



Development of Clinical Guidelines - A Guide for Clinicians

Approved by the Academic Committee
of the
Irish Association for Emergency Medicine

*This guide is intended for use by clinicians in Emergency Medicine in Ireland as a tool
for developing or reviewing Clinical Guidelines.*

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INTRODUCTION

Clinical Guidelines, also known as Clinical Practice Guidelines (CPGs) are:

- ‘Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances’ (ARCPR, 1995);
- Based on a ‘thorough evaluation of evidence’ (NHMRC, 1998) and are defined as the way a procedure is done or a condition is managed;
- In addition, guidelines can play an important role in health policy formation and have evolved to cover topics across the health care continuum (e.g., health promotion, screening, diagnosis).

In contrast to **policy**, which reflect an organisation’s position regarding an issue and must be adhered to, guidelines allow flexibility on the part of the clinician based on the specific patient they are caring for.

A **protocol** is defined as a written plan that specifies procedures to be followed in defined situations; a protocol represents a **standard** of care that describes an intervention or set of interventions. Protocols are more explicit and specific in their detail than guidelines; they specify who does what, when and how. Protocols are most typically used when developing instructions for drug prescription, dispensing and administration, i.e. drug protocols. Thus, IAEM will often produce a standard which may be a guideline e.g. the IAEM standard for ED management of suspected subarachnoid haemorrhage is the GEMNet guideline for SAH.

Further complexity can be introduced with the use of **Integrated Care Pathways**, which are sometimes misinterpreted as clinical guidelines. An integrated care pathway (ICP) is a multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes. ICPs can be used as a tool to incorporate local and national guidelines into everyday practice, but are not guidelines in themselves – in fact, ICPs typically need a guideline as a template/basis.

The Irish Association for Emergency Medicine (IAEM) Academic Committee (hereafter the Committee) supports CPG development through two primary processes:

1. Guideline Clearinghouse;
2. New Guideline Development.

The *Guideline Clearinghouse* function of the Committee is initially proposed as the main method of endorsing and producing EM-specific guidelines for the speciality in Ireland.

New CPG development, at a national level, is a significant undertaking and is a core strategic objective of the Committee. We offer guidance in this document to authors/stakeholders who wish to develop new guidelines.

Why contribute to the development of Clinical Guidelines for Emergency Medicine in Ireland?

Contributing to IAEM Clinical Guidelines will help us to achieve consistent quality guidelines based on best evidence that are relevant to your practice as a clinician working within your Emergency Department (ED) and across the specialty of Emergency Medicine (EM) in Ireland.

Web Site

The [IAEM Clinical Guidelines site](#) operates on the IAEM website.

About writing Clinical Guidelines

All Clinical Guidelines should follow a specific format. This is to:

- a) Maintain a consistency to the guidelines;
- b) Assist clinicians to familiarise themselves with the format of the guidelines;
- c) Enable clinicians to access the guidelines readily and easily.

Enclosed in this pack:

1. Process for Content Development
2. Guideline for Content Development
3. Guideline for Writing Clinical Guidelines
4. Guideline Clearinghouse (Review Process)
5. Clinical Guideline Development Tools
6. Appendices
 - I. *IAEM-AGREE* appraisal tool
 - II. IAEM Standards Document
 - III. Guideline Template
 - IV. Level of Evidence Table
 - V. Guideline Implementation Plan
 - VI. Guideline Development Form

