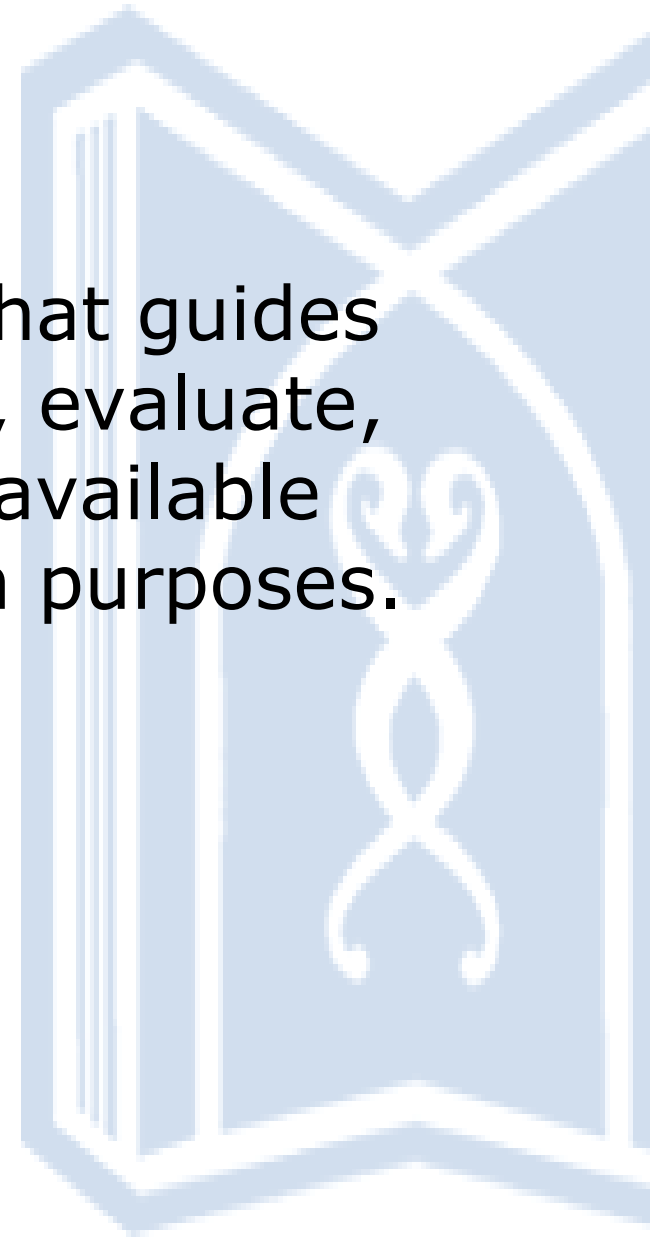
Guidelines about clinical oncology practice or about cancer program planning or policy are defined by the

Partnership's Guidelines Action Group as "cancer control guidelines". *Traditional* cancer control guidelines consist of 3 elements:

1. **synthesis** of the body of scientific/research evidence
2. an **interpretive summary** of the evidence
3. specific evidence-based **recommendations** linked to a **level of evidence**

Guideline ADAPTATION

A **systematic process** that guides local groups to identify, evaluate, adapt and use already available guidelines for their own purposes.



Guideline ADAPTATION

- An alternative to *de novo* development which requires extensive search and synthesis of primary research data
- Reduces duplication of effort while maintaining the validity of recommendations
- Encourages participative approach involving key stakeholders to foster local ownership of recommendations and promote utilization



Guideline ADAPTATION

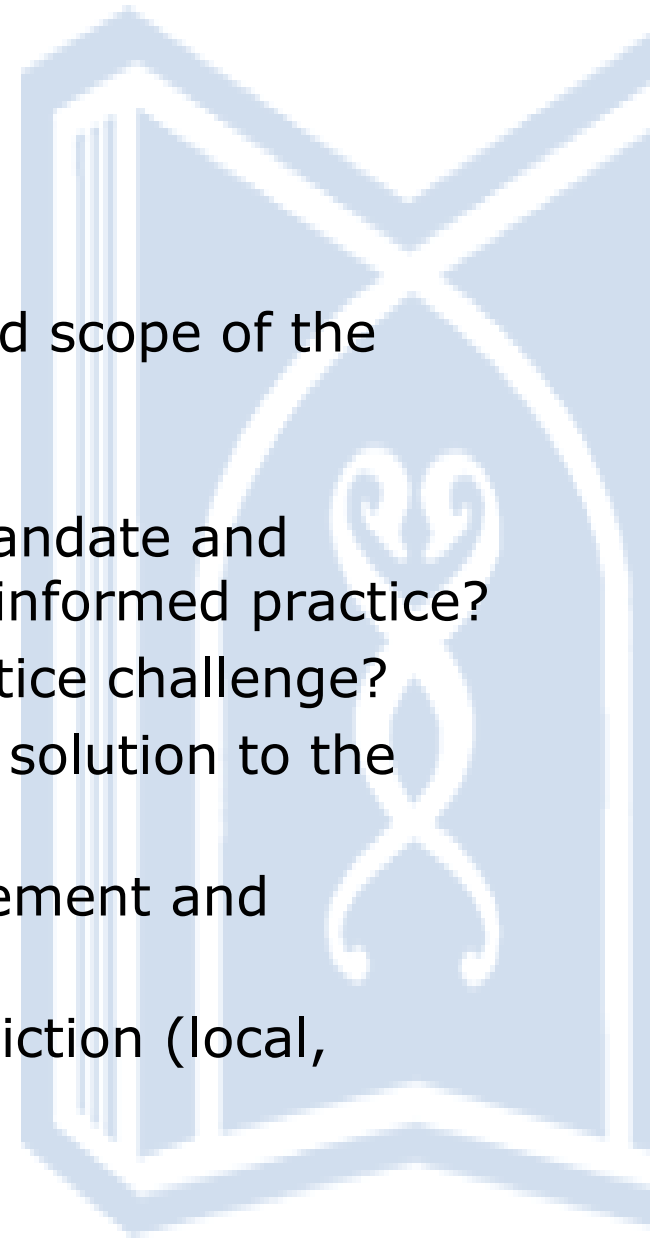
- Ensures consideration of (regional and local) contextual factors to ensure relevance for practice and improve uptake by targeted users
- Increases knowledge and commitment to evidence-based principles by using reliable methods to ensure quality and validity
- Promotes explicitness and transparency in documenting recommendations



