

Does format of clinical guidelines influence acceptability/uptake by healthcare professionals?

Elizabeth Shaw, Judith Thornton, Kathryn Chamberlain and Lynda Ayiku

Introduction

- Many factors have been identified as affecting the implementation or uptake of clinical practice guidelines. However, the influences of different formats of guidelines on uptake by healthcare professionals have not been examined specifically. Anecdotal reports suggest that professionals find some guidelines overly long and difficult to navigate.
- This study aimed to examine whether the format of guidelines influences the acceptability/uptake of clinical guidelines in practice by healthcare professionals; and to explore which characteristics of guidelines are reported by healthcare professionals as affecting implementation.

Methods

For the purposes of this review, guidelines were defined as any clinical practice guidelines (as described by the developers) and no restriction on their inclusion (for example, by developer or by clinical area) was applied.

We first carried out a systematic review of trials evaluating the effectiveness of changing the format or content of any guidelines on uptake (as measured by change in healthcare professional behaviour). Two reviewers independently scanned each title and abstract, with any discrepancies resolved through discussion. Studies were included if they evaluated the impact of guideline format or content, and were randomised or controlled trials or interrupted time series. Studies were excluded if they evaluated the intent (that is, the suggested actions) of the guideline recommendations rather than the format.

A second exploratory, qualitative review of the characteristics of guidelines being reported as either helping or hindering implementation was also undertaken. Systematic or primary studies reporting views on the format or content were included. Thematic analysis was planned to synthesise the data from published articles.

Results

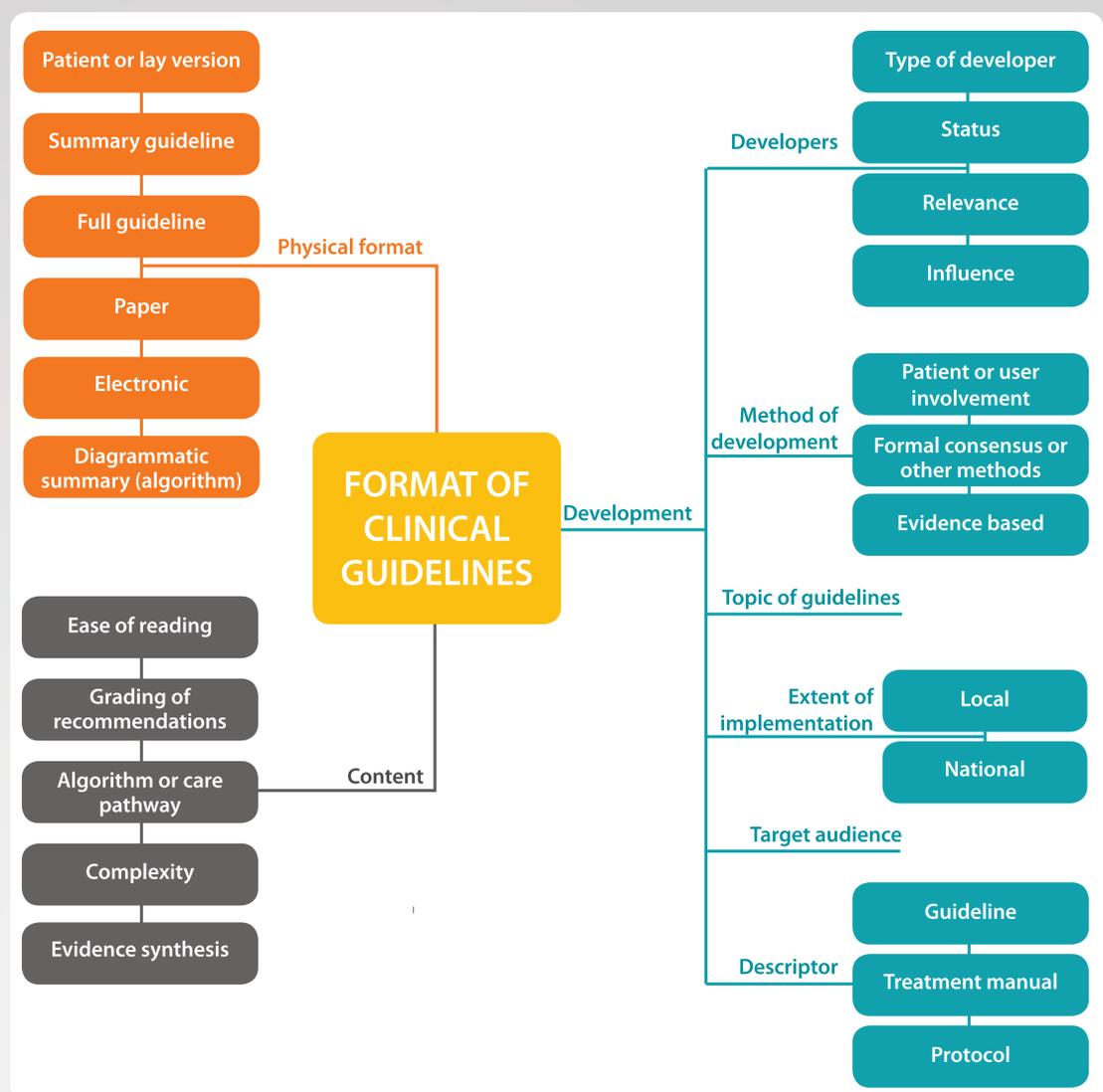
Systematic review of the impact of format or content

