

the ENGINE

The newsletter of the Guidelines International Network

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Editorial

Membership

It has been said that people join non-profit organizations for three reasons: ego, altruism, or personal gain. Let's dispense immediately with the first - ego - since guidelines lack glamor and may yield infamy as readily as fame. In fact, the G-I-N community is probably the least ego-centric bunch I have ever met.

Altruism, however, is abundant in G-I-N, since guidelines are fundamentally about improving health and the lives of others.

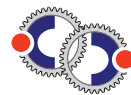
G-I-N members craft best evidence into trustworthy and actionable guidance, and help others to do the same. They selflessly share knowledge and best practices, yielding an international synergy that enhances guideline development, dissemination, implementation, and adaptation.

Personal gain from G-I-N is directly proportional to engagement. Networking, making friends, and acquiring new skills, are available to even the casual participant. Benefits increase exponentially by attending the annual conference, taking part in courses and webinars, and actively engaging in working groups and regional communities. Serving G-I-N as trustee or officer offers the greatest opportunity to improve the network - and yourself.

I alluded earlier to G-I-N as a non-profit entity. Your membership dollars are used wisely and judiciously for the greatest return on investment.

If you are not a G-I-N member please join; if you are an individual member representing an organization, please step up to organizational membership. Your altruism will not go unnoticed and personal gain will ensue. But for large egos, you will have to look elsewhere.

Richard Rosenfeld
Editor and G-I-N Trustee



Chair's report

Dear friends and fellow G-I-N members,

I hope that you are all as excited and happy as I am and are planning to attend our upcoming 11th Guidelines International Network (G-I-N) Annual Conference in Melbourne, Australia from August 20 to 23, 2014. The scientific program is looking fabulous and I am very confident that this conference, with the theme "Creation and Innovation: Guidelines in the Digital Age," will provide a unique opportunity to learn and share knowledge and experiences regarding innovative approaches to guideline development, adaptation, implementation, and integration into electronic systems of care. In addition, Melbourne has a lot to offer including good food, entertainment, culture, and shopping opportunities and most of all the Australians are wonderful and very friendly hosts!



The period for nominating Organisational Trustees for the 2014 – 15 board is coming to an end as I write this report, but please engage with the voting process which will open shortly thereafter and continue until 23rd July. Every vote counts, so please ensure that your organisation does not pass up the opportunity to cast their vote.

Please take the time to review our annual report that highlights G-I-N's achievements over the past year when it is published online at the end of the month. For those of you coming to the conference, please plan to attend the Annual General Meeting (AGM) in Melbourne. The AGM provides us with a good opportunity to engage in discussion with other members and brainstorm ideas to develop new programs and products for you.

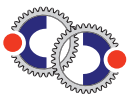
G-I-N is all about helping its members and developing beneficial resources by tapping into your creative ideas and experiences and using your passion for improving clinical care with guidelines. You are the spirit of G-I-N and you are the network.

With warm regards,

Amir Qaseem, MD, PhD, MHA, FACP (Philadelphia, USA)

Chair of G-I-N

aqaseem@acponline.org



Executive Officer report

The secretariat has had a busy three months, as we always do at the beginning of our financial year. However, this year has been a bit crazier than most, as the ÄZQ staff departed at the 31st March, Catherine Armstrong left us half way through April and both Anne Docherty (secretary) and Richard Howe (webmaster) joined us on the 1st April.



There has been much training and induction and I am pleased to report that both Anne and Richard are already valuable team members, who have settled in extremely well. We will finally reach our full complement of staff again by the end of July, when an additional staff member will join us to take on the Administration and Communications Assistant role. If we have appeared slow at times to answer queries or send confirmation of payments, this is the reason why and I send my sincere apologies.

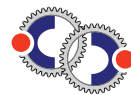
There has been much sub-committee work going on in the past three months, with six teleconferences as well as two Board meetings. I hope that you continue to find the posting of the board minutes on the website useful and informative, as the work of the sub-committees feeds in to the board. In addition to this work, we have also been forging ahead with discussions with potential partners and collaborators – you will read more about that in this newsletter. These discussions focus around additional benefits that we are bringing to the G-I-N membership.

One small reminder to all members – please remember to login every time you use the website. There are many documents that are only available to members. Both the financial and annual reports will be posted on the website for members at the end of July. I would also strongly encourage you to use the discussion and project boards to give your input to G-I-N, as well as engaging with other members. There are further improvements and enhanced functionality planned, but most important of all – send me feedback and improvement requests!

I look forward to seeing many of you in Melbourne in August. Safe travels!

Elaine Harrow, Executive Officer

eo@g-i-n.net



Partnership / Collaboration reports

The Board and secretariat at G-I-N have been working hard to establish and progress new partnerships and collaborations in order to provide additional benefits for our members. This follows some extensive work carried out by the Membership Committee on the subject of “what members want”, so we thank all members who provided input into this and who took the time to complete the membership survey.

DynaMed™ Collaboration

We are very excited to announce a collaboration with DynaMed™, one of our newest Associate Members, which will provide complimentary access to the DynaMed™ system for our member organisations. For further information on DynaMed™, please refer to our [New Member section](#).



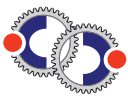
We have worked with Brian Alper, the founder of DynaMed™, during the past year to bring this collaboration to fruition. DynaMed™, one of the premier evidence-based point-of-care clinical information resources, is working with us to promote collaboration in developing and disseminating evidence-based guidelines, by providing access to their system for our members. Brian will be taking part in the Melbourne conference, so you will be able to catch up with him there.

The collaboration will provide up to 5 complimentary subscriptions for each G-I-N member organisation. To take advantage of DynaMed’s complimentary subscriptions for your organisation please contact dynamedcommunity@ebSCOhost.com. We would love to hear from members who take up this opportunity so that we can share your experiences via future newsletters.

New York Academy of Medicine, Section on Evidence Based Health Care

The summer program (“TEACH”) of our partner, the Section on Evidence Based Health Care within the New York Academy contains 2 streams this year that are devoted to clinical policies and guidelines; the first pertains to GRADE and the second is around the with development and adaptation of guidelines and policies within specific health care settings and delivery systems. Both will be led by experts in their field and will be particularly relevant to G-I-N members. We hope that many of you will be attending this program.

For further information and flyers, see www.ebmny.org



Trustee Editorial



Patients have a lot to tell, if somebody just listens to them

Patient's perspectives are increasingly agreed as important issues to include in the production of clinical practice guidelines (CPG) and health technology assessments (HTA). Their collection seems to be a demanding task. It is not clear, which are the best and cost-effective methods to be used at least in organizations with limited resources.