THE PROCESS FOR CONTENT DEVELOPMENT

- Step 1** Determine topic and identify author(s)
- Step 2** Author discusses proposed topic with Guideline development team
- At national level, this will be the IAEM Academic Committee
 - At local level, this will likely be a departmental team
- Step 3** Download the “Clinical Guideline Development Tools” from the IAEM website including: A guide for clinicians, guideline template, evidence table, checklist for the guideline development and implementation
- Step 4** Consult with appropriate key stakeholders (medical, allied health, nursing and consumers)
- Step 5** Review guideline websites and current practice
- Step 6** Complete a literature search, evaluate evidence using the evidence table
- Step 7** Author meets with Guideline Team to present evidence
- Step 8** Attend next available guideline development meeting
- Step 9** Formulate draft, utilising feedback from key stakeholders
- If the guideline is an endorsement of an existing guideline, then the draft should be in the format of the IAEM Standards document (Appendix II)
 - If it is a new guideline, then the IAEM template (Appendix III) should be used
- Step 10** Guideline team review draft content using IAEM-AGREE tool
- Step 11** IAEM Academic Committee approval once suggested changes are made to satisfactory level
- Step 12** IAEM Academic Committee Approved (Signed off by Chair & Secretary of Academic Committee)
- Step 13** Guideline published on the [Clinical Guidelines section of the IAEM website](#) and reviewed every 3 yrs +/- audit

GUIDELINE FOR CONTENT DEVELOPMENT

BEFORE WRITING:

If you are intending to develop a guideline, contact Chair of Academic Committee (academicchair@iaem.ie) to learn more about the process.

Steps in guideline development

1. Think about the purpose of the guideline

- Does the guideline address a problem or concern in the clinical setting?
- Will it be utilised as a resource that facilitates the management of patients in the clinical setting?
- Is there variation in clinical practice?

2. What is the goal of the clinical guideline?

- To better inform clinicians of current evidence based practice?
- To decrease duplication of educational resources and promote consistent practice in the clinical setting?
- To update an existing guideline?

3. Who are the Key stakeholders?

Key stakeholders are representatives of all relevant groups within the multidisciplinary healthcare team and patients and their parents/carers. Engaging key stakeholders encourages the expression of diverse interests and experiences to deliver better health outcomes.

To determine who needs to be involved in the development of the guidelines you need to:

- Identify the applicable patient group
- Establish who are the specialists working in the field
- Establish who will utilise the guideline

The development of the guideline must include collaborative input from clinicians, specialists in all clinical areas and nominated patients and their parent/carers associated with the guideline topic. The identification and involvement of key stakeholders that represent these various interest groups ensures the relevance of the guideline.

Patient and family-centred care is an innovative approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare patients, families and providers.

4. What is the role of the Author(s)?

- Research the guideline topic
 - What guidelines and educational resources already exist (local/national/international)?
 - What current research is available and what is the latest evidence based practice that will be reflected in the Clinical Guideline?
- Record all sources of evidence used to develop the guideline on the evidence table
- Identify what content needs to be covered by the guideline. Specialty areas or specific procedures may require a separate section within the guideline or a separate guideline
- Identify and involve Key Stakeholders in guideline development and review process
- Develop guideline drafts according to IAEM template including references, authors and reviewers
- Ensure that the content of the clinical guideline represents the relevant disciplines and reflects current evidence based practice
- Return the guideline to the IAEM Academic Committee with the name of author(s) and key contributors and the evidence table

5. How to Research the Topic?

Identify clinical questions to identify key search term using Population/Intervention/Comparator/Outcome (PICO) format to complete a thorough literature search e.g.

- **Population** – e.g. in children with bronchiolitis
- **Intervention** – e.g. do bronchodilators work?
- **Comparator** – e.g. compared with placebo or other treatments e.g. glucocorticoids
- **Outcome** – e.g. show improved clinical scores, reduced hospital stay etc.

Search Existing Material

Review relevant current practice, guidelines, clinical pathways, standard treatment orders and educational resources relating to the topic within the hospital.

Perform a Literature Search

- Search *The Cochrane Database of Systematic Reviews*: focus first on 'Cochrane Reviews' then DARE (Database of Abstracts of Reviews of Effects), and HTA (Health Technology Database) for systematic reviews of guideline topic;

- Take note of the review 'Search Strategies' i.e. databases searched and time line of search for example if 'Medline Jan 1966 – Mar 2003' then search Medline Mar '2003 – on' for the latest evidence;
- Search **Medline** (1996 – onwards), **CINAHL** (1996 – onwards) and **EMBASE** (1996 – onwards), if no evidence is found through Cochrane;
- Search other relevant databases: include **EBM** (Evidence Based Medicine) and **American College of Physicians (ACP) Journal Club** for individual studies and reviews of current research.

