Programme G-I-N 2011

Programme at a glance

28 August 2011

- 28 August: Guideline implementation pre-conference course
- 28 August: Guideline development through GRADE

29 August 2011

09-10.30	**Opening ceremony** **Plenary 1: "Linking evidence to practice: Guidelines and alternatives"** • Tsuguya Fukui (Japan):"Quality improvement by measuring and disclosing quality indicators" • Gillian Leng (UK): "How effective are national strategies for getting evidence in practice?" • Dave Davis (US): "The hidden intervention: using an effective educational strategy to ensure the uptake of best evidence in practice"
	Break
11-12.30	**Parallel sessions** Workshop 1: Zest Research System: An online guideline data-management system Workshop 2: The rationale and challenges of developing an implementation taxonomy: A workshop for guideline implementers and researchers Panel session 1: Health technology assessment to guide clinical practice Oral session 1: Guideline development - Resource constrained settings Oral session 2: Guideline development - Appraising and updating Oral session 3: Evidence generation and synthesis - Appraising and sharing Oral session 4: Guideline implementation 1
	Lunch and group meetings
14-15.30	**Plenary 2: "Guidance in the absence of evidence: what can – and cannot – be done?"** • Paul Glasziou (Australia): "When are randomised trials not needed?" • Nicola Magrini (Italy): How to make weak recommendations more transparent: what we have learnt from the use of GRADE" • Hans Messersmith (Canada): "What do you do when you have done all the easy stuff? – Developing guidelines in the absence of good quality evidence"
	Break
15.45-17	**Parallel sessions** Workshop 3: The GRADE approach to assessing the quality of a body of evidence and the strength of recommendations Workshop 4: Development of public health guidance in settings with lack of evidence and lack of time Panel session 2: Clinical Practice Guidelines development in traditional medicine in East Asia Oral session 5: Guideline implementation 2 Oral session 6: Guideline implementation - Best practices 1 Oral session 7: Guideline development - Skills and resources 1 Oral session 8: Guideline development - Methodology and best practices 1
	Meetings

30 August 2011

09-10.30	**Plenary 3: "Adapting guidelines for resource-constrained settings"** • Leonila Dans (Philippines): "Experiences in the Philippines: Adapting the essential newborn care guidelines: failures and successes" • Karen Daniels (South Africa): "Translating evidence into policies and guidelines: findings from 3 southern African countries" • To be determined
	Break
11-12.30	**Parallel sessions** Workshop 5: Guideline adaptation: making guideline development more efficient and providing opportunities for collaboration Workshop 6: Cochrane collaboration with guideline developers: A win-win situation Parallel session 3: Quality of life and patient functioning in clinical guidelines: a statement of G-I-N's Allied Health Community Oral session 9: Grading and cost considerations Oral session 10: Performance measures Oral session 11: Guideline development - Skills and resources 2 Oral session 12: Guideline development - Skills and resources 3
	Lunch and group meetings
14-15.30	**Plenary 4: "Sustainable guidelines: maintaining relevance to health policy"** • Ken Kuo (Taiwan): "Policy priority in sustaining guideline development" • Lisa Askie (Australia): "International collaboration, individual patient data and prospective meta-analysis - the best evidence base for sustainable guidelines" Ilkka Kunnamo (Finland): "Implementing guidelines on populations by means of clinical decision support"
	Break
15.45-17	**Parallel sessions** Workshop 7: Evidence tables IV: prognostic and economic evaluation templates Workshop 8: National guideline development and adaptation in Kenya - aiding transparency with GRADE Oral session 13: Traditional Asian Medicine Oral session 14: Guideline development - Safety and adaptation Oral session 15: Other guideline development Oral session 16: Uptake impact and outcomes Oral session 17: Guideline implementation - Best practices 2
	Conference dinner

31 August 2011

09-10.30	**Parallel sessions** Workshop 9: Adaptation of guideline adaptation methodology for guideline development naïve countries Parallel session 4: Guidelines in Occupational Medicine Oral session 18: Getting the word out Oral session 19: Guideline development - Methodology and best practices 2 Oral session 20: Guideline development - Skills and resources 4 Oral session 21: Guideline implementation - Barriers and non-adherence Oral session 22: Development and implementation in Asian countries
	Break
11-12.30	**Plenary 5: "Promoting quality of evidence and guidelines in the international community"** • Tamara Kredo (South Africa): "Agreement and Alignment - guidelines for five priority diseases in the Southern African Development Community" • Richard Shiffman (USA): "Can the New IOM Standards for Guideline Development Improve Guideline Quality?" • Philip van der Wees, G-I-N Chair 2010-2011: "Promoting quality of evidence and guidelines: what is G-I-N's role?" **Presentation of G-I-N 2012**
	Lunch
14-15.30	Asian-Pacific Evidence-Based Medicine Network (APEBMN) plenary
	Break
15.45-17	APEBMN Parallel sessions

Oral presentation sessions

Oral session 1: Guideline development - Resource constrained settings

O1	Tarang Sharma	Clinical guidelines as a source of disinvestment recommendations: a case study from England and Wales
O2	Dr. Surya Raj Niraula	Risk factors for drug abuse among Nepalese samples selected from a town of Eastern Nepal
O3	Mary Docherty	The role of primary to specialist care referral guidelines in cost effective care
O4	Ova Emilia	The change of practice of perineal shaving among parturients on admission of labor in two different hospitals