Three leading Finnish organizations in the field of CPG's and HTA's, Finnish Medical Society Duodecim, National Institute for Health and Welfare, and Finnish Medicine Agency, organized a one day seminar in April, on the theme "Patients views in CPG's and HTA's". Around 25 individuals from 20 patient organizations participated in two workshops, each divided into three group discussions. The major message from the workshops is written in the title of this article. A few important topics for patients are listed in this table.

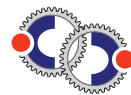
Topic	Examples
Guidance for every-day life	Give concrete recommendations for care Give tools to support self-management
Quality of life and functional capacity	Give guidance on how to continue life with various specific or non-specific health problems
Patient as an individual human being	Give tools to help people with multiple health problems Give tools to individually tailored care
Focus on quality of care (not on costs)	Give data on harms of interventions Give data on missing evidence on effectiveness of interventions
Continuity of care	Support stable patient-doctor relationships
Regional equality in health services	Produce and implement national level guidelines

To CPG and HTA producers, patients are willing to offer knowledge regarding how to live with a specific health problem and how it effects every-day life. Accordingly, they do have first-hand experience on what is not functioning in our health service system, and where the most serious problems on inequality of services are to be found. They would also be willing to discuss issues like values and ethics with the professionals, thus broadening their viewpoints.

As a G-I-N Board of Trustees member, I am more than happy to emphasize, that most of the topics mentioned above, are already on the agenda of various G-I-N Working Groups. As a network organization, G-I-N is dependent on the activity of its members. Most of the work is carried on through the WG's, like G-I-N Public. I warmly encourage all of you to be involved in the WG's. It makes sense, and can even be fun!

Jorma Komulainen

G-I-N Trustee



Conference report



G-I-N 2014 in Melbourne, Australia is promising to be a very exciting conference and is now just around the corner! The Conference theme **“Creation and Innovation: Guidelines in the Digital Age”** will bring you the latest news about what

technology can do to help develop, update, disseminate and integrate guidelines into health care systems from around the world.

Wherever you come from and no matter how well resourced you are the scientific program is packed with opportunities that are designed to meet the diversity of G-I-N member needs. In addition to the main plenary sessions, the scientific program includes five sessions with parallel streams where you will be able to choose from several different short presentations according to your needs and interests and a variety of in-conference workshops and panel debates.

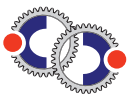
Take a look on the conference website at the pre-conference courses as this year's courses cover topics that range from how to use the latest electronic guideline development tools, how to design and evaluate guideline translation projects, how to contextualise international guidelines to better meet your local needs, how to use GRADE and how to combine lay opinion and health economic analyses into your guidelines. So, don't leave it to the last minute to register as we have five outstanding pre-conference course and places are filling up fast!

The social program includes many opportunities for networking as well as taking in the sights of Melbourne and wider regions. The conference dinner will be a truly spectacular and memorable event at the Melbourne Aquarium and should not be missed.

If you still need more information or you haven't yet registered, go to the conference website www.gin2014.com.au or email the conference secretariat at info@gin2014.com.au

See you in August!





Working Group News

Accelerated guideline development

Worldwide, guideline developers are faced with an increasing demand from the public authorities and clinicians to produce up-to-date guidelines within a short timeframe and in a format ready for use in practice.

We are planning to develop an internationally accepted method to produce guidelines in an accelerated way without losing quality. This “tour de force” requires an international working group, led by a worldwide, enthusiast steering committee. We are looking for pioneers who are ready to leave everything but quality, and to discover a land of novelty where imagination has no boundaries, except feasibility. In other words, we are looking for G-I-N members ready for hot and passionate discussions, ready for collaborative work in close partnership and ready to test the newly elaborated method.

Ready to live this adventure? Or simply in need of more information? Rush to our [project board](#) posted on the G-I-N website (login first) and do not hesitate to contact us.

We are looking forward to walking in your company on the road to new discovery.

Implementation WG

The IWG is scheduled to meet on Thursday, August 21, 1:30 to 2:30 pm. Please check the final program to confirm time and location.

Education

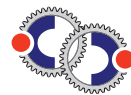
Catherine Marshall and Sue Huckson led a [webinar](#) workshop on Successful Guideline Implementation – First Steps on June 11, 2014. The session was hosted by G-I-N North America. The next webinar will take place on July 22, 2014: Developing and Evaluating Guideline Implementation Tools. For more information see the [G-I-N North America section](#) on the web site.

The IWG is currently running an implementation coaching pilot test. [Catherine Marshall](#) and [Sue Huckson](#) are remotely offering periodic implementation advice over a period of several months. The initiative will be evaluated in the fall to assess its preliminary impact and whether/how to continue offering implementation coaching.

Research

The IWG is developing a framework to help guideline developers and others plan and undertake, or evaluate guideline implementation. We reviewed the content of existing guideline development and implementation manuals or instructional guides. The framework is currently being reviewed by the advisory committee [Anna Gagliardi, UHN; Sue Huckson, Australian and New Zealand Intensive Care Society; Roberta James, SIGN; Catherine Marshall, Guideline Advisor/Health Care Consultant; and Val Moore, NICE]. We expect that the framework will be available in the fall of 2014.

We [Anna Gagliardi, UHN; Dr. Samia Alhabib, Saudi Arabia] are conducting a systematic review of strategies that have been used to implement guidelines. This may identify determinants of implementation strategy choice/use, reveal strategies for implementing guidelines with differing characteristics. Searches were conducted, the results screened, selections retrieved and data were extracted. Analysis and summary will continue through the summer, and we anticipate that findings will be available in the fall of 2014.



Publications / News from around the network

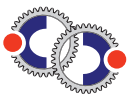
GET IT: a glossary to help everyone make well-informed healthcare decisions

Guidelines should help health professionals and patients to make well-informed choices. This means that people need to be able to access and understand the information within them, particularly research evidence. For patients and the public especially, the use of jargon can be a barrier to the understanding and use of research evidence; inconsistent use of language can also cause confusion.

The Glossary of Evaluation Terms for Informed Treatment choices in plain language (GET IT) is a glossary specifically intended to be useful to people without a research background, particularly those wanting to make an informed choice about a treatment, or to people who are communicating research evidence to the general public. GET IT is a collaboration between three projects: DECIDE (www.decide-collaboration.eu), Fair Tests of Treatments (www.kunnskapssenteret.no/prosjekter/sihcllc) and Testing Treatments Interactive (www.testingtreatments.org).

