Module 4: Guideline Development Process (Time: 9 minutes)

Slide Number	Title	Script
1	Module 4: Guideline Development Process	Welcome to Module 4 of the Evidence Analysis Center Orientation Tutorial. In this module you will learn how the Academy's Evidence-Based Nutrition Practice Guidelines are developed.
2	Module Objectives	This module will provide an overview of evidence-based nutrition practice guidelines, to provide an understanding of how to interpret the guideline recommendations and incorporate them into practice. Upon completion of this module, you will understand the importance of clinical guidelines, how the Evidence Analysis Center's guidelines are developed; components of a guideline and how to locate and navigate the guideline on the Evidence Analysis Library.
3	What is an Evidence-Based Nutrition Guideline?	Evidence-Based Nutrition Practice Guidelines are a series of guiding statements which are developed using a systematic process for identifying, analyzing and synthesizing scientific evidence and interpreting the evidence through clinical expertise. They are designed to assist practitioner and patient decisions about appropriate nutrition care for specific disease states or conditions in typical settings. Key elements include scope, interventions and practices considered, major recommendations and corresponding rating of evidence strength and rational.

4	Importance of Evidence-Based Nutrition Practice Guidelines?	Why are these guidelines important to the registered dietitian nutritionist? Evidence-Based Nutrition Practice Guidelines are built from the Evidence Analysis Center systematic reviews. Guidelines promote consistency; achievement of expected outcomes; and assure quality care. Guidelines support implementation of the nutrition care process and its terminology; support reimbursement efforts, and implementing guidelines encourage recognition and collaboration by and with other healthcare professionals
5	Evidence-Based Research	What is the difference between the evidence-based research and the evidence-based recommendation? Basically, the systematic review evidence summaries and conclusion statements report what the evidence says and interpretation through clinical expertise. The guideline is a course of action for the practitioner based on the evidence
6	Preparing for the Guideline	Before the work on the guideline starts, the project manager and expert panel need to review the systematic review evidence and the strength of the evidence.
7	EAC Framework	Following the EAC Framework, the project manager and the expert panel ask: Does this topic have multiple sub-topics and required extensive guidelines and formal recommendations for practitioners? If the answer is yes, the guideline development phase begins.
8	Guideline Development Process	Let's review the guideline development process
9	EAC Process	In previous modules, we covered the scoping review process and the systematic review process. The guideline process also has 5 major steps which include – 1. complete the evidence-to-decision framework; 2. develop recommendations and the rationale; 3. assign grade and ratings; 4. an internal and external review; and 5. dissemination and implementation of the guideline.

10	What is a recommendation?	Recommendations are the key focus of evidence-based guidelines. They are the unique components that distinguish practice guidelines from other clinical publications. Once the systematic review steps are completed and the evidence-based conclusions and summary statements have been developed, the expert panel applies moderating factors to formulate recommendations.
11	Evidence to Decision Framework	The evidence to decision framework tool is designed to develop a transparent and logical way to determine the need for a recommendation. The tool addresses – Problem – is the problem a priority? Values – is there important uncertainty about or variability in how much people value the main outcome? Benefits and Harms of the Options – what is the overall certainty of the evidence of effectiveness? Resource Use – are the resources required small?
12	EtD continued	Equity – what would be the impact on health inequities? Acceptability – Is the option acceptable to key stakeholders? Feasibility – is the option feasible to implement? and Summary of Judgements – a balance of consequences. Answers to these questions will determine if a recommendation should be developed.
13	Recommendations	When developing the recommendations, the expert panel should consider these points: a recommendation should be written using brief action statements. The first sentence should be the 'what' of the recommendation. The second sentence should be the 'why'. A good recommendation will contain 'what to do' and 'why do it' and should be easily identifiable. The expert panel should use action words so that the recommendation is clear.
14	Features of each Guideline	EAL guidelines components include: • Recommendations • Recommendation Rating • Classification of Conditional or Imperative • Risks and Harms of Implementing the Recommendation • Conditions of Application • Potential Costs Associated with Application • Recommendation Narrative • Recommendation Strength Rationale • Minority Opinions (if needed)

		• Supporting Evidence

15	Classification Label	Each recommendation is labeled conditional or imperative. An imperative label means that the recommendation is broadly applicable to the target population without restraints on their pertinence. A conditional label means that the recommendation clearly defines a specific situation or a specific sub-population within the larger guideline population.
16	Recommendation Rating	Each recommendation receives a rating of Strong, Fair, Weak, Consensus or Insufficient Evidence. The rating for the recommendation is primarily based on the strength of the supporting evidence but also the balance between benefits or harms anticipated and the clinical practice implications.
17	Recommendation Ratings Chart	Here is the rating chart and the definitions for each rating category. This chart is available from the EAL under the Policy and Process or through the Quick Link section on the home page.
18	Risk/Harms	Potential risks, anticipated harms or adverse consequences associated with applying the recommendation to the target population fall under this category. For each form of treatment recommended, safety issues should be considered. In terms of potential harm, the long-term use and safety of specific dietary components or supplements is an important consideration in recommendations to treat a specific condition.
19	Conditions of Application	Any condition that may limit the application of the recommendation should be indicated under the heading titled Conditions of Application. A recommendation with a Conditional label will always have conditions specified.
20	Potential Costs Associated with Application	This section covers obvious costs that may be associated with the application of the recommendation. The costs could be for the patient, the RDN, or the organization. Examples includes a specialized staff; equipment, or laboratory tests.
21	Recommendation Narrative	The recommendation narrative is a summary of the supporting evidence for each recommendation within the guideline. It clearly explains the evidence that

		supports the recommendation. It includes the study designs and quality ratings of the included studies.