STEP 1: Call-to-Action

Guide pp. 20-23

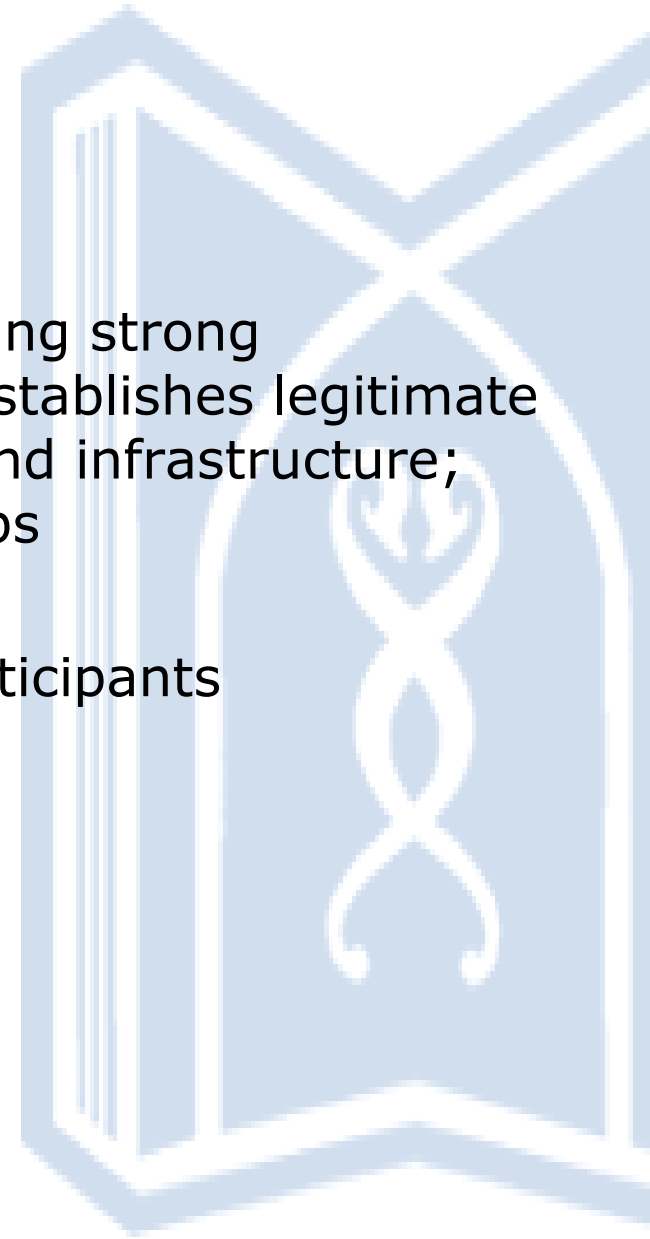
- 1.1 Clarify the motivation, purpose and scope of the proposed initiative. Consider:
 - ❑ What is the agency/ institutional mandate and infrastructure supporting evidence-informed practice?
 - ❑ Is this a response to a specific practice challenge?
 - ❑ Is a guideline the most appropriate solution to the challenge?
 - ❑ Who (person/group) will lead, implement and maintain these recommendations?
 - ❑ What is the intended practice jurisdiction (local, regional, national)?



STEP 1: Call-to-Action

Guide pp. 20-23

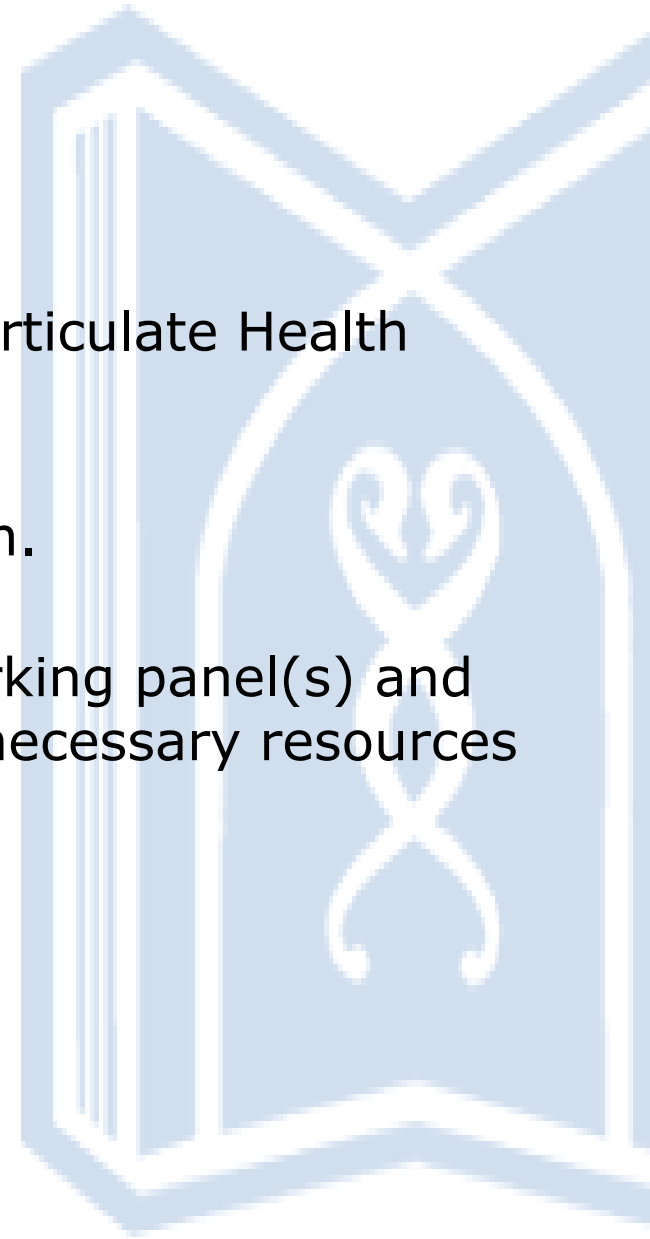
- A critical, strategic element requiring strong facilitation and leadership skills; establishes legitimate guideline development mandate and infrastructure; especially important for new groups
- Plan an orientation session for participants
- Discuss: What is a “guideline”?