Oral session 2: Guideline development - Appraising and updating

O5	Radim Licenik	An instrument for evaluation of ethical principles in guidelines
O6	Sandra Zelman Lewis	Sustainable Living Guidelines: A Model for the Future
O7	Arash Rashidian	Development of a Farsi translation of the AGREE instrument, and the effects of group discussion on improving the reliability of the scores
O8	Katrina Sparrow	A rapid update to a guideline: when new evidence questions the safety of a recommendation
O9	Ann Scott	Updating adapted guidelines: How to streamline the process without losing rigour

Oral session 3: Evidence generation and synthesis - Appraising and sharing

O10	Ein-Soon Shin	Comparison Component of Evidence Table between Organizations
O11	Jose-Miguel Carrasco	Knowledge, attitudes and perceptions of Spanish physicians about clinical practice guidelines and grading systems: a qualitative study.
O12	Ornrat Lohitnavy	A Comparative Effectiveness Study of Generic versus Brand-name Pioglitazone in Patients with Type II Diabetes Mellitus in Thailand.
O13	Ya-Wen(Betty) Chiu	Motivational analysis of the health professionals in the usage of online evidence retrieval systems
O14	Joanna Ashe	Retrospective observational study of the unique yield from CINAHL for clinical questions posed in NICE guidelines

Oral session 4: Guideline implementation 1

O15	Svenja Siegert	Pilot-Study: Cochrane Reviews along with current Guidelines – Analysis of the benefit for the user
O16	Marjolein Lugtenberg	Preferences of general practitioners for interventions to improve guideline adherence
O17	Samar Aboulsound	G-I-N Emergency Care Community: Survey of preferred attributes of guidelines
O18	Md Habibur R Seraji	Views of Bangladeshi rural first level health providers about use of clinical guidelines for managing childhood illnesses
O19	Rasmieh Alzeidan	Dissemination and implementation of Bronchial Asthma guideline in Pediatric emergency Department King Khalid University Hospital Saudi Arabia

Oral session 5: Guideline implementation 2

O20	Danielle Mazza	Refining a draft implementation taxonomy: results of an exercise in abstract classification

O21	Sue Huckson	A National strategy for implementing acute pain management guidelines in Australian emergency departments
O22	Jorma Komulainen	Effect of computerized decision support on adherence to diabetes guidelines - a randomized controlled study
O23	Danielle Mazza	Community views of what activates engagement in preventive care through general practice: How do these relate to psychological theory?
O24	Danielle Mazza	Engagement with and perceptions of preventive health care through general practice: A qualitative study of community members

Oral session 6: Guideline implementation - Best practices 1

O25	Wee-Ming Boon	How do developers of clinical practice guidelines deal with evidence on rare diseases?
O26	Ali El-Ghorr	Implementation of the SIGN guideline on obesity using a coordinated approach that includes influencing Government policy
O27	Wiley Chan	Interactive Web Site for Guideline Implementation and Navigation
O28	Maoling Wei	The current status of development of evidence based guideline in China
O29	Kelvin Hill	Barriers and enablers to implementing the StrokeLink program: linking evidence to practice for stroke care in Queensland, Australia.

Oral session 7: Guideline development - Skills and resources 1

O30	Miss Moni Choudhury	Identifying and prioritising evidence gaps in the guideline development process: NICE observations on how and when
O31	Abubaker I brahim Elbur	Adaptation; development; of clinical guidelines for antibiotics use and administration for surgical prophylaxis in elective surgical procedures
O32	De Luca MJ	Guidelines adaptation in the context of LMIC: a nationally adapted guideline for the management of diabetes mellitus 2 in Argentina.
O33	Shavkiya Pochodzhanova	Evidence based clinical practice guidelines design and adaptation methodology in the Republic of Tajikistan – the first experience

Oral session 8: Guideline development - Methodology and best practices 1

O34	Janet Struber	20 Years of Clinical Practice Guideline Development
O35	Richard N. Shiffman	A Software Assistant to Promote Guideline Development
O36	Carrie M Davino-Ramaya MD	'Globalize the Evidence, Localize the Decision': A Kaiser Permanente and BMJ Evidence Centre Collaborative Case Study
O37	Aylin Baydar Artantas	Guideline development in Turkey. Where are we?
O38	Prof Ian Olver	Use of wiki technology to develop and update cancer care guidelines

Oral session 9: Grading and cost considerations

O39	Nancy Huang	Formulating recommendations in the absence of evidence: time for more rigorous methods
O40	Holger Schunemann	Antivirals for Influenza: Review of the Evidence from Observational Studies
O41	Kyung-Wha Seo	Trend Analysis of the Grading System
O42	Siok Swan Tan	Guidelines and cost effectiveness; a happy marriage?
O43	Roman Perez Velasco	Incorporating economic considerations into guidelines: systematic review of economic evaluations of interventions against influenza pandemics

Oral session 10: Performance measures

O44	Md Habibur R Seraji	Implementing clinical guidelines on Integrated Management of Childhood Illnesses (IMCI) for first level health providers working in a resource-poor setting: early findings from rural Bangladesh
O45	Chantal Holtkamp	Improved care for patients with non-small cell lung carcinoma (NSCLC) after guideline implementation and monitoring in the Netherlands
O46	Fatemeh Sadeghi Ghyassi	Implementing Evidence-Based Guidelines in Sinusitis and Otitis Media by Iranian Otolaryngologists
O47	Melissa Starkey	Concepts for Applying High-Value, Cost-Conscious Health Care from the American College of Physicians (ACP)
O48	Charlotte Bee	Developing NICE Quality Standards for the NHS in England: chronic kidney disease as a case study