22	Recommendation Strength Rationale	When developing a rationale, it is important to include the supporting article quality and citation when discussing the findings of each article. Begin the rationale by first stating the highest quality articles and the findings, as they relate to the outcomes that were addressed. As with the recommendation language, it is important to state only the facts/findings of the relevant articles and not include any opinion-based language. List the evidence strength and methodological issues that determined the recommendation strength.
23	Minority Opinion	Usually the expert workgroup reaches a consensus on the recommendation and the rating, so they will write "None". However, if they cannot come to a consensus, then any minority opinion should be listed.
24	Supporting Evidence	Since majority of the recommendations are supported by the systematic review, the evidence analysis question is linked under this heading.
25	References	The systematic review bibliography for the question, the data extraction worksheets, are linked under the section titled References.
26	References Not Graded in the Academy's Process	Sources that were not analyzed during the systematic review process may be used to support and formulate a recommendation. All references must be credible resources like other guidelines, position papers, etc. Recommendations based solely on these types of references are rated as 'consensus'.
27	External Guidelines	Recommendations are largely based on the summarized evidence from an EAL systematic review. However, sometimes the expert panel may determine that the EAL may be strengthened and broadened by using external (non-Academy) evidence-based guidelines or other credible resources in developing the recommendation. External guidelines may be incorporated into the EAL by serving as a reference for a consensus recommendation. External guidelines may serve as evidence analysis or in addition to an Academy's

		evidence analysis and receive a strength rating. The methodology is vetted by the lead analyst.
28	External Guidelines continued	To be considered for inclusion into the EAL, external guidelines must meet specific methodological criteria. The Academy uses the Appraisal of Guidelines and Evaluation Instrument or AGREE II instrument. Guidelines that meet the criteria may be incorporated into the EAL. They are rated by the expert panel using the Academy's Recommendation Rating Scale.
29	Guideline Review	Let's take a look at the Guideline Review process.
30	External Review	Each guideline on the EAL is thoroughly reviewed. An external review of the guideline ensures that the guideline has been developed using a systematic evidence analysis process. Guideline reviewers complete the AGREE II instrument evaluation form. Only guidelines that meet the methodological criteria may be used in the EAL.
31	Guideline Review Process	The Academy follows a rigorous review process. First an interdisciplinary team of experts on the topic are solicited. Reviewers could include physicians, nurses, researchers, or other disciplines who work within the topic. Reviewers are blinded – the expert panel is not aware of who is selected to review the guidelines. The reviewers are given access to the AGREE II tool to assess the quality of the guideline and the methodological rigor. Once the review period is over; the workgroup reviews the results and feedback. Warranted edits are made. Finally, the Council on Research approves the guideline for publication on the EAL.
32	Navigating the Guideline	Now that the guideline has been published, let's review how to access it on the EAL.
33	Locating the Guideline	Module 1 explained how to access the EAL content. Mouse over the Projects tab to view a listing of the topics in alphabetical order. Select a topic. Guideline links are located on the left navigation bar with the most current information at the top. Please note that not all EAL systematic reviews result in a guideline.
34	Guideline Links	Here is a better view of the links to access the guideline. They include: Executive Summary; Guideline Introduction; Major Recommendations;

		Background Information or Appendices; and References.
35	Executive Summary	The executive summary of a guideline is a list of the recommendations and rating, but without supporting evidence. This is a great way to review the recommendations at-a-glance. The executive summary is available to the general public.
36	Guideline Introduction	The guideline introduction includes the scope of the guideline, statement of intent, methods used to develop the guideline, benefits and risks/harms of implementing the guideline. A thorough review of the guideline introduction will help the user understand the development of the recommendations, the target audience and guideline objective.
37	Major Recommendations	Click on the Major Recommendations icon to access a list of the recommendation links. Note that recommendations are organized by nutrition care process category. Click on the link to view the recommendation and supporting evidence.
38	Additional Information	Additional guideline tabs include Background and References which provide important information on the development of the guideline.

39	Individual Recommendations	From the Major Recommendations page, click on a link to view the full recommendation, rating, risks/harms of implementing the recommendation, conditions of application, narrative and rationale. To view the content, click on the title to expand each section.
40	Printing Guideline Material	You can print the entire guideline from the Guideline page. Click on the title icon and select from the pdf options.
41	Updating a Guideline	Academy guidelines are revisited every 5 years. A literature search and evidence mapping is conducted to identify new research published since the previous search. When a guideline is updated, a table is created comparing the new guideline and the older version of the guideline. The document will indicate which recommendation remained unchanged; updated; new or not reviewed.

42	Next Steps	You have now learned how the research is synthesized and guidelines are developed. The next step is putting the guideline into practice.
43	Resources	To learn more about the resources used by the Academy to develop and review its guidelines, please visit these sites. The links are also available on the Policy and Process section of the EAL under the Guideline Development section.
44	Thank you	Proceed to Module 5. Thank you.