Review Clinical Guideline Sites

- Search evidence based CPG websites nationally and internationally for guideline topic
- Critique Guidelines, take note of the level of evidence used to develop guideline content and recommendations and the method of evidence collection utilised by the guideline site
- Determine the last date of evidence used (if possible) and search for latest evidence from this date on.

Consider specifically these sites:

- [College of Emergency Medicine Guidelines in Emergency Medicine Network \(GEMNet\)](#)
- [National Guideline Clearing House](#) (US)
- [National Institute for Health and Clinical Excellence](#) (NICE (UK))
- [Australasian College for Emergency Medicine](#)
- [New Zealand Guidelines Group](#)
- [Scottish Intercollegiate Guidelines Network](#) (SIGN)
- [British Medical Journal](#)
- [Royal Australian College of Physicians](#)
- [UK National Health Service](#)
- [National Institute of Clinical Studies](#)
- [National Health and Medical Research Council](#)
- [Cork Emergency Medicine Handbook](#)
- [Our Lady's Children's Hospital, Crumlin Clinical Guidelines](#)
- [Royal Children's Hospital Melbourne Clinical Practice Guidelines](#)

Grade and Record evidence on the evidence table

Finally

- Complete Implementation and Evaluation Form (Appendix V) and Guideline Development Form (Appendix VI);
- Return these forms with Clinical Guideline and completed evidence table via email to academicchair@iaem.ie.

GUIDE TO WRITING A GUIDELINE

DURING WRITING:

1. Format

- Use template (Appendix III) to structure the guideline. This encourages uniformity but it can be modified slightly to suit guideline content requirements.
- List all sources of evidence/research utilised in guideline content and recommendations in the evidence table (Appendix IV).
- Record all guideline authors, contributors and key stakeholders who have had input into the guideline on the guideline development form.

2. Content

- Keep the *audience* in mind when writing guidelines. Guideline topics are rarely restricted to one discipline so they must be relevant to medical staff, nursing staff and allied health professionals. The guideline also needs to include content specific to the variety of settings in which the target patient group or clinical practice is present. For example, does the guideline include management in the community, in the ward environment and/or the acute care setting?
- Work out what content is *essential to the guideline* and what content can be part of a *resource document*, a *link* to another site or a link to a PDF document etc.
- Keep guidelines *clear, concise* and *comprehensive*. They should represent best available evidence but be accessible and user friendly.
- If a consensus of expert opinion is used to determine Guideline content due to an absence of available evidence or if there is discrepancy in evidence, this should be stated in the Guideline.
- Guideline topics may overlap. Do not reproduce current guidelines. If necessary an updated version may be required. Links between guidelines are often appropriate.

3. Prepare content to be 'web-friendly'

- Guidelines must be easily accessible;
- Use the IAEM template and keep headings to a minimum;
- Use sub-headings, keep paragraphs short and use bullet points;

- Remember that Guidelines are listed in alphabetical order. Create the title accordingly, for example: 'Asthma,', not 'Management of the patient with, etc;
- Using the 'tab' key to indent text in an MS Word document does not convert to the web version of that document – don't use;
- Use clearly labelled diagrams or photos where appropriate. Please contact the Academic Committee to discuss the use of images. Ensure photos have appropriate consent and that images are not copyrighted.

4. What the Academic Committee will assist you with?

- Researching guideline topic;
- Identifying and involving Key Stakeholders and setting up meetings;
- Editing Guideline draft and transposing to IAEM Clinical Guideline format;
- Facilitating the review of the final draft by the Academic Committee.