STEP 2: Plan

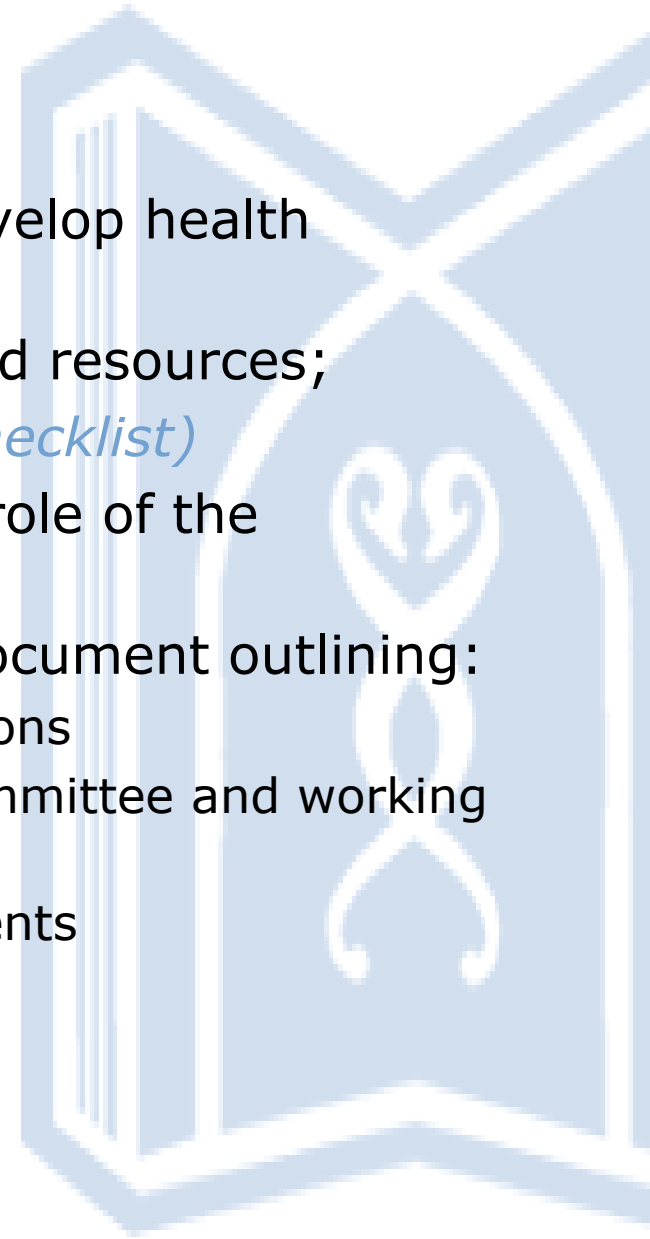
Guide pp. 24-36

- 2.1 Establish scope of guideline and articulate Health Question(s).
- 2.2 Determine feasibility of adaptation.
- 2.3 Form steering committee and working panel(s) and determine key stakeholders and necessary resources
- 2.4 Determine consensus process.
- 2.5 Write the Work Plan.



STEP 2: Plan

- ❑ Use the *PIPOH instrument* to develop health questions
- ❑ Determine required expertise and resources; (using the *Skills Assessment Checklist*)
- ❑ Understand Facilitation and the role of the Coordinator
- ❑ Draft Work Pan – an essential document outlining:
 - Scope of topic and health questions
 - Terms of reference (steering committee and working panel(s))
 - Funding and resource commitments
 - Consensus process
 - Conflicts of interest
 - Projected timeline
 - Meeting arrangements



Tool 2.1a PIPOH Checklist

- ▶ **P**atient population: average risk women
- ▶ **I**ntervention: screening
- ▶ **P**rofessionals: family physicians/
GPs/nurses
- ▶ **O**utcomes: screening interval/modality
- ▶ **H**ealthcare setting: family practice

Example Question:

*What is appropriate cervical cancer screening
(CCS)*

*for average risk women seen in family
practice?*



Tool 2.3a Skills Assessment checklist

1 = Low (we will need to plan for added support/training)

5 = High (we have access to the necessary resources and expertise)

Recommended Expertise	Our strength in this area
1. Clinical knowledge in the selected topic area, for e.g.	1 2 3 4 5
• expertise managing issues related to the application of the guideline in local practice	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• knowledge of the latest research in the topic area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments: <input type="text"/>	
2. Personal experience with the topic area to ensure patient or consumer needs are discussed and that salient outcomes such as quality of life are considered, for e.g.	1 2 3 4 5
• living with the disease	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• having undergone the intervention	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• caring for someone with the disease	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments: <input type="text"/>	
3. Methodological expertise to support members on issues related to the systematic and rigorous nature of the review process, including:	1 2 3 4 5
• previous experience in guideline development: <i>de novo</i> or adaptation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• evidence-based principles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• knowledge of research design: RCTs, Qualitative Studies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• ability to interpret levels of evidence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
• critical appraisal and guideline appraisal skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments: <input type="text"/>	
4. Information retrieval/health information literacy	1 2 3 4 5
• knowledge of databases and sources of evidence (systematic reviews, journal reviews	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