Oral session 11: Guideline development - Skills and resources 2

O49	Gersende Georg	Assessing the Readability of Clinical Guidelines with Deontic Markers
O50	Evelien Belfroid	Implementation of the NVOG-guideline on PPH and the MOET-instructions: barriers and facilitators amongst professionals and patients
O51	Sonja MC Kersten	The use of innovative methods in the development and dissemination of the evidence based Dutch guideline 'Cancer Rehabilitation'
O52	Petra Diaz del Campo	Patient involvement in clinical practice guideline –methodological approach
O53	Anne Hilde Rosvik	Usability testing of clinical guidelines

Oral session 12: Guideline development - Skills and resources 3

O54	Schmidhuber,M.	A systematic review of disease specific ethical issues in dementia and chronic kidney disease. A new component for guideline development manuals?
O55	Miss Moni Choudhury	Harnessing clinical guidelines to identify research priorities: lessons from a cross-Europe Database of Cancer Uncertainties
O56	Arash Rashidian	Guideline for guidelines: are they up to the task? A comparative review of guideline development strategies
O57	Kevin Pottie	Framing for Prevention: Implementing the GRADE approach to support the development of evidence-based clinical preventive guidelines

Oral session 13: Traditional Asian Medicine

O58	Bian zhao-xiang	Current situation and future development of Clinical practice Guidelines in Traditional Chinese Medicine
O59	Yoshiharu Motoo	Evaluation of Japanese clinical practice guidelines based on Kampo descriptions
O60	Hyteon Go	Development of Evidence Report 2010 on Korean Medical Treatment

Oral session 14: Guideline development - Safety and adaptation

O61	Hilde Philips	Guidelines on Lower Urinary Tract Infections in 8 European countries
O62	Sue Huckson	Using a Community of Practice model to implement clinical guidelines in Australia
O63	Mary Docherty	Using evidence to stop inappropriate practice: NICE and Cochrane work together.
O64	Teun Zuiderent	Safety (norms) in guidelines; handle with care?

Oral session 15: Other guideline development

O65	Loes Knaapen	Sociological Analysis of G-I-N
O66	Sylvie Beauchamp	Guidelines development in the social care sector grounded on experience
O67	Roman Perez Velasco	Revision of screening package----A case study for population under Civil Servant Medical Benefit Scheme (CSMBS) in Thailand
O68	Langer, Thomas	Declaration of conflicts of interest in German clinical practice guidelines
O69	Kevin Pottie	New "GRADE" based methods to assist in the development of evidence-based clinical guidelines for immigrants and refugees

Oral session 16: Uptake impact and outcomes

O70	Catherine Gerard	'Rapid-E' clinical guidance: A case study in Type 2 Diabetes.
O71	morin	Quality indicator to increase professional's awareness on evaluation of the risk of pressure ulcer
O72	goubet	An indicator to improve quality of Multidisciplinary Review Meetings for Cancer Patients
O73	Rebecca L Morgan	Development of Recommendations for the Identification of Hepatitis C Virus and HCV-related Chronic Disease
O74	Melanie Couralet	Constructing a composite quality score for the care of acute myocardial infarction patients at discharge

Oral session 17: Guideline implementation - Best practices 2

O75	Krishnan Ramaya	Towards overcoming cultural barriers and disparities in healthcare; a proposed model for involving immigrant patients in the interpretation of a preventative clinical practice guideline and the development of support tools.
O76	Markus Follmann	Quality Management in Oncology – building up a network between the German Guideline Program in Oncology, Cancer Registries and Certified Oncological Centres in Germany
O77	Carel Hulshof	Testing of draft guidelines as a form of pilot implementation
O78	Charlotte Bee	Developing Quality Standards for the NHS in England: the NICE Quality Standards Programme two years on (2009-2011)

Oral session 18: Getting the word out

O79	Thomas S. D. Getchius	Guideline Dissemination: Reaching the public by the billions ---- 25 minutes allocated
O80	Anne E Nelson	An innovative web-based publishing approach for clinical practice guidelines
O81	Ya-Wen (Betty) Chiu	Diffusion of evidence-based practice into health professionals of regional hospitals by a nationwide outreach program in Taiwan
O82	Haluk Soydan	Evidence-based clearinghouse social work and mental health

Oral session 19: Guideline development - Methodology and best practices 2

O83	Nancy Huang	Thinking Globally Acting Nationally Working Locally: the Australian Guideline Developer Network
O84	Wiley Chan	Embedding an Integrated Platform for Data Extraction, Systematic Reviews and Guideline Development
O85	Gary S. Gronseth	Deductive Inferences in Guidelines: Lessons from Brain Death
O86	Alexander Nast	Cost reduction in the guidelines development process by the use of online tools
O87	M.M.Bore de	Fast track guideline update successful

Oral session 20: Guideline development - Skills and resources 4

O88	Kari Kren	Nutrition for HIV/AIDS: Evidence to Prevent Malnutrition
O89	K.Rustemova	Elaboration of clinical guidelines in the Republic of Kazakhstan
O90	Yaolong Chen	How many evidence based guidelines in China
O91	Knuppel, H	The representation of disease specific ethical issues in clinical practice guidelines. A systematic review of dementia and chronic kidney disease guidelines.
O92	Nyokabi Musila	Adaptation of global guidelines in Kenya – a case study using GRADE to support the transparent development of evidence-based national paediatric malaria guidelines