Focused searches identified 511 possible studies. Of these, the full text was ordered for 92 studies (only 75 were available), and 2 were included in the review. A summary of these two studies can be seen in the table.

We therefore conclude that there is only very limited trial evidence on the impact of the format or content of guidelines on implementation.

Exploratory review of the barriers and aids to implementation related to format or content

Of the 75 identified and available studies, 36 were included in the exploratory review. A full thematic analysis was not possible due to the heterogeneity of study design and reporting.



We recognised from the outset the difficulty in trying to interpret and summarise information, and therefore developed a conceptual framework to categorise and interpret the results of the studies. This was based on our own expertise in developing guidelines, and relevant reviews.

We are currently in the process of refining the framework in order to use it to summarise themes and draw useful conclusions from the data.

Preliminary findings suggest that the size, layout and readability of guidelines are perceived as being barriers to implementation. Conversely, users of guidelines like the use of algorithms, although these could also be seen as prescriptive

recommendations or 'cookbook' medicine, thus undermining the role of clinical judgement. However, very few details are reported and few examples of solutions to the perceived barriers have been provided.

Discussion

Guideline developers should adhere to evidence-based guideline formats and content; however, there is very little evidence to determine the most appropriate format.

Further work is needed to determine what characteristics of an evidence-based guideline are most important to users, and whether this influences the uptake of recommendations.

Reference	Study type	Population	Intervention	Comparison	Outcomes	Authors' conclusions
Baker R, Fraser RC, Stone M et al. (2003) Randomised controlled trial of the impact of guidelines, prioritised review criteria and feedback on implementation of recommendations for angina and asthma. BJGP 53: 284-91	RCT	GP practices	<ul style="list-style-type: none"> • Prioritised guideline recommendations (based on evidence and impact on outcome) as review criteria. • As above with feedback. 	All guideline recommendations.	<ul style="list-style-type: none"> • Process of care measures (such as measurement of blood pressure). • Patient symptoms and satisfaction with care. 	<ul style="list-style-type: none"> • No consistent differences between interventions in stimulating improvements in performance (adherence to recommendations). • Patients with angina in practices that received criteria or criteria + feedback reported better symptom control. • Dissemination of guidelines as prioritised review criteria did not increase adherence in comparison with traditional format, and provision of feedback has minimal additional effect.
Williams JG, Cheung WY, Price DE et al. (2004) Clinical guidelines online: do they improve compliance? Post Med J 80: 415-19	ITS	District general hospital	Electronic version of guidelines.	Paper version of guidelines.	Adherence to recommendations.	<ul style="list-style-type: none"> • Significant increase in adherence for stroke when available online, but this was not seen for deep vein thrombosis (DVT) or upper gastrointestinal (GI) bleeding. • Qualitative interviews showed confusion regarding application of guidelines for DVT and little active support from consultants for guidelines for upper GI bleeding. Stroke guidelines were actively promoted and widely supported.

Contact: Elizabeth Shaw
 Associate Director – Methodology
 Centre for Clinical Practice, NICE
 Email: elizabeth.shaw@nice.org.uk
 Telephone: +44 (0)845 003 7780