

IUSTI–E Scientific Advisory Council

Topic Report 2016 **Guidelines**

Rapporteurs: **Dr. Andrew Winter, Dr. Willem van der Meijden**

Advances in the field 2015-16

Most research in the field of Clinical Practice Guideline development in 2015 is focused on targeting factors that can increase the uptake of recommendations to improve patient outcomes and strengthen delivery systems (Kastner, 2015). ‘Extrinsic’ factors (e.g. resources) can be hard to influence, so a lot of recent work has looked at ‘intrinsic’ factors, such as guideline design and implementation approaches. This aims to move thinking beyond ‘content creation’. Key papers are summarized below. Canada is clearly a leading country in this area with much of this work emanating from Li Ka Shing Institute in Toronto and McMaster University, Ontario.

In early 2016 BASHH revised its guideline production methodology <http://www.bashh.org/documents/GUIDELINES%20FRAMEWORK%202015%20final.pdf> to use GRADE system.

Ricardo Werner from the German Centre for EBM published a systematic review of the content of the EDF guidelines, including three guidelines that were actually developed by IUSTI-Europe (syphilis, partner management and anogenital warts).

5 Most Important Recent Publications

1. Werner R.N. **The quality of European dermatological guidelines: critical appraisal of the quality of EDF guidelines using the AGREE II instrument.** JEADV 2016, 30, 395–403 DOI: 10.1111/jdv.13358

A systematic review of the entire body of the EDF guidelines as published on their website using the AGREE II instrument. also including In general , Stakeholder Involvement, Editorial Independence and Applicability scored poorly although the IUSTI-E developed STI guidelines were better in general than many of the dermatologic guidelines.,

2. Schünemann, HJ, Wiercioch, Etxeandia, I et al. (2014) **Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise.** Canadian Medical Association Journal 186(3) E123.

This is a major statement from the McMaster group, who have compiled a comprehensive checklist for guidelines development at an organizational level (eg professional society). They have extensive on-line portals (<http://cebgrade.mcmaster.ca/guidecheck.html>) and www.guidelinedevelopment.org tool is free to non-profit groups.

3. GAGLIARDI, A., R., et al, 2015. **Developing a checklist for guideline implementation planning: review and synthesis of guideline development and implementation advice.** *Implementation Science*, 10(1), pp. 205-205

guideline development and have developed a checklist to aid implementation. They suggest forming an implementation team including patient, lay and policy representation, and including a knowledge translation expert. They highlight the lack of evidence-based research in the field of guideline implementation. The checklist is open-access. Co-author Roberta James is from the Scottish SIGN network, and Val Moore from NIHCE, London. Like most of the other papers the work is led from Canada.

4. KASTNER M, et al, 2015. **Guideline uptake is influenced by six implementability domains for creating and communicating guidelines: a realist review.** *Journal of clinical epidemiology*, 68(5), pp. 498-509.

[Check for full text. Athens login required.](#)

The authors hold that much of the historic guidelines literature has been devoted to the 'clinical' process (content creation) of guideline development and has not focused sufficiently on behavior change and implementation that would mean the guideline could affect patient outcomes. This paper takes a very wide multi-disciplinary approach including human factors & psychology to develop tools that will help guideline writers. They reduce 1736 guideline attributes to 6 broad domains: these are Stakeholder involvement, Evidence synthesis, Considered judgment, Implementation feasibility, Message and Format. There is a helpful checklist for guidelines development groups. Of relevance to IUSTI-Europe they support the formatting of guidelines in different formats for different audiences.

6. National Guideline Clearinghouse (2015) **Expert commentary. Implementing Guidelines in Your Organization: What Questions Should You Be Asking?.** NGC, July 2015.

<http://www.guideline.gov/expert/expert-commentary.aspx?id=49423> [27.7.15]

This expert commentary by David A. Ganz from the VA QUERI Center for Implementation Practice and Research Support in Los Angeles takes readers through 10 key questions for organizations planning to implement a clinical practice guideline. Core issues to consider prior to implementation are: motivation, political climate, workplace culture and resources. Having addressed these, he then outlines how to build an implementation team, sort out the aim of implementing the guideline and how this will be measured, piloted and scaled-up.

7. VERSLOOT, J., et al, 2015. **Format guidelines to make them vivid, intuitive, and visual: Use simple formatting rules to optimize usability and accessibility of clinical practice guidelines.** *International Journal of Evidence-Based Healthcare*, 13(2), pp. 52-57.

While the AGREE tool mentions format and readability for guidelines it has no specific evidence-based suggestions on how to make this better This paper from Canada draws on human factors, engineering and psychology research from an extensive literature search to suggest key ways that guidelines can be formatted to improve uptake: essentially Vivid, Intuitive and Visual.. This will be of particular help to the intention of IUSTI-Europe to develop a 'pocket' version of the guidelines.

8. BROUWERS, M.C., et al, 2015. **The Guideline Implementability Decision Excellence Model (GUIDE-M): a mixed methods approach to create an international resource to advance the practice guideline field.** *Implementation Science*, 10(1), pp. 225-225 1p.

[Check for full text. Athens login required.](#)

This outlines a new evidence-based tool to measure guideline implementability.

Potential Speakers

Dr. med. Ricardo N. Werner
Klinik für Dermatologie, Venerologie und Allergologie
Division of Evidence based Medicine (dEBM)
Charité - Universitätsmedizin Berlin
Charitéplatz 1, 10117 Berlin
Tel: +49 30 450 519264

Anyone from the Guidelines International Network. Example co-authors from the reference above include Roberta James (Scotland, SIGN) and Val Moore (NICE, London). Anna Gagliardi from Toronto appears to be the lead person.

Authors such as Holger Schünemann (schuneh@mcmaster.ca) and Anna Gagliardi from Toronto and Monika Kastner (monika.kastner@utoronto.ca) would be eminent international speakers in guideline content and implementation.

Questions to be answered by future Research

This was harder to establish from the literature search. It would look as if focus is moving to systematic studies of implementation.

Rapporteurs:

1. **Dr. Andrew Winter**
Sandyford Sexual Health Services
Glasgow G3 7NB UK
Tel. +44 141 211 8605
Email Andrew.winter@nhs.net

2. **Dr Willelm van der Meijden**

Beatrixziekenhuis, Gorinchem, the Netherlands.

M: 00316512254

Email: vandermeijdenwim@gmail.com

Researchers:

1. **Dr. med. Ricardo N. Werner**

Klinik für Dermatologie, Venerologie und Allergologie

Division of Evidence based Medicine (dEBM)

Charité - Universitätsmedizin Berlin Charitéplatz 1, 10117 Berlin

Tel +49 30 450 518264

Fax +49 30 450 518927

www.debm.de

www.derma.charite.de

Citation: Winter A, van der Meijden W IUSTI Sci Topic Reports 2016
Guidelines www.iusti.com/