Oral session 21: Guideline implementation - Barriers and non-adherence

O93	Nathorn Chaiyakunapruk	Assessment of Adherence to Clinical Practice Guideline for Antithrombotic Therapy in Patients with Atrial Fibrillation in Community Hospitals in Thailand
O94	sakineh Hajebrahimi	Does Evidence Based Practice guideline applicable without understanding EBM mathematics?
O95	Mark Harris	Barriers and facilitators to implementation of chronic disease prevention guidelines in Australian general practice
O96	Hilde Philips	Adherence to guidelines on Lower Urinary Tract Infections in Belgium: an interventional study.
O97	Francisco-Javier Gracia	Practical tools to improve implementation of a Primary Care Clinical Practice Guideline for Sleep Disorders in Children

Oral session 22: Development and implementation in Asian countries

O98	Jinty Wilson	A collaborative model of CVD clinical guideline development in Australia
O99	Hiroshi Saito	Basic requirements for cancer screening recommendations based on insufficient evidence: Comparison of guidelines in Korea and Japan
O100	Yau Wah Hon	Evidence Gap when East meets West: short term prognosis of Transient ischemic attack in Hong Kong Chinese
O101	Sun-Hee Lee	Evidence-based Clinical Practice Guidelines in Korea
O102	Yu-Lin Wu	The self-efficacy of evidence-based practice among nurses studied in a senior nursing college of nursing

Workshops

WS 1: Zest Research System: An online guideline data-management system

Author (facilitator): Ella Fields / NCC-WCH / United Kingdom

Background/Purpose: Traditional approaches to guideline development include the use of different types of software (bibliographic, word processing, statistical) alongside various document types (reference lists, evidence tables, forest plots, Grade profiles, pdfs). These can result in increased risk of data entry error at each stage and the potential for inconsistency across guideline documents.

We at the National Collaborating Centre for Women's and Children's Health, in collaboration with software programmers, have developed a bespoke online system to manage data from importing of search results to the development of guideline support documentation (evidence tables, excluded studies, work reports). As data is only entered once, on a secure and backed-up nightly server, there is less risk of data entry error and inconsistency across documents. This system is also fully integrated to export data to Grade Profiler via Review Manager, ensuring that Grade profiles are available for use in the final guideline. Referencing in the final guideline is also supported via hyperlinks to the list of included studies.

Objectives: To demonstrate an integrated online system for guideline development

Description: The workshop will include;

1. an explanation of the system by the developers (10 minutes)
2. a demonstration from an existing guideline (15 minutes)
3. an interactive demonstration using a worked example (45 minutes)
4. a question and answer session (20 minutes)

Target Audiences: Guideline developer

WS 2: The rationale and challenges of developing an implementation taxonomy: A workshop for guideline implementers and researchers

Author (facilitator): Danielle Mazza / Monash University / Australia

Background/Purpose: An implementation taxonomy would assist researchers to describe implementation activities using common terms, better delineate the outcomes associated with the various strategies and improve the quality of research reports. Based on the EPOC checklist we developed and tested a draft taxonomy by using it to classify abstracts presented in the implementation stream of the Chicago GIN Conference. This exercise highlighted issues in the draft taxonomy that require further development and refinement.

Objectives:

- To describe the rationale for developing an implementation taxonomy
- To describe elements of the draft implementation taxonomy and to compare and contrast these to other existing related taxonomies
- To seek feedback as to how to further refine the draft taxonomy

Description: A brief presentation on the rationale and process used in developing the draft implementation taxonomy will be given together with an overview of other existing related taxonomies. Participants will break into small groups to discuss elements of the draft taxonomy and to reflect on how these relate to their implementation experiences and reporting of those projects/ research studies. A facilitated discussion will draw together the conclusions of these groups and suggestions for future research.

WS 3: The GRADE approach to assessing the quality of a body of evidence and the strength of recommendations

Author (facilitator): Holger Schunemann / McMaster University / Canada

Objectives: To learn how to create a Summary of Findings Table. This workshop involves small group work, with groups lead by workshop trainers.

Description : Description: Summary of Findings (SoF) tables are a relatively new important addition to Cochrane reviews. Although not mandatory, Cochrane review authors are strongly encouraged to include SoF in their reviews. As well as a summary of the results of the review, the Summary of Findings is a tool to ensure that the quality of the evidence is considered along with the magnitude of the effects found in the review. There are three main processes to create a SoF: choosing comparison and outcomes; summarising the evidence in easy to understand numbers; and assessing the quality of the evidence using GRADE. This workshop provides a brief overview of the process and then an opportunity for small group work. Each group will take a Cochrane review and start to create a Summary of Findings Table. During the small group work, participants will discuss the issues around choosing a comparison and outcomes. The GRADE approach is then described and participants can use and discuss the issues for GRADEing the quality of a body of evidence, including the risk of bias, directness, heterogeneity, precision and publication bias. Hands-on practice will include converting dichotomous and continuous outcomes into absolute effects.