GET IT uses a layered approach. The first layer includes short definitions (approximately 130 characters) that can be quickly accessed, followed by a second longer explanation with examples. More depth is given in a third technical definition. The glossary will also link additional resources to definitions, such as illustrative examples, videos and interactive applications, to help users to understand concepts better. GET IT will be free to any organisation that would like to use it, including full access to its content and the ability to tailor content to the needs of the organisation. The definitions will be tested by members of the public, as well as experts, to make sure it really is understandable and useful.

Anyone interested in hearing more about the glossary should contact Shaun Treweek (stweek@mac.com) or Andy Oxman (oxman@online.no). We are particularly interested in hearing from individuals who would be interested in helping to test the definitions. To join the project group, please note your interest on the [G-I-N project board](#). You must be logged in as a member to comment on the board.



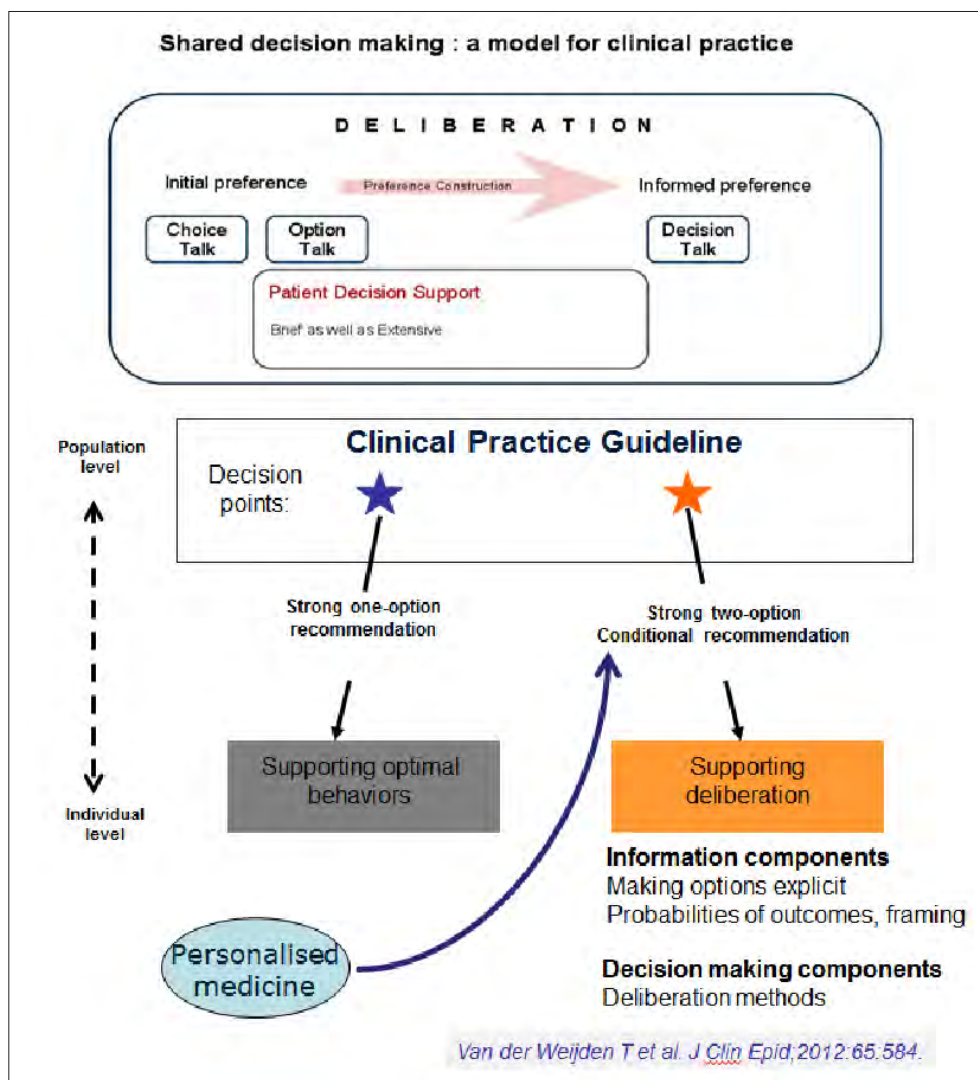
Dutch G-I-N members sharing knowledge,

On May 23th, the Dutch G-I-N members came together for exchanging ideas about shared-decision-making.

The story about the emergence of GENEVER (*GEzamenlijk, NEderlands Verbond voor Excellente Richtlijnen*: united Dutch alliance of excellent guidelines) goes back to the 80's when the first Dutch guideline was developed. Over the years the establishment of guidelines has gone through a number of changes. The need for sharing knowledge grew and different forums came and went.

Since 2003 there has been the international network for sharing knowledge of guideline development (Guideline International Network), co-founded by the Dutch. In 2012 GENEVER was born. A Dutch platform to share knowledge about guideline development. In the GENEVER-meeting of May 23th the theme was shared-decision-making.

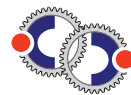
The starting presentation discussed the link between "GRADE and shared-decision-making", one of the take home messages was that you should think carefully about the place of shared-decision-making if there is a weak recommendation.



The following main presentation was about "Drivers for shared-decision-making; what is it? guidelines for clinical practice (patient decision aids) and ongoing research".

Many appointments for cooperation have emerged from this meeting. The next meeting will be on November 7th.

On behalf of GENEVER drs. S.B. (Sabrina) Muller - Ploeger (KiMS) and drs. A.Y. (Anne) Steutel (IKNL)



Committee Focus

Results of the Membership Sub Committee Survey

We had 214 responses and despite not being able to provide a response rate as it was an open survey, the committee felt that the data was representative of the G-I-N membership.

The two key themes that emerged from the survey were networking and knowledge sharing. The responses enabled the committee to make the following recommendations to the Board that were important and informed by the network members.

About networking

- ★ Opportunities for member organisations and individuals to engage in collaborative activities
- ★ A method to identify others within the network working in specific areas of interest
- ★ Promotion of the website to encourage its use to support collaboration and connection.

About knowledge sharing

- ★ G-I-N to consider:
 - ~ offering courses to train members and expand into other regions
 - ~ providing courses to address the differing needs of the networks based on their level of experience
- ★ Providing access to a broader range of tools and resources related to guideline development and implementation
- ★ Providing more information on methods for guideline development and implementation

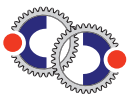
We asked 'what the top three benefits were for being part of the network G-I-N', and the collective responses were:

1. Networking with individuals and experts not normally accessible in your day to day activity
2. Participate in the annual conference and network with others in the same field of work
3. Share expertise and knowledge on the 'how to' in guideline development and implementation

We asked 'If you as an individual or organization would like to become more involved in G-I-N and what your area of expertise was'. We had an amazing response to this question that showed there is a huge diversity of skills, experience and generosity across the membership.