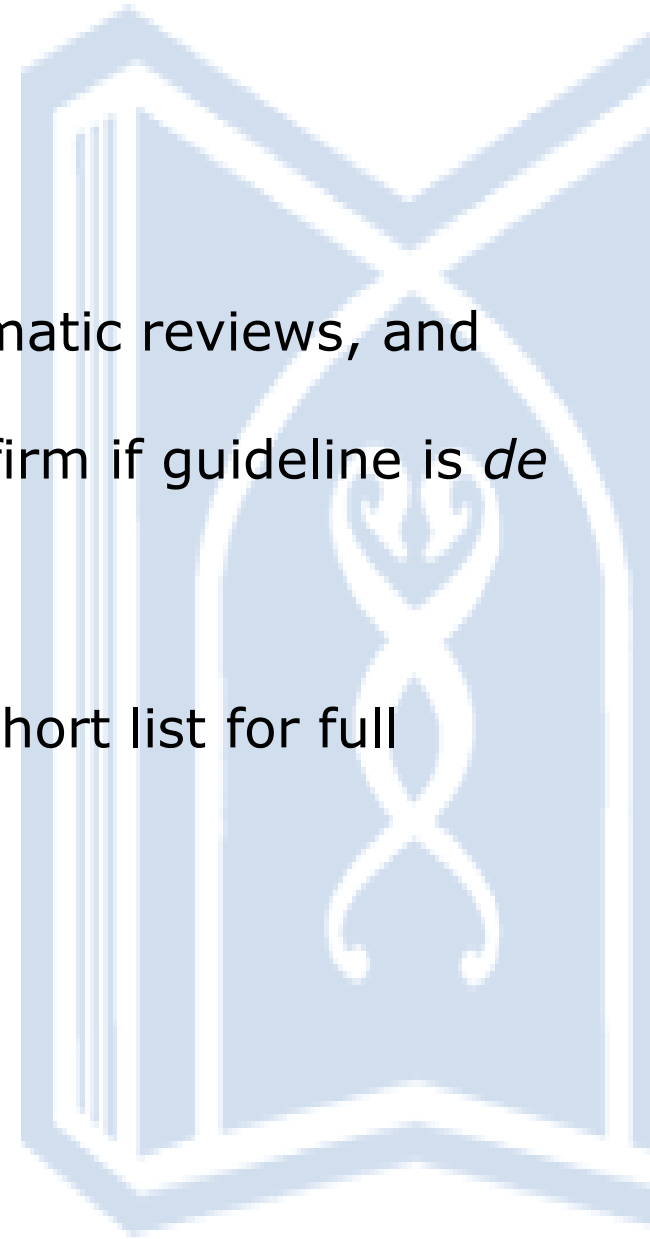
Tool 2.5a Sample Work Plan

STEP	Meeting Type	Tasks/Activities	Tools	Assigned To	Projected Timeline	Done <input checked="" type="checkbox"/>	Completion Date	Notes
1: CALL TO ACTION		1.1 Clarify the motivation, purpose and scope of the proposed initiative.	1.1a-1.1g			<input type="checkbox"/>		
2: The PLAN		2.1 Establish scope of guideline and articulate Health Question(s)	2.1a-2.1b			<input type="checkbox"/>		
		2.2 Determine feasibility of adaptation	2.2a			<input type="checkbox"/>		
		2.3 Form steering (organizing) committee and working panel(s) and determine key stakeholders and necessary resources	2.3a-2.3f			<input type="checkbox"/>		
		2.4 Determine consensus process	2.4a			<input type="checkbox"/>		
		2.5 Write the work plan	2.5a-2.5b			<input type="checkbox"/>		
3: SEARCH and SCREEN		3.1 Search existing guidelines, systematic reviews, and new or emerging areas of evidence; confirm if guideline is <i>de novo</i> , adaptation or mixed initiative	3.1a-3.1f			<input type="checkbox"/>		
		3.2 Screen search results to develop short list for full appraisal.	3.2a-3.2e			<input type="checkbox"/>		