Target Audiences: Guideline developer

WS 4: Development of public health guidance in settings with lack of evidence and lack of time

Author (facilitator): Frode Forland / European Centre for Disease Prevention and Control / Sweden

Background/Purpose: European Centre for Disease Prevention and Control (ECDC) has addressed the issue of developing evidence based guidance in settings of infectious diseases when there often is time pressure and lack of evidence. In Australia additional issues have been raised, for example: (1)

Objectives: To provide opportunities for participants to discuss the topics outlined above and the tools and templates developed on public health guidance and to share experiences in the field of evidence based public health guideline development

Description:

- Present the findings from the ECDC Working group on development of public health guidance, addressing the questions of level of evidence and grading of recommendations in public health.
- Present an analysis on the application of the AGREE II instrument for Public health guidance and a tool for rapid guideline evaluations, GET 5 (Guidelines Evaluation Tool)
- Present the current developments in Public health guidelines in Australia
- Explore and exchange experiences concerning methodological issues in guideline development and evaluation in the field of public health among participants.
- Discuss international collaboration in the field of guidelines for public health

Target Audiences: Guideline developer

WS 5: Guideline adaptation: making guideline development more efficient and providing opportunities for collaboration

Author (facilitator): Sue Phillips / National Health and Medical Research Council / Australia

Background/Purpose: Guideline adaptation is a topic of high interest among guideline developers. In response to this, G-I-N established an Adaptation Working Group. An electronic survey was conducted among G-I-N members in Autumn 2010 to explore the views and preferences of members. The survey was well-received and yielded information from 112 respondents that will help shape the work of the working group.

Objectives: To provide opportunities for participants to investigate more efficient ways to adapt and implement guidelines and to increase collaboration nationally and internationally while supporting the tailoring of the adaptation method.

Description: With the background of the ADAPTE method, we will:

- present a summary of the findings of our survey on guideline adaptation
- present different examples of use of guideline adaptation
- explore the facilitators and barriers for efficient guideline development/adaptation among participants; in small groups we will discuss the barriers more in detail and how these could be addressed
- discuss how international collaboration could contribute to raising the quality and efficiency of the guideline development/adaptation process.

The findings from the workshop will be used to help refine and update the guideline adaptation method. Opportunities for participation in and contribution to the G-I-N adaptation working group will be discussed.

Methods used to facilitate interaction: nominal group techniques and small group sessions.

Target Audiences: Guideline developer

WS 6: Cochrane collaboration with guideline developers: A win-win situation

Author (facilitator): Hugh McGuire / NCC-WCH / United Kingdom

Background/Purpose: Cochrane reviews provide high quality, reliable health information and have been identified as being of interest to NCC-WCH guidelines. However the outcomes examined are often not what the NCC-WCH are interested in. This means that Cochrane reviews often provide information on trials rather than the findings of the guideline review. Discussions with Cochrane review groups can help but competing timelines / standards / methodologies also conspire to ensure that existing Cochrane reviews are not used fully in guidelines. One solution would be to engage the Cochrane review groups much earlier in the guideline development process to ensure that the evidence is gathered and reviewed in a way that is guideline compatible.

Objectives: To develop a framework for working with Cochrane groups to ensure that the findings in each review is suitable for use in clinical guidelines.

Description: The workshop will include;

1. an historical view of how Cochrane reviews have been used in guidelines developed at the NCC-WCH. (10 minutes)
2. a planned approach of collaboration with the Cochrane Incontinence Group using a guideline in development (15 minutes)
3. Small-group work to determine 'best practice' ideas (20 minutes)
4. an interactive discussion / question and answer session with the audience (45 minutes)

We will provide a short questionnaire to be completed, in advance, by each participant outlining their experience of using Cochrane reviews in guidelines or in clinical practice.

Target Audiences: Guideline developer

WS 7: Evidence tables IV: prognostic and economic evaluation templates

Author (facilitator): Hans de Beer / CBO / Netherlands

Background/Purpose: As part of the effort to meet G-I-N's objectives of facilitating information sharing and avoiding duplication of effort, the G-I-N Evidence Tables Working Group (ETWG) was set up to define a minimum dataset for summarising the appraised literature (i.e. templates). These standards would be the first step to meeting the GIN objectives. Previously, two templates to summarise intervention and diagnostic studies have been developed by the ETWG. More recently, two new templates to summarise single studies related to prognostic questions and single economic evaluations have been developed. Initial drafts based on literature review as well as evidence tables in use were discussed at the Chicago conference. The drafts have then been improved and subject of a feasibility study conducted spring 2011.

Objectives:

- to improve participants understanding of what is required in a minimum data set for summarising these studies
- to receive the attendees' feedback on the templates and their revision thus enabling the production of the final documents.

Description: This workshop will:

- present the semi-final drafts of templates on prognostic and economic evaluation.
- present the results of the feasibility study of templates on prognostic and economic evaluation
- enable discussion of the results of the feasibility study
- provide opportunities to obtain the attendees' feedback on the templates and their revision

Through discussions and examples we will also improve participants understanding of the templates and their use.

Target Audiences: Guideline developer

WS 8: National guideline development and adaptation in Kenya - aiding transparency with GRADE

Author (facilitator): Nyokabi Musila / Kenya Medical Research Institute (KEMRI)-Wellcome / Kenya

Background/Purpose: The process of developing evidence-based policies and clinical practice guidelines (CPGs) for use in low income countries (LICs) is complex. The roles that local contextual factors and stakeholder views play in the process are rarely described. Here we present two case studies of CPG adaptation and development where we used the Grading of Recommendations Assessment, Development and Evaluation (GRADE) tool to improve transparency and support inclusivity of locally relevant factors to CPG development through: (i) critique of global and national guidance on the treatment of severe malaria in African children and (ii) development of guidance for the management of childhood illnesses in Kenya.