On behalf of the Membership sub-committee I would like to thank all those that participated in the survey. Your responses have been instrumental in shaping some of the more recent activity of G-I-N particularly the redevelopment of the web site and the increasing number of working groups.

Sue Huckson, Chair Membership Sub-Committee



Introducing New Members



Marisa Santos

Graduated in medicine from the University of the State of Rio de Janeiro (UERJ-1989), Masters in Public Health from the University of the State of Rio de Janeiro (2004) and a Ph.D. in epidemiology from the University of the State of Rio de Janeiro (2010). Currently physician in Instituto Nacional de Cardiologia, coordinator of the professional master course in Health Technology and ad hoc researcher of the Brazilian Network of HTA. Has experience in the area of Medicine, Infectious Diseases, acting interest on the following topics: health technology assessment, decision making, guidelines, cardiology, epidemiology, evaluation of multiple technologies, indirect comparisons, hospital infection and cardiac surgery.

Kerry Vanderbom

Kerri is a postdoctoral fellow at the University of Alabama at Birmingham (UAB) in the school of health professions. Her experience includes both qualitative and quantitative methods researching barriers, facilitators, and other factors related to health promotion for individuals with disabilities. She has extensive experience with these topics related to physical activity and obesity.

Currently, Kerri is the project coordinator of the Obesity Prevalence, Adaptations, and Knowledge Translation in Youth and Young Adults with Disabilities, a Disability Rehabilitation Research Project funded by the National Institute on Disability and Rehabilitation Research. As the coordinator, Kerri is responsible for overseeing all aspects of the study including: (1) the methodology used to adapt health promotion guidelines, (2) adapting obesity prevention guidelines to be inclusive of individuals with disabilities, and (3) knowledge translation and dissemination of the adapted guidelines. Her work is housed within the UAB/Lakeshore Research Collaborative where Dr. James H. Rimmer is her mentor. Kerri is very excited to be learning about guideline adaptation and development and is looking forward to learning much more!



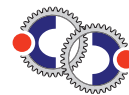
Patrick Mbah Okwen (MD, Health Economist)



I am a Cameroonian medical doctor and health economist. I am interested in improving global health outcomes. I do public health research, systematic reviews with both Cochrane and Campbell Collaborations. I currently work at the North West Regional Fund for Health Promotion where amongst other things we help with increasing access to medicines, health governance, and health financing. I am affiliated to the Catholic University of Cameroon (CATUC) department of Health Economics and the Centre for the Development of Best Practices in Health (CDBPS-H). I also work as a health consultant to several international development agencies and governments.

In joining the Guidelines International Network, I hope to increase participation of Africa in both production and consumption of guidelines. I also hope to use my skills in health economics and mobile technology to contribute to guidelines development. I will be attending my first G-I-N conference come August 2014 in Melbourne where I will be at the AGM and also presenting a poster.

I am married with 4 daughters. I love music, painting and poetry. I also enjoy hiking the several hills in Cameroon. I also enjoy tweeting and you can join [me @okwen](#).



Organisations

DynaMed Joins G-I-N



The mission of DynaMed is to provide the most useful information to health care professionals at the point of care, and thus help to improve patient care and outcomes.

DynaMed has been used by guideline developers as a go-to resource for creating guidelines on time and within budget, starting with a national breast cancer guideline in Costa Rica. DynaMed reduces the effort needed for initial guideline creation by providing clinically relevant summaries of critically appraised evidence.

DynaMed also makes it easier to know when a guideline should be considered for updating by providing alerts when new evidence is introduced.

Updated daily, DynaMed's editorial team monitors the content of over 500 medical journals and numerous sources for guidelines, systematic reviews and original research. Each article is evaluated for clinical relevance and scientific validity. The new evidence is then integrated into existing DynaMed content, and conclusions are changed as appropriate. This editorial process, called Systematic Literature Surveillance, ensures the content in DynaMed accurately represents a current synthesis of the best available evidence.

DynaMed also includes listings of 14,000 guidelines, so can serve as a way to identify related guidelines and a dissemination strategy to make guidelines accessible at the point of care.

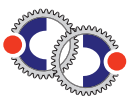
Independent research (J Clin Epidemiol 2012;65:1289, J Med Internet Res 2012;14:e175, BMJ 2011;343:d5856) consistently finds DynaMed outpaces all others for speed of including new evidence without sacrificing quality. Learn more about DynaMed.

Introducing Doctor Evidence, LLC

Doctor Evidence, LLC is a software and services company that provides medical information and evidence technologies to a diverse clientele including guideline developers and evidence reviewers. Their platforms provide full services for development of systematic reviews/health technology assessments, facilitate guideline development, and are now able to offer authoring and point-of-care access to guideline recommendations and supporting evidence through their recently-announced collaboration with MAGIC. This joint partnership provides an end-to-end solution for creating, publishing, and dynamically updating guidelines and evidence reviews that meet the standards of the Institute of Medicine (IOM) and the Guidelines International Network (G-I-N) for trustworthy and reliable recommendations.

As of this writing, the database consists of over 10,000 digitized studies (including over 30,000 study arms) representing 36,000 comparison arms, several thousand PICO questions and over 10 million total data points, 33,000 baseline characteristics and over 45,000 outcomes. The Doctor Evidence Core platform consists of three sequential environments (DOC™ Library, DOC™ Data, and DOC™ Create) that result in more transparent, higher-quality CPGs that can be refined and updated in a quicker and more dynamic way, employing pre-digitized libraries of evidence, and facilitating the movement toward the “living guideline” model.

A new product line offered by Doctor Evidence is a suite of GROWTH (Guideline & Research Organizations for Transparency and Harmonization) initiatives: The GROWTH Map, GROWTH Network, GROWTH Patient Network, and GROWTH Collaborative.



The GROWTH Map project was designed to connect organizations in guideline development, implementation, systematic reviews, health technology assessments, and quality improvement. This exciting and interactive tool turns a 2-dimensional map into a 3-D multifaceted database of major players in the field of evidence-based medicine worldwide. Users will be able to locate the source of guidelines on topics of interest that have been created, are in process, or being planned. Organization and contact details are instantaneously retrievable. The prototype will be revealed at the G-I-N 2014 conference in Melbourne. Don't miss it!