STEP 3: Search and Screen

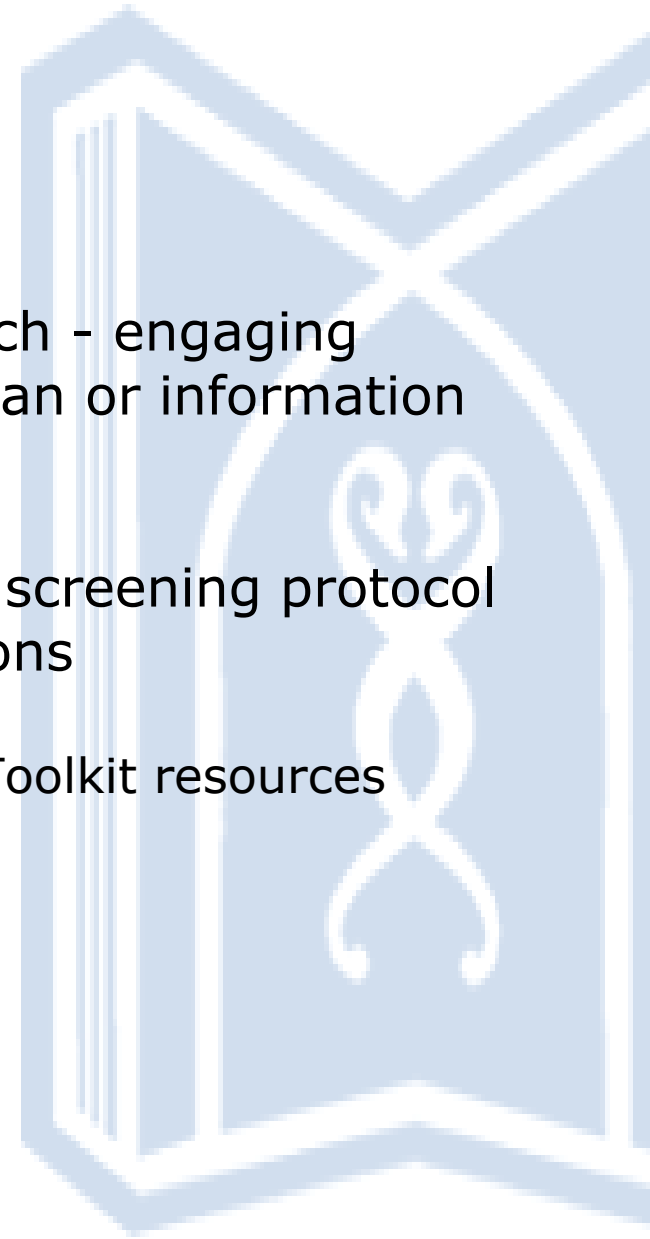
Guide pp. 37-41

- 3.1 Search existing guidelines, systematic reviews, and new or emerging areas of evidence; confirm if guideline is *de novo*, adaptation or mixed initiative.
- 3.2 Screen search results to develop short list for full appraisal;
document selection.



STEP 3: Search and Screen

- ❑ Designing and executing the search - engaging services of a health science librarian or information specialist
- ❑ Managing citations: Developing a screening protocol and documenting selection decisions
 - Library Science Supplement and Toolkit resources



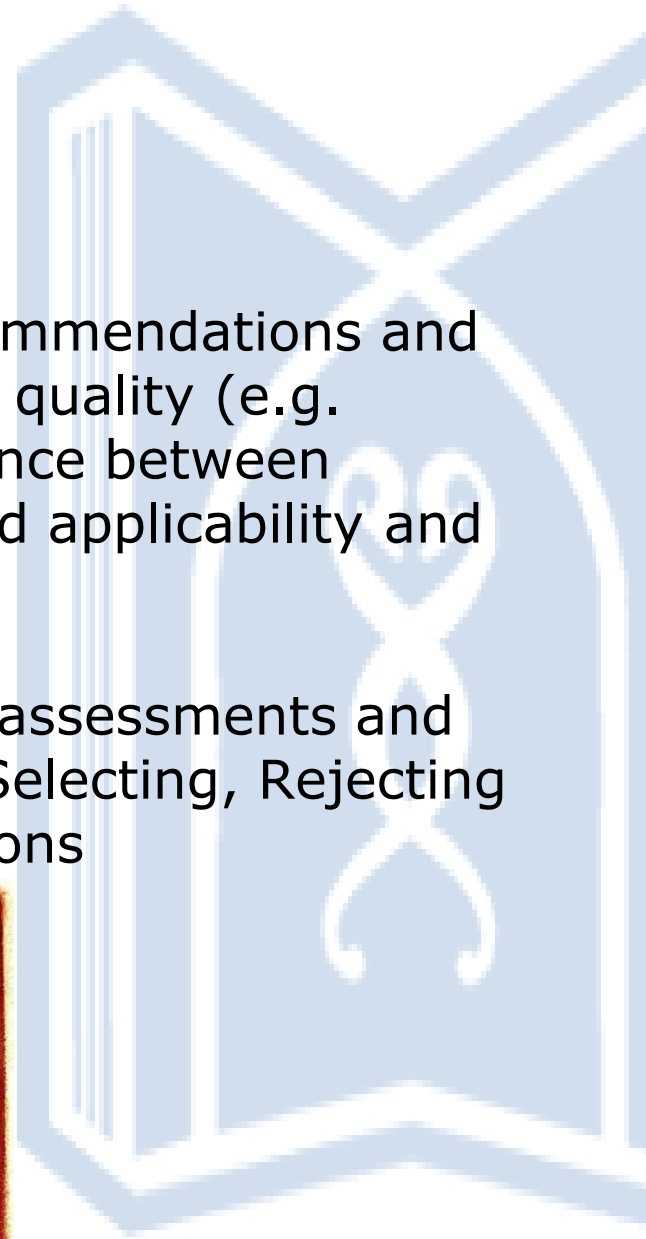
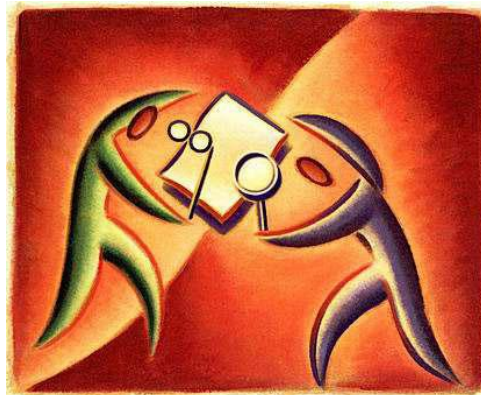
Designing the search: Choosing inclusion/exclusion criteria

- ❑ Selecting only evidence-based **guidelines** (guideline must include a report on systematic literature searches and explicit links between individual recommendations and their supporting evidence)
- ❑ Selecting only national and/or international guidelines; selecting guidelines written in a particular language (Fr/Eng?)
- ❑ Specifying a range of dates for publication; selecting only those published since an important review was published
- ❑ Selecting peer reviewed publications only; excluding guidelines written by a single author not on behalf of an organization – ideally has multidisciplinary input
- ❑ Excluding guidelines published without references – panel must have access to the evidence

STEP 4: Assess and Select

Guide pp. 42-54

- 4.1 Assess shortlisted guidelines (recommendations and supporting evidence) in detail for: quality (e.g. AGREE), currency, content, coherence between evidence and recommendations, and applicability and acceptability to local context.
- 4.2 Decision and Selection: review all assessments and achieve consensus with respect to Selecting, Rejecting or Modifying specific recommendations