Finally: Once the Guidelines are *reviewed, approved and signed off* by the appropriate parties, they will be published on [IAEM Clinical Guidelines site](#) by the Academic Committee.

CLINICAL GUIDELINE CLEARINGHOUSE (REVIEW PROCESS)

This process is envisaged, initially, to be the primary process through which IAEM will endorse clinical guidelines. It will differ from the process of new guideline development and is predicated on the existence of many excellent EM guidelines from local, national and international sources. The Committee is anxious to utilise established guidelines and not 're-invent the wheel' where possible. The purpose of the 'Clearinghouse' function is to proof existing guidelines for an Irish EM context.

1. What is the process of Clinical Guideline review?

- The draft Clinical Guideline should be circulated to relevant stakeholders for feedback and approval. In general, regular meetings may be more successful in achieving this aim. The relevant stakeholders should include expert clinicians from the nursing, medical and allied health professions;
- All those involved in the draft development and revision of Guideline drafts should be recorded on the development form;
- An IAEM Standards document (see Appendix II for an example) should be created;
- The final draft is returned to the Committee and reviewed using the EM-AGREE tool to appraise the content of the guideline;
- Feedback from the appraisals is presented to the author and recommendations for amendments will be made, if necessary;
- The Standards document is then reviewed and signed off by the Chair and Secretary of the Committee;
- If approved and signed off, the Standard will then be published on the Clinical Guidelines Section on the IAEM website.

2. The 'AGREE II' Tool – Appraisal of Guidelines for Research and Evaluation

The potential benefits of guidelines are only as good as the quality of the guidelines themselves. Appropriate methodologies and rigorous strategies in the guideline development process are important for the successful implementation of the resulting recommendations. The quality of guidelines can be extremely variable and some often fall short of basic standards.

The *Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument* is a tool that assesses the methodological rigour and transparency of the process through which a guideline is developed. The AGREE tool originated from an international collaboration of researchers and policy makers designed to improve the quality, uniformity and effectiveness of Clinical Guidelines. This 'AGREE Collaboration' (<http://www.agreecollaboration.org>) started in 1998 as a research project 'Appraising

clinical guidelines' under the Biomedicine and Health Research (BIOMED 2) Programme funded by the European Union. The original AGREE instrument (2001) has been refined, resulting in the new AGREE II (2009).

The purpose of the AGREE II is to provide a framework to:

1. assess the quality of guidelines;
2. provide a methodological strategy for the development of guidelines; and
3. advise what and how information should be reported in guidelines.

The AGREE II replaces the original instrument as the preferred tool and can be used as an objective way to promote evidence based care.

We have adapted and modified AGREE II to produce the IAEM-AGREE tool that shall be used for assessment of guidelines for IAEM.

CLINICAL GUIDELINE DEVELOPMENT RESOURCES

To facilitate the development of Clinical Guidelines the following tools have been developed. Please follow the links to download or print out.

1. IAEM Standards Document
2. Clinical Guideline Template
3. Clinical Guideline Evidence Table
4. Clinical Guideline Development Form
5. Clinical Guideline Implementation and Evaluation Form

[Link to Clinical Guideline Development](#)

All documents can be downloaded from the Clinical Guidelines section on the IAEM website. All documents can be filled in electronically and saved with the guideline and emailed to academicchair@iaem.ie.

Utilising these resources assists those developing guidelines and maintains consistency in the standards, content and format of the completed guidelines. To facilitate the guideline review and approval process it is also important to complete these forms and return them to the Committee along with the Clinical Guideline.

For any concerns or support required for the development of Clinical Guidelines, please contact the Chair of the Academic Committee.

For guideline feedback or suggested topics please go to the [Clinical Guideline section of the IAEM website](#).

Thank you for your time and contribution to IAEM Clinical Guidelines.

