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The effect of guidelines on clinical decision making in Nephrology practice: a qualitative study

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Background: A consistent gap exists between evidence-based guideline recommendations and clinical practice across all medical disciplines, including nephrology.

Purpose: This study aimed to explore nephrologists' perspectives on guidelines, and to elicit their perspectives on the effects of guidelines on clinical decisions.

Methods: Semi-structured, face to face interviews were undertaken with nineteen nephrologists from a variety of clinical settings across Australia. Participants were asked about their views on clinical practice guidelines in nephrology- both local (Caring for Australasian with Renal Impairment, (CARI)) and international- and their opinions on other factors which shape their decision making. Interviews were recorded, transcribed and analysed qualitatively.

Results: Four major themes were identified. Overall the Nephrologists interviewed trusted the CARI guideline process and output. Second, guidelines served a variety of purposes, they provided a good summary of evidence, were a foundation to practice, an educational resource, could justify funding requests to policy makers, and promote patient adherence. Third, guidelines were only one input into decision making. Others inputs included individual patient quality of life and circumstances, opinion leaders, peers, nephrologists own experiences, the regulation and subsidy framework for drugs and devices, the policies and work practices of the local unit, and other sources of evidence. Fourth, guideline uptake varied. Factors which favoured use of guidelines included; a strong evidence-base, being current, including specific targets and an explicit treatment algorithm, being sent frequent reminders, local peer support for implementation and the necessary personnel and other resources for effective implementation.

Discussion: Evidence-based guidelines strongly impact on clinical decision making of Australian nephrologists, but are only one input. Improvements in the evidence which underpins guidelines and improvements in the content and formatting of guidelines are likely to make them more influential on decision making. Trust in the guideline groups' process is an integral part of the guideline implementation process.