STEP 4: Assess and Select

- ❑ Assessing **Quality** of guidelines
 - Using the AGREE instrument
 - Summarizing and displaying AGREE scores
 - Assessing Quality of Systematic Reviews
- ❑ Assessing guideline **Currency**
- ❑ Assessing guideline **Content**
 - Preparing the '*Recommendations Matrix*'
 - The evidence: type and level; classification systems
 - Critical appraisal (interpretation and **Consistency** of evidence)
- ❑ Assessing **Acceptability and Applicability**
- ❑ **Making Decision to Accept, Reject or Modify**
 - Achieving and documenting consensus



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 [The AGREE Instrument \(English version\)](#)



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Note: Check this site for
release of AGREE II
Instrument (May 2010)

Tool 4.1b: AGREE Instrument

SIX Domains

- 1. Scope & purpose (3)**
- 2. Stakeholder involvement (4)**
- 3. Rigour of development (7)**
- 4. Clarity & presentation (4)**
- 5. Applicability (3)**
- 6. Editorial independence (2)**

23 items
4 (7) point Likert
Scale

Overall
Assessment

User Guide &
Manual

CURRENCY Assessment

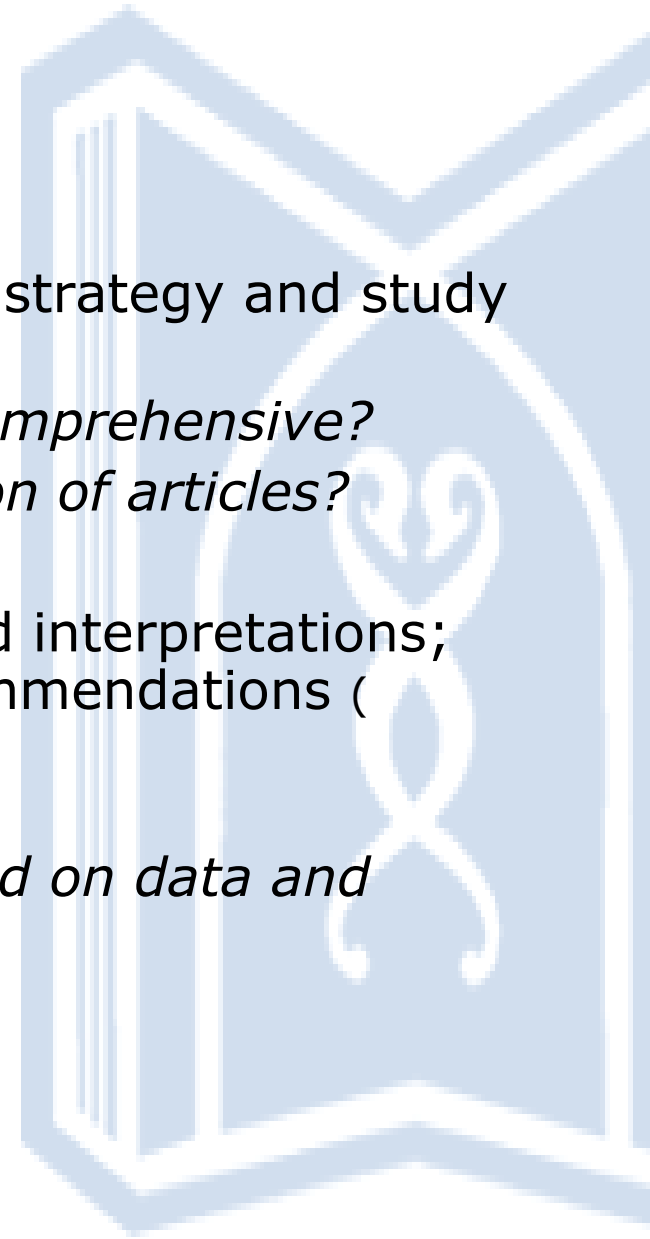
- ❑ Is there any new evidence relevant to guideline?
- ❑ Does new evidence invalidate any of the recommendations?
- ❑ Are there any plans to update the guideline in the near future?
- ❑ When was the guideline last updated?



CONSISTENCY Assessment

- ❑ Quality of source guideline search strategy and study selection (ADAPTE Tool 13)
 - *Was the search for evidence comprehensive?*
 - *Is there any bias in the selection of articles?*

- ❑ Consistency between evidence and interpretations; between interpretations and recommendations (ADAPTE Tool 14)
 - *Is the evidence valid, overall?*
 - *Are the recommendations based on data and interpretations?*



APPLICABILITY Assessment

- Review of each of the recommendations with respect to 2 main questions (ADAPTE Tool 15)
 - *Can the recommendation be put into practice?*
 - Consider patient similarity, interventions, outcomes, patient preferences, availability of equipment, availability of expertise, any constraints?
 - *Is the benefit from this recommendation worth implementing?*



Tool 4.1o Recommendations Matrix (template)

	Guideline 1	Guideline 2	Guideline 3	Guideline 4	Guideline 5					
Title of Guideline										
Publication Year										
AGREE Rigour Scores										
Overall Quality Assessment:	# of raters	# of raters	# of raters	# of raters	# of raters					
• Strongly Recommend										
• Recommend with Alterations										
• Would not recommend										
• Unsure										
Strengths/Limitations Note: Sources include AGREE comments, content expert review, and guideline content.	<i>Strengths:</i>	<i>Strengths:</i>	<i>Strengths:</i>	<i>Strengths:</i>	<i>Strengths:</i>					
	<i>Limitations:</i>	<i>Limitations:</i>	<i>Limitations:</i>	<i>Limitations:</i>	<i>Limitations:</i>					
Algorithms/Tools provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description:										
Health Questions:										
Health Question #1:										
Is question addressed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specific recommendation:										
Level of evidence:										
Source of recommendation (reference/evidence)										
Health Question #2:										

Task 4.2 Decision and Selection Options

1. ACCEPT a whole guideline and all of its recommendations

After reviewing all of the assessments, the panel accepts the guideline as is.