The GROWTH Network

The GROWTH Network is a community of evidence-based medicine (EBM) organizations committed to the development of high quality and transparent clinical recommendations, systematic reviews, and health technology assessments. Representatives from industry are excluded from membership. Members of the Network may collaborate on clinical topics and access extracted data from clinical studies housed within the Doctor Evidence database.

Learn more or register your organization for free participation on the GROWTH Map by contacting info@GROWTHEvidence.com. Watch for further details and the GROWTH Map prototype debut at the Melbourne G-I-N conference. Follow these and future developments at the GROWTH website, www.GROWTHEvidence.com. Doctor Evidence, LLC has been a strong supporter of evidence-based medicine for the past 10 years. Their unique suite of products offers efficiencies and services to EBM guideline providers and practitioners across the full spectrum of medicine. Doctor Evidence is proud to be a continuing platinum sponsor of the Guidelines International Network and to support the important work of this highly respected organization.

ASTRO



AGA INSTITUTE

The American Gastroenterological Association is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include more than 16,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA, a 501(c6) organization, administers all membership and public policy activities, while the AGA Institute, a 501(c3) organization, runs the organization's practice, research and educational programs. On a monthly basis, the AGA Institute publishes two highly respected journals, Gastroenterology and Clinical Gastroenterology and Hepatology.

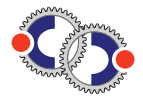
The organization's annual meeting is Digestive Disease Week®, which is held each May and is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery. The AGA Research Foundation provides digestive disease research grants on behalf of the AGA Institute.

American Physical Therapy Association (APTA)



American Physical Therapy Association

The American Physical Therapy Association (APTA) is an individual membership professional organization representing more than 88,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system. APTA has been in the process of developing Clinical Practice guidelines since 2013 through the APTA Sections (Clinical physical therapist experts). Currently we have 8 Clinical Practice Guidelines in various stages of development.



Member news and updates

Since the 1st April, we have processed a phenomenal 25 new membership applications and received payments from 79 of our 100 organisational members and 91 individual members. We implemented PayPal this year to enable members to have the flexibility of paying by credit or debit card, but with lower fees than our previous German credit card facility. This has proved a popular option with 16 organisations and 37 individuals taking up this option so far (29 June). We are in the process of moving our bank accounts to the UK, which is proving to be a long, complicated and challenging transaction. We hope that by next year, we will start charging fees in sterling and consolidate all of our governance business in Scotland. You will hear more about this at the AGM.

Many of our new members will be joining us in Melbourne, so please look out for them and welcome them into the G-I-N family. There will be a new short session – GINtro – scheduled between the AGM and the Welcome Reception on 20th August. This session is aimed at both new members and first time delegates, to orientate them for the conference, as well as give hints as to how to make the most of their G-I-N membership by putting them in contact with key individuals. Most of the working groups and communities will be represented at this session.

Promotion and Globalisation of Guidelines in Clinical Practice

Okwen P Mbah^{1,2}

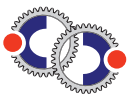
1. Centre Pour le développement des Bonnes Pratiques en Santé (CDBPS-H), Yaoundé, Cameroun.
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The Challenge

Guidelines improve efficiency and quality of healthcare practice by reducing inappropriate care and promoting evidence based healthcare (Thomas 1999). These guidelines target both healthcare service providers and consumers.

Disease has its heaviest burden unleashed on the African continent, with the sub Saharan parts of Africa weighed down heavily by disease burdens from malaria, HIV, respiratory tract infections and recently non-communicable diseases. In addition, trained health personnel are in dire shortage (WHO 2012). Health personnel shortage is further worsened by lack of access to research evidence that can help healthcare service providers make decisions in clinical settings (Mba 2011). In this case, clinical guidelines targeting providers and consumers can greatly facilitate the practice of evidence based and good quality of medicine.

Guidelines development and consumption has mostly been done by authors and consumers from the north with very little involvement from the south. Africa is represented by 8 out of 96 organisational members and 11 out of 120 individual members in the guidelines international network. They also contribute to 6 out of 6529 guidelines. In total there are 7 African authors contributing to these guidelines. All the African authors are from the northern parts of Africa with none from the sub-Saharan parts of Africa where the bulk of the disease burden rests. In the past 6 months, the G-I-N library received 1080 hits from African servers compared to the total of 65,000 global hits (G-I-N 2014). This discrepancy in development and use may be indications of lack of access, lack of equity and lack of availability in production and consumption of guidelines at various levels.



Perspectives

Considering that there is a huge need for clinical guidelines for providers and consumers in Africa, it is the responsibility of the scientific community to facilitate access to African providers and consumers to clinical guidelines. This will promote practice of good quality and evidence based healthcare and consumer participation in healthcare provision. This can also significantly play positively on the asymmetry of information between doctor and patient in the healthcare market. In addition, guidelines will be very useful to health development agencies that implement projects in Africa.

In current dispensation, we want to create an environment where Africans will be more involved in guidelines development and consumption. This is especially so because consumption of healthcare evidence or guidelines are directly proportional to consumption (Tovey 2013). More African authors will develop more Africa relevant contents which will increase acceptability of these guidelines by healthcare providers and consumers but also increase more global brainstorming on Africa relevant contents.

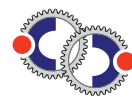
Using mobile applications in all platforms will greatly increase access to African consumers of guidelines. This is because these guidelines can be downloaded and used at patient's bedside.

Amongst actions that will increase participation of African authors and consumers at G-I-N include:

- ★ Setting goals for authors and members to develop and adapt Africa relevant contents
- ★ Increase G-I-N organisational and individual membership and authors from Africa. This can be achieved by creating an African regional community for G-I-N in Africa; reducing financial barriers to membership and authorship;
- ★ Including editorials from Africa in the various G-I-N working groups
- ★ Increasing presence of African members at annual general assemblies and decision making bodies at G-I-N
- ★ Developing guidelines mobile applications
- ★ Translating guidelines into French
- ★ Support for training and mentorship for authors and consumers
- ★ Continue to provide support for interested organisations and individuals from Africa
- ★ Continue with online mentorship and training webinars and tools.
- ★ Advocate for governments, donors and development agencies to support and fund guidelines development.