Objectives:

1) To understand the technical and cultural challenges of guideline adaptation and guideline development in a LIC, using NICE as a 'gold standard' comparator
2) To present findings and get feedback from the audience
3) To share lessons learnt and experiences with other guideline developers in LICs

Description: We will describe the CPG adaptation case study and present findings from the CPG development case study's evaluation of alternative GRADE evidence summary formats and the CPG development process, highlighting similarities and differences with processes from NICE. This interactive workshop will have facilitated discussions with a view to:

1) Examine the pragmatism of guideline development and adaptation in a resource-limited setting in accordance with local cultural values and contextual factors
2) Explore specific issues surrounding the guideline development panel in LICs including recruitment, optimal panel size, evidence presentation formats, group consensus process, and implications of absence of consumer and patient representatives.

Target Audiences: Guideline developer

WS 9: Adaptation of guideline adaptation methodology for guideline development naïve countries

Author (facilitator): Soo Young Kim / hallym university / South Korea

Background/Purpose: Adaptation of guidelines can be an alternative to de novo guideline development and ADAPTE collaboration suggest ADAPTE process for systematic approach to adapting guidelines. However, the ADAPTE process reflects mainly the experiences and situations of developed countries with rich experience in the development of guidelines, so inexperienced regions like Asian countries may need a somewhat different process. What is more, processes and methodologies used to evaluate guidelines or grade recommendations may require some differences in Asia.

Objectives: For adequate guideline adaptation in such a region as Asia with little experience in the development of guidelines, this workshop will propose what parts should be tailored in the proposed guideline adaptation methodology based on the experiences of Korea.

Description: This workshop will consist of three courses.

1) Adaptation of ADAPTE process

The ADAPTE process proposed in ADAPTE collaboration suggests how areas like Asia without much experience in the development of clinical guidelines should be adapted.

2) Adaptation of AGREE II

Tools such as AGREE for evaluating the quality of clinical guidelines assume that guidelines have been developed de novo. We propose how the quality of guidelines developed through adaptation can be evaluated.

3) Adaptation of GRADE

Considering the experiences of Korea, one of the most difficult parts in the ADAPTE process is assigning the level of evidence and the strength of recommendation. Thus, this study proposes processes necessary for grading the level of evidence and the strength of recommendation using GRADE for guidelines developed through adaptation.

Target Audiences: Guideline developer

Panel sessions

PS 1: Health technology assessment to guide clinical practice

Moderator: Dr Pwee Keng Ho - Deputy Director (Health Technology Assessment) - Ministry of Health, Singapore

Speakers:

Dr Lee Sang Moo - Executive Director, HTA Research Division - National Evidence-based Health Care Collaborating Agency (NECA), South Korea

Mr Adun Mohara - Health Intervention and Technology Assessment Program (HITAP), Thailand

Dr Mabel Yap - Director, Health Services Research and Evaluation Division - Ministry of Health, Singapore

Background/Purpose: Health technology assessment (HTA) and clinical practice guideline development share methodologies and HTA is often carried out to inform guideline development. In addition to clinical guidelines, other means of influencing practice and enabling knowledge translation include reimbursement policies, policy guidelines for benefits packages and development of clinical pathways

Objectives: This session will showcase examples of HTA to guide clinical practice in three Asian countries.

Description:

1) HTA related work and its flow in the evidence-based healthcare system in Korea (Dr Lee Sang Moo)

Many aspects of work related evidence-based health care including legislation of new health technology assessment, new drug reimbursement decision policy and increasing support to investigator initiated trials have been initiated from various parts in Korea. Some part of them are fragmented and the other part of them are linked together. The presentation will deal with the current situation in Korea.

2) The role of policy guidelines for health benefit package development: a one-year experience in Thailand (Dr Adun Mohara)

This presentation describes the role of policy guidelines in facilitating the use of evidence to inform the formulation of benefit package of the Universal Health Coverage Scheme (UC) in Thailand. The guidelines described how evidence informed policy decisions regarding the selection of topics, assessment, appraisal, and implementation, as well as roles of each responsible agency in each stage. The guidelines were applied in the fiscal year 2010-11 successfully, as a significant tool that brings controversial policy decisions into more systematic, transparent, participatory and evidence-based processes.

3) HTA and clinical practice guidelines as tools for knowledge translation (Dr Mabel Yap)

The Health Services Research and Evaluation Division of the Ministry of Health in Singapore conducts health services research, including health technology assessment and develops clinical practice guidelines to inform and assist in the implementation of healthcare policies for Singapore. This presentation shows how HTA may be carried out to identify key elements of integrated care pathways for the management of a variety of chronic conditions including hip fracture, stroke and chronic obstructive pulmonary disease.

Target Audiences: Guideline developer

PS 2: Clinical Practice Guidelines development in traditional medicine in East Asia

Moderator: Dr. Ishikawa President, JSOM, Japan

Speakers:

Takao NAMIKI, MD, PhD, Dept. of Japanese Oriental Kampo Medicine, Graduate School of Medicine, Chiba University, Japan

Seong-Gyu KO, OMD, PhD, Kyung Hee University, Korea

Yoshiaki MOTOO, MD, PhD, Professor and Chairman, Department of Medical Oncology, Kanazawa Medical University, Japan

Background/Purpose: This panel session is organized by KOMS (Korean Oriental Medical Society) and JSOM (Japanese Society of Oriental Medicine). This will be the first time of having the session on the guideline development in the area of Traditional Medicine.