2. REJECT a whole guideline and all of its recommendations

After reviewing all of the assessments, the panel decides to reject the complete guideline. The decision will be based on how the panel weighs the assessments (e.g., poor AGREE scores, guideline is out-of-date, the recommendations do not apply to the panel's context).

3. ACCEPT the evidence summary of the guideline

After reviewing all of the assessments, the panel decides to accept the description of the evidence (or parts) *but to reject the interpretation and the recommendations.*

4. ACCEPT single recommendations

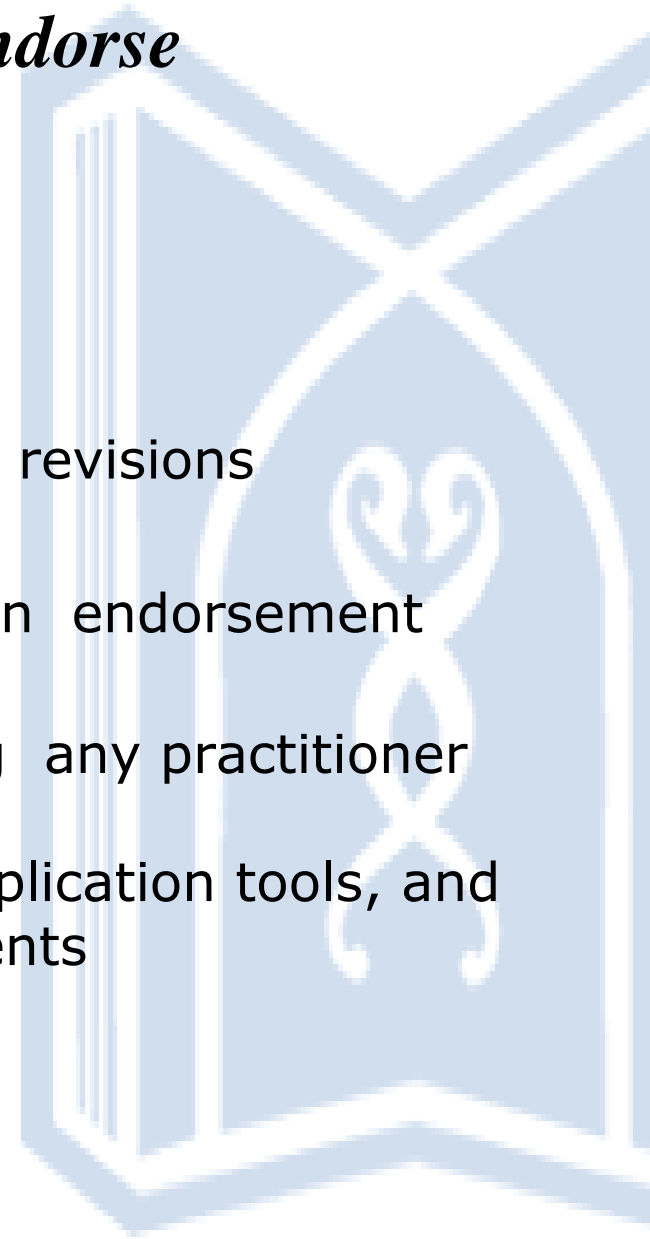
After reviewing the recommendations from the guideline or guidelines, the panel decides which to accept and which to reject which may be from one or more guidelines.

5. MODIFY single recommendations

After reviewing all of the recommendations from the guideline(s), the panel decides which are acceptable but need to be modified.

STEP 5: Draft, Revise, and Endorse Recommendations *Guide pp. 55-61*

- 5.1 Draft Customized Guideline
- 5.2 Conduct internal review and make revisions
- 5.3 Conduct external review and obtain endorsement
- 5.4 Prepare final documents, including any practitioner and patient information, records or application tools, and appropriate source acknowledgments
- 5.5 Establish a Renewal Plan



STEP 5: Draft, Revise, and Endorse Recommendations *Guide pp. 55-61*

- Customizing recommendations:
 - Using a template for structure and content
 - Authors, acknowledgements, permissions and copyright issues from source developers
 - Using brief, unambiguous, actionable language
 - Including application tools, algorithms, patient information
 - Including a short preface summarizing recommendations, and methodology; appendices and possible web links to documents

Important aspect:

Transparency of all decision making (e.g., consensus process is described, how decisions were arrived at and resolved; if recommendations were modified, how and why they were modified);