References

1. Thomas 1999: Thomas LH, Cullum NA, McColl E, Rousseau N, Soutter J, Steen N. Guidelines in professions allied to medicine. Cochrane Database of Systematic Reviews 1999, Issue 1. Art. No.: CD000349. DOI: 10.1002/14651858.CD000349.
2. Mba 2011 : Mba R.M., Messi F., Ongolo-Zogo P. 2011. Retaining Human Resources for Health in Remote Rural Areas in Cameroon. Policy Brief. Centre for Development of Best Practices in Health - Central Hospital. Yaoundé, Cameroon
3. WHO 2012: World Health Statistics 2012
4. Tovey 2013: David Tovey. The role of the of the Cochrane collaboration in promoting access to best evidence in Africa: Can we do better? Cochrane Indaba Conference. Cape Town 2013.
5. G-I-N 2014: www.g-i-n.net/library

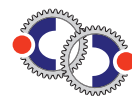


New additions to the guideline library

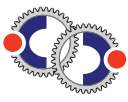
ORGANISATION	TITLE
ACP (US)	Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline From the American College of Physicians Screening Pelvic Examination in Adult Women
ACP (US)	Qaseem A, Humphrey LL, Harris R, Starkey M, Denberg TD, for the Clinical Guidelines Committee of the American College of Physicians. Screening Pelvic Examination in Adult Women: A Clinical Practice Guideline From the American College of Physicians. <i>Ann Intern Med.</i> 2014;161:67-72. http://annals.org/article.aspx?articleid=1884537
AHRQ (US)	ACR Appropriateness Criteria® asymptomatic patient at risk for coronary artery disease. American College of Radiology. NGC:010141
AHRQ (US)	ACR Appropriateness Criteria® nonischemic myocardial disease with clinical manifestations (ischemic cardiomyopathy already excluded). American College of Radiology. NGC:010142
AHRQ (US)	ACR Appropriateness Criteria® radiologic management of iliofemoral venous thrombosis. American College of Radiology. NGC:010150
AHRQ (US)	Cancer and contraception. Society of Family Planning. Society of Family Planning. NGC:010053
AHRQ (US)	Cerclage for the management of cervical insufficiency. American College of Obstetricians and Gynecologists. NGC:010211
AHRQ (US)	Guidelines for the management of hiatal hernia. Society of American Gastrointestinal and Endoscopic Surgeons. NGC:010018
AHRQ (US)	Occupational therapy practice guidelines for early childhood: birth through 5 years. American Occupational Therapy Association, Inc (AOTA). NGC:010072
AHRQ (US)	Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth. American Occupational Therapy Association, Inc (AOTA). NGC:010074
AHRQ (US)	Occupational therapy practice guidelines for older adults with low vision. American Occupational Therapy Association, Inc (AOTA). NGC:010073
AHRQ (US)	Screening for sudden cardiac death before participation in high school and collegiate sports. American College of Preventive Medicine. NGC:010130
AHRQ (US)	Topical fluoride for caries prevention. American Dental Association. NGC:010089
CA (AU)	Follow up of women with epithelial ovarian cancer
CA (AU)	Recommendations for Aromatase inhibitors as adjuvant endocrine therapy for post-menopausal women with hormone receptor-positive early breast cancer
CA (AU)	Recommendations for follow-up of women with early breast cancer
CA (AU)	Recommendations for staging and managing the axilla in early (operable) breast cancer
CA (AU)	Recommendations for the management of central nervous system (CNS) metastases in women with secondary breast cancer
CA (AU)	Recommendations for the management of early breast cancer in women with an identified BRCA1 or BRCA2 gene mutation or at high risk of a gene mutation
CA (AU)	Recommendations for the management of women at high risk of ovarian cancer
CA (AU)	Recommendations for use of bisphosphonates for advanced breast cancer
CA (AU)	Recommendations for use of bisphosphonates in early breast cancer
CA (AU)	Recommendations for use of chemotherapy for the treatment of advanced breast cancer
CA (AU)	Recommendations for use of endocrine therapy for the treatment of hormone receptor-positive advanced breast cancer
CA (AU)	Recommendations for use of hypofractionated radiotherapy in early (operable) breast cancer
CA (AU)	Recommendations for use of Sentinel node biopsy in early (operable) breast cancer
CA (AU)	Recommendations for use of Taxane-containing chemotherapy regimens for the treatment of early (operable) breast cancer
CA (AU)	Recommendations for use of Trastuzumab (Herceptin®) for the treatment of HER2-positive breast cancer



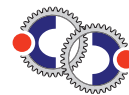
CAP (US)	Principles of Analytic Validation of Immunohistochemical Assays: Guideline from the College of American Pathologists (CAP) Pathology and Laboratory Quality Center
CC (FI)	Alahengitystieinfektiot (lapset) [Lower respiratory infections in children]
CC (FI)	Eteisvärinä [Atrial fibrillation]
CC (FI)	Eturauhassyöpä [Prostate cancer]
CC (FI)	Hengitysvajaus (äkillinen) [Respiratory depression (acute)]
CC (FI)	Keuhkohtaumatauti [Chronic obstructive pulmonary disease (COPD)]
CC (FI)	Leikkausta edeltävä arviointi [Preoperative assessment]
CC (FI)	Osteoporoosi [Osteoporosis]
CC (FI)	Sepelvaltimotautikohtaus: epästabiili angina pectoris ja sydäninfarkti ilman ST-nousuja - vaaran arviointi ja hoito [Coronary event: unstable angina pectoris and cardiac infarction without ST elevation – risk assessment and treatment]
IQWiG (DE)	2. Addendum zum Auftrag A13-44 (Ipilimumab, neues Anwendungsgebiet) [Second Addendum to Commission A13-44 (ipilimumab, new therapeutic indication)]
IQWiG (DE)	Addendum zum Auftrag A13-35 (Dabrafenib) [Addendum to Commission A13-35 (dabrafenib)]
IQWiG (DE)	Addendum zum Auftrag A13-37 (Regorafenib) [Addendum to Commission A13-37 (regorafenib)]
IQWiG (DE)	Addendum zum Auftrag A13-44 (Ipilimumab, neues Anwendungsgebiet) [Addendum to Commission A13-44 (ipilimumab)]
IQWiG (DE)	Arthroskopie des Kniegelenks bei Gonarthrose [Arthroscopy of the knee joint for gonarthrosis]
IQWiG (DE)	Canagliflozin: Nutzenbewertung gemäß § 35a SGB V [Canagliflozin: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Dapagliflozin/Metformin: Nutzenbewertung gemäß § 35a SGB V [Dapagliflozin/metformin: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Dolutegravir: Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Dolutegravir: benefit assessment according to §35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Ipilimumab (neues Anwendungsgebiet): Nutzenbewertung gemäß § 35a SGB V [Ipilimumab (new therapeutic indication): benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Kuration vs. Palliation: Versuch einer Begriffsklärung [Palliation vs. curation: an attempt to clarify terms]
IQWiG (DE)	Nutzertesting von Gesundheitsinformationen des IQWiG durch sozial benachteiligte Personen [User testing of IQWiG health information by socially disadvantaged people]
IQWiG (DE)	Radium-223-dichlorid: Nutzenbewertung gemäß § 35a SGB V [Radium-223-dichloride: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Rilpivirin, Emtricitabin und Tenofovirdisoproxil (neues Anwendungsgebiet): Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Drug combination of emtricitabine, rilpivirine and tenofovir disoproxil (new therapeutic indication): benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Sofosbuvir: Nutzenbewertung gemäß § 35a SGB V [Sofosbuvir: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Trastuzumab Emtansin: Nutzenbewertung gemäß § 35a SGB V [Trastuzumab emtansine: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Turoctocog alfa: Nutzenbewertung gemäß § 35a SGB V [Turoctocog alfa: benefit assessment according to § 35a Social Code Book V (dossier assessment)]
KCE (BE)	Colon Cancer :Diagnosis, Treatment and Follow-Up
KCE (BE)	Revascularization for lower limb peripheral arterial disease
KNGF (NL)	KNGF Guideline for Physical Therapy in patients with Stroke