This session will be a good opportunity to strengthen the communication and exchanging the information between clinicians, experts and health policy makers worldwide, and promoting the guideline development and establishing of Evidence based traditional medicine.

Objectives: Traditional Medicine is considered a useful approach to the patients for a long time. Traditional Medicine has had the challenges for professionals of traditional medicine to ensure the diagnosis and assessment of disease activity and the response to treatment of traditional medicine. Our workshop will give a clue to develop the guideline and establish the evidence based traditional medicine.

Target Audiences: Guideline developer

PS 3: Quality of life and patient functioning in clinical guidelines: a statement of G-I-N's Allied Health Community

Moderator and invited speakers:

Simone van Dulmen / Radboud University Nijmegen Medical Centre / Netherlands

Philip van der Wees

Sue Lukersmith

Josephine Muxlow

Elaine Santa Mina

Background/Purpose: Over time, health care practitioners have changed from viewing health conditions as purely a medical condition to the perspective of a bio-psychosocial model of health, where the individual's functioning is determined by the complex interaction of the impairment, activities and participation within the individual's context. This patient-centered view needs to be reflected in guidelines. The G-I-N Allied Health Community proposed to develop a position paper as one of the G-I-N strategies to promote important topics in guidelines.

Objectives: To develop a position paper to promote patient functioning and health related quality of life in guideline development and implementation.

Description: The purpose of the session is to present and discuss the draft position paper developed by the G-I-N Allied Health Steering group. The session will focus on the importance of patient functioning and quality of life in guideline development and G-I-N's contribution in promoting this; provide an overview of definitions of quality of life and patient functioning, the International Classification of Functioning, Disability and Health (ICF) model of health conditions, and present a wiki tool to collect input from stakeholders plus a framework to demonstrate the integration of patient functioning in steps of guideline development. The discussion will be centered on: (a) how can the draft paper be improved, (b) what is needed to implement the results in guideline development; (c) can our method be used for other topics as well in G-I-N's strategy to produce position papers.

Target Audiences: Guideline developer

PS 4: Guidelines in Occupational Medicine

Moderator: Dr Pwee Keng Ho - Deputy Director (Health Technology Assessment) - Ministry of Health, Singapore

Speakers:

Dr Kurt Hegmann / American College of Occupational and Environmental / United States

Professor Carel T. J. Hulshof - Coordinator, Evidence-based guidelines program - Netherlands Society of Occupational Medicine (NVAB), The Netherlands

Dr Poon Beng Hoong - Senior Family Physician - College of Family Physicians Singapore

Background/Purpose: Occupational medicine is the field of clinical medicine pertaining to occupational illness, injury and disability. As with any medical discipline, an evidence-based approach is desirable in helping doctors and their patients choose appropriate healthcare. Clinical practice guidelines are a useful tool for occupational physicians.

Objectives: This panel session discusses clinical practice guidelines and guidelines programmes on occupational medicine topics from three different countries.

Description:

1) The American College of Occupational and Environmental Medicine's (ACOEM) Occupational Medicine Practice Guidelines - 3rd Edition (Dr Kurt Hegmann)

The ACOEM Practice Guidelines 3rd Edition synthesizes over 15,000 references into over 2,500 treatment recommendations for the care of injured workers. Many of these recommendations also have wider applicability, especially for common musculoskeletal disorders. Challenges include: 1) inadequate quality literature for many common diagnostic-treatment dyads, 2) development of criteria for consensus guidelines recommendations, and 3) seamless incorporation of consensus guidelines within evidence-based guidelines. A reliable article grading system was found to be important. Future plans include ongoing updating processes and expansion to other disorders.

2) Guidelines on work-related aspects of health, in Occupational Health and in General Healthcare (Prof Carel T. J. Hulshof)

Work in itself is an important determining factor for health. Evidence-based guidelines on work-related aspects of health can enhance the professional quality of occupational health professionals and can contribute to a better quality of life outcome of general healthcare. This talk will give examples of how work-related aspects were incorporated in clinical practice guidelines in the Netherlands, and also feature the guidelines programme of the Netherlands Society of Occupational Medicine (NVAB).

3) The Singapore Armed Forces-Ministry of Health clinical practice guidelines on management of heat injury: a collaborative effort for evidence-based heat injury care across multiple settings (Dr Poon Beng Hoong)

This talk describes the development of a set of guidelines for the management of heat injuries developed collaboratively by the Singapore Armed Forces Medical Corps and the Ministry of Health in Singapore. The collaborative and consensus-building approach consulted various stakeholder agencies, including the Ministry of Manpower and Singapore Sports Council and resulted in guidelines that could be applied beyond military settings, such as for sports and other strenuous physical activities.

Target Audiences: Guideline developer

Guideline implementation course

Join us for a one day practical introduction to the art and science of implementing evidence-based practice and guidelines with experts who have both developed and implemented guidelines. The course is supported by the Guidelines International Network (G-I-N) and the Network's Implementation Working Group. The course will be held prior to the Guidelines International Network Conference.

During the course you will:

- explore and understand the process for implementation through:
  - Identifying barriers and enablers,
  - selecting appropriate interventions, and
  - selecting measures to demonstrate practice change
- start developing a plan for implementation
- network and share practical experience with experts in the implementation of guidelines.

Over the course of the course we will draw on real examples from Emergency care and primary care. All participants will be encouraged to work on and develop a practical implementation plan for their own evidence-based projects which will meet the needs of policy makers, health practitioners, patients and consumers.

