

Critical Appraisal 102: **CLINICAL PRACTICE GUIDELINE**

Note: This guide is intended to generally highlight the most important features of this type of critical appraisal. It is not all-inclusive and does not represent or reflect any specific currently-available critical appraisal tool (CAT).

TITLE: _____

AUTHORS: _____

SOURCE / CITATION: _____

PURPOSE OF STUDY: _____

Can I believe the results?

QUESTION	RESPONSE	COMMENTS
Is the group, committee or organization that developed the guidelines clearly identified?	Y / N / Can't tell	
Have the guidelines been sponsored or funded by an external group with potential conflicts of interest ?	Y / N / Can't tell	
Have the guidelines been endorsed or supported by an external organization ?	Y / N / Can't tell	
Did authors declare conflicts of interest among all parties involved in guideline preparation and consensus?	Y / N / Can't tell	
Does the document indicate WHY they undertook this guideline development work, or is it a revision of previous work?	Y / N / Can't tell	
Was the scope of the guideline clearly defined ? Did the authors use a PICO structure? <i>(PICO: patient – intervention – comparator – outcome)</i>	Y / N / Can't tell	
Was the search for papers comprehensive and were all relevant studies identified? Is the search strategy reproducible ?	Y / N / Can't tell	
Are the criteria for inclusion and exclusion of studies clearly described?	Y / N / Can't tell	
Is there a risk of selection bias ?	Y / N / Can't tell	
Have patient viewpoints (or those who will be most impacted by these guidelines , such as health professionals or care givers) been sought?	Y / N / Can't tell	
Is the strength of the recommendation, the quality of the evidence supporting it , and the values on which it is based given for each recommendation or guidance statement?	Y / N / Can't tell	

Is it clear how consensus was reached : <ul style="list-style-type: none"> • for recommendation statements? • for evidence ratings? • for any recommendations based on expert opinion (in the absence of evidence)? 	Y / N / Can't tell	
Are there risks of bias in the process?	Y / N / Can't tell	

What are the results?		
QUESTION	RESPONSE	COMMENTS
Are the messages from guidelines clear and easily understandable to the end-user (policy-maker, clinician, patient)?	Y / N / Can't tell	
Are there direct and easy to follow linkages between guideline ratings and the evidence used to create them?	Y / N / Can't tell	
Is there discussion of benefits, harm, risks, and cost impacts ?	Y / N / Can't tell	

Will the results help me in my decision-making?		
QUESTION	RESPONSE	COMMENTS
Are the guidelines presented in a user-friendly and easy-to-follow format? (<i>Are they ACTIONABLE?</i>)	Y / N / Can't tell	
Do the guidelines offer next-steps for practical implementation and recognition of implementation barriers?	Y / N / Can't tell	
Is there advice presented on how to audit for compliance or quality improvement impact?	Y / N / Can't tell	
Are there plain-language versions or other education materials available for patients and families?	Y / N / Can't tell	
Is there discussion of clinical flexibility for application in multiple or diverse clinical settings?	Y / N / Can't tell	
Is there a timeline or plan for updates to these guidelines?	Y / N / Can't tell	

Some General Considerations for Clinical Practice Guideline Bias Assessment*	
Financial Bias	<ul style="list-style-type: none"> • conflict of interest of those participating in development • sponsorship benefit(s)
Selection Bias	<ul style="list-style-type: none"> • selection of included or excluded studies to frame guidelines; not adhering to protocol to locate all credible works • unknown or uncertain scrutiny or individual trial quality (critical appraisal of individual studies) used for guideline preparation
Process Bias	<ul style="list-style-type: none"> • gaps or variations in systematic process for guideline development • impact of “peer pressure” among guideline development group
Expert; Experiential bias	<ul style="list-style-type: none"> • use of experiential knowledge to influence guideline statements • discounting results from published works
Publication Bias	<ul style="list-style-type: none"> • not identifying or including relevant studies as part of guideline development due to unpublished nature; grey-literature sources, or publications in non-peer reviewed journals

**Not intended as an all-inclusive list of all relevant forms of bias.*

ADDITIONAL NOTES:

Preparation guidance for this document was obtained from the following sources:

- AGREE Next Steps Consortium (2009). The AGREE II Instrument [Electronic version]. Retrieved February 13, 2012, from <http://www.agreetrust.org>.
- Committee to Advise the Public Health Service on Clinical Practice Guidelines IoM. Clinical practice guidelines: directions for a new program. Washington: National Academy Press; 1990.
- Dahm, P., Yeung, L., Gallucci, M., Simone, G & Schunemann, H. (2008). How to use a clinical practice guideline. *Journal of Urology*. 181; Feb; p 472-479.
- Guyatt, G, Oxman, A., Kunz, R., Falck-Ytter, Y, Alonso-Coello, P, Schinemann, H. (2008). GRADE: an emerging consensus on rating quality of evidence and strength of recommendations.
- Institute of Medicine (2011). Clinical practice guidelines we can trust. Retrieved February 14, 2012, from <http://www.iom.edu/~media/Files/Report%20Files/2011/Clinical-Practice-Guidelines-We-Can-Trust/Clinical%20Practice%20Guidelines%202011%20Insert.pdf>
- Turlik, M. (2009). Evaluation of clinical practice guidelines. *The Foot and Ankle Online Journal*; 2(9); 5-10.
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- Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. (1999). Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. *British Medical Journal*; 318(7182):527-530.