KNGF (NL)	KNGF-richtlijn Symptomatisch perifeer arterieel vaatlijden [Dutch only]
MoH (UA)	Діагностика і лікування лімфом у дорослих. Адаптована клінічна настанова, заснована на доказах [Diagnosis and treatment of lymphomas in adults. Adapted evidence-based guideline]
MoH (UA)	Вірусний гепатит С. Адаптована клінічна настанова, заснована на доказах [Viral Hepatitis C. Adapted evidence-based guideline]
MoH (UA)	Бронхіальна астма. Адаптована клінічна настанова, заснована на доказах [Asthma. Adapted evidence-based guideline]
MoH (UA)	Медичне сортування. Адаптована клінічна настанова, заснована на доказах [Medical sorting. Adapted evidence-based guideline]
MoH (UA)	Меланома. Адаптована клінічна настанова, заснована на доказах [Melanoma. Adapted evidence-based guideline]
MoH (UA)	Рак передміхурової залози. Адаптована клінічна настанова, заснована на доказах [Prostate Cancer. Adapted evidence-based guideline]
MoH (UA)	Рак шийки матки. Адаптована клінічна настанова, заснована на доказах [Cervical Cancer. Adapted evidence-based guideline]
MoH (UA)	Гастроєзофагеальна рефлюксна хвороба. Адаптована клінічна настанова, заснована на доказах [Gastroesophageal reflux disease. Adapted evidence-based guideline]
MoH (UA)	Церебральний параліч та інші органічні ураження головного мозку у дітей, які супроводжуються руховими порушеннями. Адаптована клінічна настанова, заснована на доказах [Cerebral palsy and other organic brain damage in children, accompanied by movement disorders. Adapted evidence-based guideline]
MoH (UA)	Хронічне обструктивне захворювання легені. Адаптована клінічна настанова, заснована на доказах [Chronic obstructive pulmonary disease. Adapted evidence-based guideline]
NICE (UK)	Contraceptive services with a focus on young people up to the age of 25 (PH51)
RNAO	Adult Asthma Care Guidelines for Nurses: Promoting Control of Asthma
RNAO	Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
RNAO	Assessment and Device Selection for Vascular Access
RNAO	Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition
RNAO	Assessment and Management of Pain (Third Edition)
RNAO	Assessment and Management of Stage I to IV Pressure Ulcers
RNAO	Assessment and Management of Venous Leg Ulcers
RNAO	Best Practice Guideline for the Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes
RNAO	Breastfeeding Best Practice Guidelines for Nurses
RNAO	Care Transitions
RNAO	Care and Maintenance to Reduce Vascular Access Complications
RNAO	Client Centred Care
RNAO	Collaborative Practice Among Nursing Teams Guideline
RNAO	Crisis Intervention
RNAO	Decision Support for Adults Living with Chronic Kidney Disease
RNAO	Developing and Sustaining Effective Staffing and Workload Practices
RNAO	Developing and Sustaining Interprofessional Health Care: Optimizing patients/clients, organizational, and system outcomes
RNAO	Developing and Sustaining Nursing Leadership
RNAO	End-of-Life Care During the Last Days and Hours
RNAO	Enhancing Healthy Adolescent Development
RNAO	Embracing Cultural Diversity in Health Care: Developing Cultural Competence



RNAO	Establishing Therapeutic Relationships
RNAO	Facilitating Client Centred Learning
RNAO	Integrating Smoking Cessation into Daily Nursing Practice
RNAO	Interventions for Postpartum Depression
RNAO	Managing and Mitigating Conflict in Health-care Teams
RNAO	Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease
RNAO	Nursing Management of Hypertension
RNAO	Oral Health: Nursing Assessment and Intervention
RNAO	Ostomy Care & Management
RNAO	Preventing and Managing Violence in the Workplace
RNAO	Preventing and Mitigating Nurse Fatigue in Health Care
RNAO	Prevention of Constipation in the Older Adult Population
RNAO	Prevention of Falls and Fall Injuries in the Older Adult
RNAO	Primary Prevention of Childhood Obesity (Second Edition)
RNAO	Professionalism in Nursing
RNAO	Promoting Asthma Control in Children
RNAO	Promoting Continence Using Prompted Voiding
RNAO	Promoting Safety: Alternative Approaches to the Use of Restraints
RNAO	Reducing Foot Complications for People with Diabetes
RNAO	Risk Assessment and Prevention of Pressure Ulcers
RNAO	Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients
RNAO	Stroke Assessment Across the Continuum of Care
RNAO	Supporting and Strengthening Families Through Expected and Unexpected Life Events
RNAO	Supporting Clients on Methadone Maintenance Treatment
RNAO	Woman Abuse: Screening, Identification and Initial Response
RNAO	Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age
RNAO	Workplace Health, Safety and Well-being of the Nurse Guideline



New Literature

The following literature has been added to our library recently. For a good read, see the Editors Picks.

We have more than 450 entries in the list of relevant literature on the G-I-N website. As we are updating this list regularly we encourage G-I-N members to subscribe to the feeds available on the pages:

www.g-i-n.net/library/relevant-literature

and

www.g-i-n.net/library/literature-updates (note: you have to be logged in to be able to do so).

We include here the editors' pick of papers (including the abstracts by authors if available) retrieved during the period March 2014 – 30 June 2014.

Editor's Picks

Title: Guidelines 2.0: Systematic Development of a Comprehensive Checklist for a Successful Guideline Enterprise

Authors: Schünemann HJ, Wierioch W, Etxeandia, et al.