Appendix I

The IAEM-AGREE Tool: A tool for evaluation of IAEM clinical guidelines

(Based on the *Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument*, The Agree Collaboration, London: 2009)

Guideline Topic:

Domain	Item	AGREE II Rating						
		1 <i>Strongly Disagree</i>	2	3	4	5	6	7 <i>Strongly Agree</i>
Scope and purpose	1. The overall objective(s) of the guideline is (are) specifically described.							
	2. The health question(s) covered by the guideline is (are) specifically described.							
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups.							
	5. The views and preferences of the target population (patients, public, etc.) have been sought.							
	6. The target users of the guideline are clearly defined.							
Rigour of development	7. Systematic methods were used to search for evidence.							
	8. The criteria for selecting the evidence are clearly described.							
	9. The strengths and limitations of the body of evidence are clearly described.							
	10. The methods for formulating the recommendations are clearly described.							
	11. The health benefits, side effects and risks have been considered in formulating the recommendations.							
	12. There is an explicit link between the recommendations and the supporting evidence.							
	13. The guideline has been externally reviewed by experts prior to its publication.							
	14. A procedure for updating the guideline is provided.							
Clarity of presentation	15. The recommendations are specific and unambiguous.							
	16. The different options for management of the condition or health issue are clearly presented.							
	17. Key recommendations are easily identifiable.							
Applicability	18. The guideline describes facilitators and barriers to its application.							
	19. The guideline provides advice and/or tools on how the recommendations can be put into practice.							
	20. The potential resource implications of applying the recommendations have been considered.							
	21. The guideline presents monitoring and/ or auditing criteria.							
Editorial independence	22. The views of the funding body have not influenced the content of the guideline.							
	23. Competing interests of guideline development group members have been recorded and addressed.							
Overall Guideline Assessment	1. Rate the overall quality of this guideline.	1 <i>Lowest possible quality</i>	2	3	4	5	6	7 <i>Highest possible quality</i>
Overall Guideline Assessment	2. I would recommend this guideline for use.	Yes	Yes, with modifications				No	

Appendix II: Example (Subarachnoid Haemorrhage) of IAEM Standards Document

IAEM Standards Document

IAEM National Standards Document for Patients Presenting to Departments of Emergency Medicine with Features Suspicious for Subarachnoid Haemorrhage (SAH)

Reference: IAEM Standards SAH 2010

Purpose

Integration of guidelines for the early emergent management of patients with suspected SAH

Scope

Primary care; Ambulance service; Emergency Departments; referring hospitals and specialist centres.

Clinical suspicion

High index of clinical suspicion based on features which could include *worst ever* or *thunderclap* headache [immediate and severe onset], neck stiffness, altered level of conscious, cranial nerve palsies, focal neurological deficit or seizure.

Primary care and Ambulance service pre-alert ED for patients with these features. *Reference*

Confirmation of diagnosis

Mandatory CT head in less than one hour from time of clinical suspicion *Reference*

If CT negative, then lumbar puncture at no sooner than 12 hours since onset of symptoms *Reference*

Diagnostic Modalities

Imaging CT non-contrast

Laboratory CSF spectrophotometric analysis for xanthochromia within 1 hour of LP

Management

Pre-hospital As per Ambulance Service Clinical Practice Guidelines (*appendix 1*)

ED As per GEMNET Guideline algorithm (*appendix 2*)

Hospital As per Guidelines for Management of a Patient with a Subarachnoid Haemorrhage (*appendix 3*)

Disposition

Urgent specialist neurosurgical consultation; local medical and intensive care referral and retrieval service / ambulance service involvement for those patients requiring transfer.

