Assessing & Developing Clinical Practical Guidelines

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Tools that guide best practice are not new. In fact, "in the fourth century BC, Plato explored the difference between skills grounded in practical expertise and those based solely on following instructions or obeying rules."[2] With the evolution of technology, the 21st century has placed demands on institutions, agencies and governments to provide best practices while maintaining cost-efficiency for wound care. Moreover, clinicians strive to develop and/or adopt tools to support their practice driven by such a demand. Hence, protocols, policies, recommendations for practice and clinical guidelines have been, and continue to be, developed to offer direction to clinicians — in particular, the novice.

In many cases, the terminology and expectations of the practice documents have, unfortunately, left the clinician confused and uncertain of which one they should adopt or adapt. The AGREE Instrument quotes Lohr et al as defining clinical practice guidelines (CPGs) as "… systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances."[3] Their purpose is "to make explicit recommendations with a definite intent to influence what clinicians do."[4] This definition applies to many of the tools clinicians are adopting to shape their practice. While there is a benefit to the development and adoption of such tools, the developers must be mindful to avoid restricting the ability of clinicians to make decisions based on the patient as a person, rather than an aggregate of patients. Choudry et al[5], assert that the content of the CPGs may be influenced by the authors, and the authors need to strive to avoid or declare conflict of interest. Editorial independence in regard to tools that influence practice needs to be maintained.

Backgrounder

Wound care has rapidly become a clinical practice area that has witnessed the non-stop addition of new wound care modalities, thus advancing wound care practices in Canada. With this comes a flurry of clinicians seeking information on tools that guide best practice. At the CAWC national meetings in Vancouver BC, 2002, the Public Policy Committee (PPC) surveyed its members regarding their expectations of this committee (the results can be viewed at www.cawc.net/open/library/public-policy/survey2002.html). The PPC decided that one of its mandates would be to provide clinicians, policy-makers and governments with an instrument that would enable them to critically appraise/evaluate tools that guide best practice, allowing for flexibility at the local, regional and national levels. The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument was chosen because of its generic methodology that, "… assesses whether developers have minimized the biases in creating guidelines and addressed the requirements for effective implementation."[1] According to Orsted et al[2], when referring to an evaluation tool, it is important that "… the tool looks at rigor of development, content and context, application and a final global assessment." This article will discuss the AGREE instrument and its format.

The AGREE Instrument

The purpose of the AGREE Instrument is to provide a framework to assist in the development of new clinical guidelines, appraising existing guidelines, or revising existing guidelines by local, regional, national or international groups or affiliated governmental organizations. The AGREE Instrument is a generic instrument intended for the following groups:

- **Policy makers:** "to help them decide which guidelines could be recommended for use in practice"
- **Guideline developers:** "to follow a structured and rigorous development methodology and as a self-assessment tool to ensure that their guidelines are sound"
- **Health-care providers:** to conduct "their own evaluation prior to adopting the recommendations"
- **Educators or teachers:** "to help enhance critical appraisal skills among health professionals"[1]

Instructions for Using the AGREE Instrument

The structure and content of the AGREE Instrument "consists of 23 key items organized in six domains. Each domain is intended to capture a separate dimension of guideline quality."[1] The AGREE document lists the following domains with their key items:

- **Scope and Purpose** (items 1–3) is concerned with the overall aim of the guideline, the specific clinical questions and the target patient population.
- **Stakeholder Involvement** (items 4–7) focuses on the extent to which the guideline represents the views of its intended users.
- **Rigour of Development** (items 8–14) relates to the process used to gather and synthesize the evidence, and the methods to formulate the recommendations and to update them.
- **Clarity and Presentation** (items 15–18) deals with the language and format of the guideline.
- **Applicability** (items 19–21) pertains to the likely organizational, behavioural and cost implications of applying the guideline.
- **Editorial Independence** (items 22–23) is concerned with the independence of the recommendations and acknowledgement of possible conflicts of interest from the guideline development group.

The AGREE document makes the following recommendations:

- **Documentation:** "Appraisers should attempt to identify all information about the guideline development process prior to appraisal…. It is recommended that appraisers read the guideline and its accompanying documentation fully before starting the appraisal."
- **Number of Appraisers:** A minimum of two appraisers, and preferably four, is recommended for effective assessment of the protocol.

The AGREE Instrument can be viewed at www.agreecollaboration.org.

- **Response Scale:** Appraisers should use the response scale for each domain. Items are rated on a four-point scale ranging from 4 – "Strongly Agree" to 1 – "Strongly Disagree," with two mid points: 3 – "Agree" and 2 – "Disagree."
- **User Guide:** Appraisers should make use of the provided User Guide to better "understand the issue and concepts addressed by the item."
- **Comments:** The comments area next to each item should be used to explain the reasoning behind responses.
- **Calculating Domain Scores:** The formula for calculating the scores for each domain is provided. The six domain scores are independent and should not be combined into a single score.

A section for overall assessment is included at the end of the instrument. This contains a series of options: "Strongly recommend," "Recommend (with provisos or alterations)," "Would not recommend" and "Unsure." This overall assessment requires the appraiser to make an overall judgement as to the quality of the guideline, taking each of the appraisal criteria into account.

The AGREE Instrument is a tool to assist clinicians, policy-makers and governments to systematically develop or evaluate guidelines or tools used to support and guide practice. Reliability, validity and ease of use of the AGREE Instrument were demonstrated at the first PPC tutorial. Initially, it required approximately two hours to complete the AGREE Instrument on designated clinical practice guidelines, and the second tutorial lasted one hour. This demonstrated that the AGREE Instrument is user-friendly.

References

1. The AGREE Collaboration (2001). *Appraisal of Guidelines for Research & Evaluation* (AGREE) *Instrument*. www.agreecollaboration.org
2. Orsted H, Campbell K, Keast D. Clinical practice guidelines, algorithms, and standards: tools to make evidence-based practice available and user friendly. In *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals*, Third Edition. Wayne, PA. Health Management Publications, Inc. 2001: 209-217.
3. Lohr KN, Field MJ. A provisional instrument for assessing clinical practice guidelines. In Field MI, Lohr KN (eds.). *Guidelines for Clinical Practice: From Development to Use.* 2002. National Academy Press. Washington D.C.
4. Hayward RSA, Wilson MC, Tunis SR, Bass EB, Guyatt G, for the Evidence-Based Medicine Working Group. *Users' Guides to the Medical Literature*. VIII. How to use clinical practice guidelines. Are the recommendations valid? *Journal of American Medical Association*. 1995;274:570-574.
5. Choudhry NK, Stelfox HT, Detsky AS. (2002). Relationships between authors of clinical practice guidelines and the pharmaceutical industry. *Journal of the American Medical Association*. 2002;287(5):612-617.