Editor's comments: This article is must reading for all guideline developers. The authors compiled a checklist with 18 essential topics for guideline developers, based on review of guideline development manuals, guideline methodology reports, and recent articles providing systematic guidance. Data extraction sources are conveniently summarized in a table and the topics are subdivided into 146 items with a dedicated webpage (<http://cebgrade.mcmaster.ca/guidecheck.html>) to facilitate use by guideline developers. The authors conclude that current existing materials place a heavy focus on systematic reviews of the evidence and clinical outcomes, but less attention is paid to resource use, patients' and consumers' values and preferences, and equity. The interactive website provides links to key resources and source articles.

Title: Routine Use of Clinical Management Guidelines in Australian General Practice

Authors: Harris MF, Lloyd J, Krastev Y, et al.

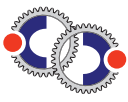
Editor's comment: This paper evaluates factors associated with guideline use by Australian general physicians (GPs), to better understand gaps between recommendations of evidence-based guidelines and primary care health practice. A survey of 1016 GPs in 2009, with a 52% response rate, found that two-thirds of Australian GPs reported routinely using guidelines in managing diabetes, depression, asthma or chronic obstructive pulmonary disease, and hypertension – a higher proportion than in most other countries. Factors associated with a higher probability of guideline use included having non-medical staff educate patients about self-management and a system of GP reminders to provide patients with test results or guideline-based intervention or screening tests. Older GP age was associated with a lower probability of guideline usage, which may reflect a tendency to rely on experience. The association with greater use of reminders and self-management is consistent with the chronic illness model.

[A guide to GRADE guidelines for the readers of JTH.](#) Guyatt G, Eikelboom JW, Akl EA, Crowther M, Gutterman D, Kahn SR et al. *J. Thromb. Haemost.* 2013; 11(8):1603-8.

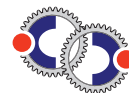
[Commentary on the role of expert opinion in developing evidence-based guidelines.](#) Eibling D, Fried M, Blitzer A, Postma G. *Laryngoscope* 2014; 124(2):355-7.

[Development of patient-centred standards of care for rheumatoid arthritis in Europe: the eumusc.net project.](#) Stoffer MA, Smolen JS, Woolf A, Ambrozic A, Bosworth A, Carmona L et al. *Ann. Rheum. Dis.* 2014; 73(5):902-5.

[Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology.](#) Lerner V, Miodownik C. *Neurology* 2014; 82(7):643.



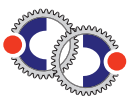
<p>Evidence-based recommendations for PISA measurements in mitral regurgitation: systematic review, clinical and in-vitro study. Moraldo M, Cecaro F, Shun-Shin M, Pabari PA, Davies JE, Xu XY et al. <i>Int. J. Cardiol.</i> 2013; 168(2):1220-8.</p>
<p>Groups aim for trustworthy clinical practice guidelines. Mitka M. <i>JAMA</i> 2014; 311(12):1187-8.</p>
<p>Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. Schönemann HJ, Wiercioch W, Etxeandia I, Falavigna M, Santesso N, Mustafa R et al. <i>CMAJ</i> 2014; 186(3):E123-42.</p>
<p>Improving the quality of clinical practice guidelines for clinicians and patients. Rowe IA, Parker R, Armstrong MJ, King AL, Houlihan DD, Mutimer DJ. <i>Hepatology</i> 2014; 59(5):2055-6.</p>
<p>Individualized clinical practice guidelines: the next step in the evidence-based health care evolution? Brietzke SE. <i>Otolaryngol Head Neck Surg</i> 2014; 150(3):342-5.</p>
<p>Reconciling the clinical practice guidelines on Bell's palsy from the AAO-HNSF and the AAN. Schwartz SR, Jones SL, Getchius TS, Gronseth GS. <i>Otolaryngol Head Neck Surg</i> 2014; 150(5):709-11.</p>
<p>Routine use of clinical management guidelines in Australian general practice. Harris MF, Lloyd J, Krastev Y, Fanaian M, Davies GP, Zwar N et al. <i>Aust J Prim Health</i> 2014; 20(1):41-6.</p>
<p>Science and evidence: separating fact from fiction. Hess DR. <i>Respir Care</i> 2013; 58(10):1649-61.</p>
<p>Surveillance for hepatocellular carcinoma: evidence, guidelines and utilization. Shoreibah MG, Bloomer JR, McGuire BM, Massoud OI. <i>Am. J. Med. Sci.</i> 2014; 347(5):415-9.</p>
<p>The WHO evidence-informed guideline development process and implications for vitamin and mineral research priorities: symposium rationale and summary. Neufeld LM, Jalal CS, Peña-Rosas JP, Tovey D, Lutter CK, Stoltzfus RJ et al. <i>Adv Nutr</i> 2013; 4(5):557-9.</p>
<p>What guidelines should or should not be: implications for guideline production. Van Biesen W, van der Veer SN, Jager KJ, Fouque D, Wanner C, Vanholder R. <i>Nephrol. Dial. Transplant.</i> 2013; 28(8):1980-4.</p>



External events

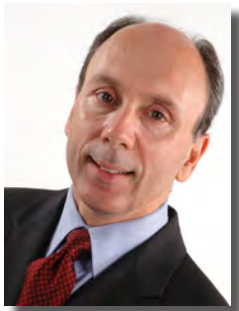
For all external events, see the G-I-N website. To have your event advertised here, please contact Richard Howe, at webmaster@g-i-n.net.

EXTERNAL EVENTS	
06-08 August 2014, King's College London, UK www.ebmny.org	TEACH 2014, New York Academy of Medicine: "Teaching Evidence Assimilation for Collaborative Research"
18-19 September 2014, Hyatt Regency Cincinnati, Ohio, US www.cincinnatichildrens.org/patients/news/events/calendar/conference/evidence-based-2014/	Pediatric Evidence-Based 2014 Conference: Evidence Implementation for Changing Models of Pediatric Health Care
October 18 – 22, 2014, Miami, Florida, USA http://smdm.org/meeting/36th-annual-north-american-meeting	The Society for Medical Decision Making 36th Annual Meeting: Medical Decision Making Among Diverse Populations: Advancing Practice, Policy, and Science
01-04 May 2015, Singapore www.wcpt.org/congress	17th World Confederation for Physical Therapy Congress 2015
 Important dates	
Online Registration Closes	15 August 2014
Pre-conference courses	19 August 2014
G-I-N Conference 2014	20-23 August 2014



Watch for the next issue

The next edition will be published in **September 2014**. To help make this possible, please forward all articles by **September 3rd 2014** to office@g-i-n.net



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