Facilitators and speakers

Heather Buchan is the Director of Implementation Support for the Australian Commission on Safety and Quality in Health Care. Heather is a public health physician whose work has focussed on improving health care quality. She was the Chief Executive Officer of the National Institute of Clinical Studies, established by the Australian government to help close gaps between evidence and clinical practice, from its beginnings in 2001 until it became part of the NHMRC in 2007. Heather was Deputy Chair of the Guidelines International Network from 2007 – 2009.

Sue Huckson is Director of the Effective Practice Program for the National Institute of Clinical Studies (NICS), an institute of the National Health and Medical Research Council (NHMRC). Sue has led national implementation programs and is known for expertise in developing strategic and innovative approaches to support the implementation of research in complex health environments. Sue has developed a national and international profile for her work in the application of a 'Community of Practice' (CoP) model within the Australian Emergency Care sector and a 'virtual' community in partnership with the Guidelines International Network (G-I-N) to support international collaboration across the emergency care sector.

Catherine Marshall is an Independent Guideline Advisor from New Zealand with a special interest in guideline implementation. She was the Chief Executive of the New Zealand Guidelines Group (NZGG) and while there initiated a Community of Practice. Since 2006, Catherine has worked on a range of guideline implementation projects in New Zealand including cardiovascular risk and smoking cessation activities. Catherine is also an expert adviser to the NHMRC in Australia and the NHS Evidence in the UK. Catherine has led guideline implementation training workshops in Australia, Malaysia, Singapore and at G-I-N conferences. Catherine was one of the Founders of Guidelines International Network and has been deeply involved in its activities as Deputy Chair 2003/ 2004, a member of the Board of Trustees 2003-2010 and an Honorary Patron of the Network.

Guest Speakers

Sue Phillips is the Director of the National Health and Medical Research Council's Research Implementation Program at the National Institute of Clinical Studies. Sue joined NICS in 2001 when it was established by the Australian Government. During this time she has led national evidence implementation programs in hospital and general practice settings on the management of heart failure and prevention of venous thromboembolism. In her current role, Sue is responsible for the development of the NHMRC's research translation network, clinical practice guidelines on the management of volatile substance use and borderline personality disorder and a systematic review on the use of clinical practice guidelines in Australia. Sue is a member of the G-I-N Board of Trustees and co-chairs G-I-N's Adaptation Working Group.

Dave Davis is the Senior Director, Continuing Education and Performance Improvement at the Association of American Medical Colleges, and Adjunct Professor, Department of Health Policy, Management & Evaluation, and Department of Family and Community Medicine, University of Toronto. Dave was a family physician in Ontario, Canada for nearly forty years. Dave was active in 'CME" as: chairman of an all-staff inter-professional CE program at a community hospital; director of CME and subsequently chair of continuing education at McMaster University's Faculty of Health Sciences; founding director of the Knowledge Translation Program in the Faculty of Medicine, University of Toronto; and chairman of Ontario's GAC. Dave and his colleagues' 1995 JAMA systematic review of the effect of CME interventions is widely cited as a seminal study in this field. Dave has been chair or president of national or provincial Canadian organizations, two North American organizations and G-I-N.

Outline of the day

Time	Topic
8.30-8.50	Scene setting and introductions Broad goals for the day
8.50 – 9.00	Introduction to case studies (pain management & smoking cessation)
9.00-10.00	Understanding Barriers and Enablers to Implementation • Introduction to barriers and enablers • identify interventions and stakeholders • Interactive table top exercise • Summary including tools and practical 'how to' tips
10.00 -10.20	• Models of implementation (knowledge translation) theory;
10.20- 10.40	Morning tea and networking exercise
10.40- 11.40	Identifying the interventions for implementation • Prioritising recommendations • Tailoring interventions to overcome identified barriers
11.40-12.00	Implementation Scenarios
12.00- 1.00	Lunch/ networking with the G-I-N Board
1.00 – 1.45	Putting it all together • A general synthesis of implementation approaches
1.45-2.15	Case Study : Multifaceted intervention (VTE in hospital settings a national project)
2.15 - 3.00	Making it happen – the reality • Interactive session supported by facilitators • Opportunity to work with others to develop your own implementation plan
3.00 - 3.20	Working afternoon tea
3.20- 3.30	Continue to work on implementation plans
3.30 – 4.00	Report back on Implementation Plans and Closing remarks

Guideline development through GRADE

Goals

To learn to:

- Formulate a focused clinical question
- Describe the steps required to move from evidence in single studies to a body of evidence by outcome
- Understand the concepts of the GRADE approach to grading quality of evidence and deciding on the strength of recommendations

Agenda

09.00 - 09.15	Introduction to the workshop
09.15 - 09.45	Overview of guideline development
09.45 - 10.45	The GRADE approach: Introduction
10.45 - 11.00	Break
11.00 - 12.00	Asking a question, specifying outcomes - Small group work
12.00 - 13.00	The GRADE approach: assessing the quality of evidence
13.00 - 13.45	Lunch
13.45 - 15.15	Grading quality of evidence - Small group work
15.15 - 15.45	Moving from evidence to recommendations: theoretical considerations
15.45 - 16.00	Break
16.00 - 16.30	Making recommendations - Small group work
16.30 - 17.00	Report from small groups and practical considerations of group processes
17.00 - 17.30	Various topics (e.g. conflict of interest handling) and feedback