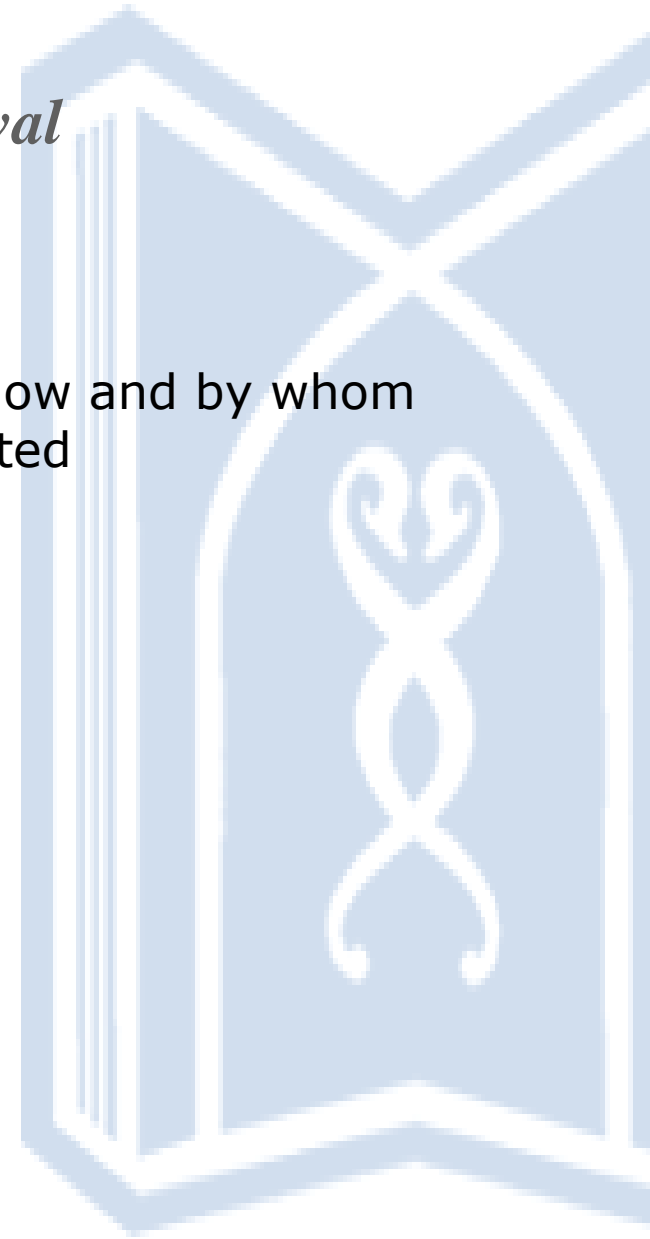
External Review

- ❑ External review with those affected by uptake, e.g., experts (practitioners, patients) and users (policy makers, managers)
- ❑ Consultation with endorsement bodies
 - *Inclusion of representative on panel throughout process?*
- ❑ Consultation with source guideline developers
- ❑ Acknowledgement of source documents



Sustainability/Planning for renewal

- Guideline maintenance
 - specifying *in the guideline* when, how and by whom the recommendations will be updated



STEP 6: Plan Implementation

Guide pp. 62-64

6.1 Dissemination and launch of guideline

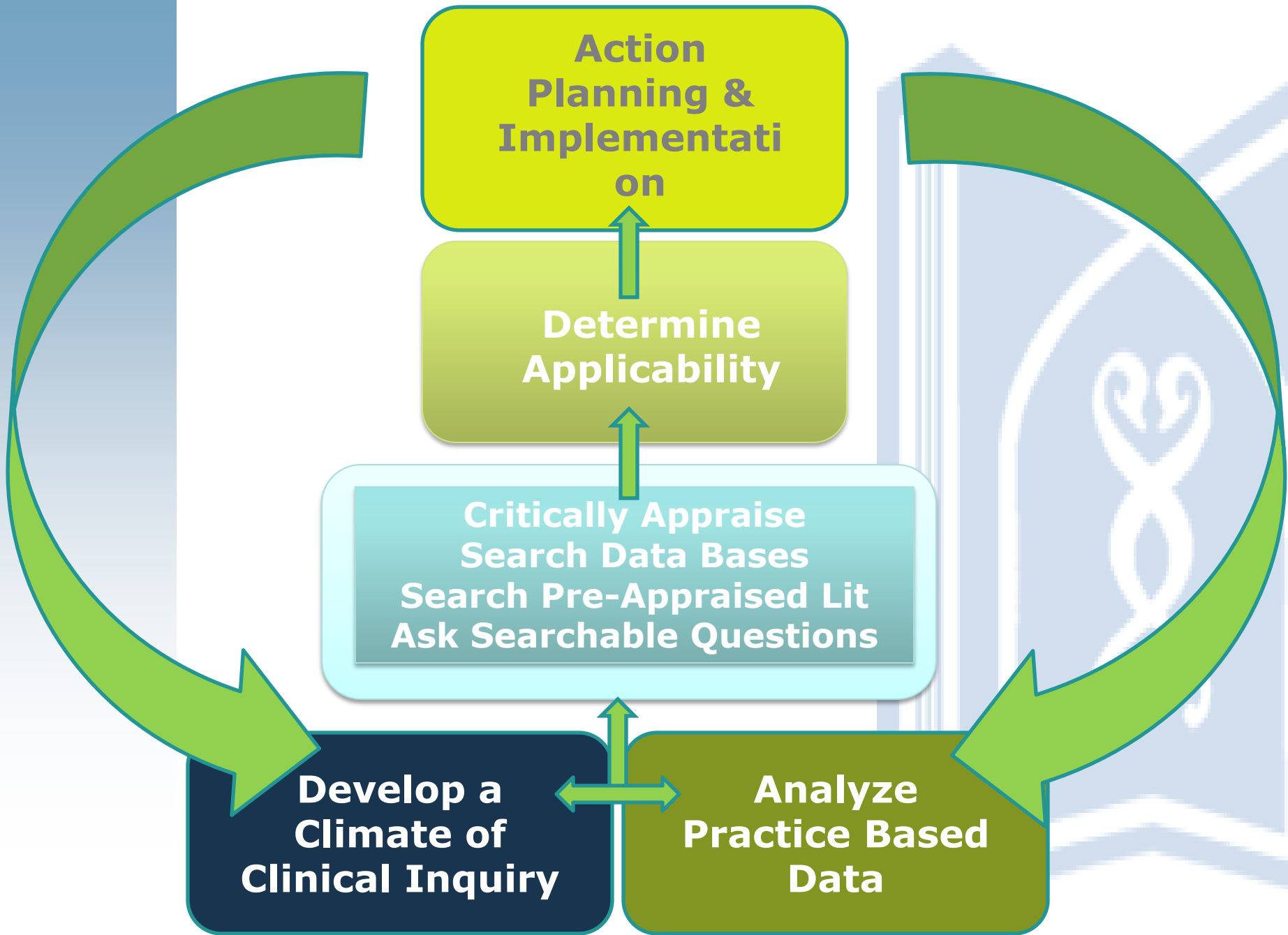
6.2 Address implementation requirements

Note: Planning Implementation continues under study and will be fully developed

for version 2.0 of the CAN-IMPLEMENT© Resource.



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now**





Thanks