References

1. *GEMNET Guideline for the Management of Lone Acute Severe Headache CEM December 2009*
<http://www.collemergencymed.ac.uk/Shop-Floor/Clinical%20Guidelines/Clinical%20Guidelines/default.asp>
2. *Guidelines for Management of a Patient with a Subarachnoid Haemorrhage. Neurocent Directorate 26th April 2010*
3. *Pre Hospital Emergency Care Council Clinical Practice Guidelines*
<http://www.phecit.ie/DesktopDefault.aspx?tabindex=0&tabid=1117>

Created November 2010 IAEM Review November 2011

Appendix III IAEM Academic Committee Clinical Guideline Template

Guideline Title:

Introduction

Primary definition of the guideline topic

Parameters of the Guideline

- *target audience*
- *patient population*
- *patient groups specifically excluded from guideline*
- *contra-indications*

Aim

The aim of the guideline is the anticipated outcome that is intended or that guides your planned actions

Definition of Terms

Define any terms referred to in the policy that are not commonly understood/ need to be clarified in the context of the guideline

Assessment

Patient History (if relevant)

Physical Examination

- *initial acute*
- *ongoing assessment*

Investigations – biochemistry, procedures

Social history/issues

Nutrition

Management (consider using clinical algorithms)

Acute

- *acute management*
- *consider community management of acute conditions*

Ongoing management

- *Ongoing management*
- *Potential complications/complications*
- *Management complications/troubleshooting*
- *Community-based management*

Follow-up / Review

Special Considerations

- *infection control*
- *patient safety alerts*

Companion Documents

- *patient/parent information*
- *procedures*
- *assessment tools*
- *staff training and learning packages*

Links

Include link

- *Related web sites (consumer, clinician)*
- *Parent support groups*
- *National / professional bodies*

Administration

- *Please complete Evidence table, Guideline Development Form, Implementation and Evaluation Checklist and submit electronically to academicchair@iaem.ie with final guideline draft.*

Appendix IV

Level of Evidence

IAEM Academic Committee Clinical Guidelines

The Hierarchy of Evidence

The Hierarchy of evidence is based on the National Health and Medical Research Council (2000) and Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)

- I Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one properly designed randomised control trial.
- III-1 Evidence obtained from well-designed pseudo-randomised controlled trials (alternative allocation or some other method).
- III-2 Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case control studies or interrupted time series with a control group.
- III-3 Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group.
- IV Evidence obtained from case-series, either post-test or pre-test and post test.
- V Expert opinion without critical appraisal, or based on physiology, bench research or historically based clinical principles.

Clinical guidelines are based on reviews of the best available evidence. **Level 1 evidence represents the gold standard for intervention studies;** however it is not available for all areas of practice and for some guidelines it may be appropriate to utilise results from studies with lower levels of evidence. Some clinical guidelines may also be informed by experts in the field, locally (hospital/institution) and internationally (Journal articles) (expert opinion) etc. This NHMRC Hierarchy can be used to grade evidence. Please record details on the evidence table and return to Hospital Clinical Guidelines Committee with guideline draft. The Evidence table can be filled out electronically or printed and used as a hard copy.

Please contact Ronan O'Sullivan (Chair, IAEM Academic Committee) at academicchair@iaem.ie if you have any concerns or require assistance.

Appendix IV: IAEM Clinical Guidelines EVIDENCE TABLE
GUIDELINE TOPIC:

Please record all references used in developing the clinical guideline. This form must be filled out electronically and emailed to academicchair@iaem.ie

Example

Reference <i>(include title, author, journal title, year of publication, volume and issue, pages)</i>	Method	Evidence level (I-V)	Summary of recommendation from this reference (point form)
<i>Bloggs, J. Who's laughing now? A systematic review. Journal of Hilarity, 2004, 3 (2), 1-15</i>	<i>Systematic review of effectiveness of laughter as the best medicine</i>	<i>I</i>	<ul style="list-style-type: none"> • <i>There are few studies in this area</i> • <i>Moderate to strong evidence exists to support laughter as promoting wellbeing and overall health.</i> • <i>Type and amount of laughter: no current available evidence</i>



Appendix V: Implementation and Evaluation Plan

IAEM Academic Committee Clinical Guidelines

Implementation and Evaluation are two key elements of guideline development. The author(s) should inform the target audience that the guideline has been developed and when it will be available for implementation into practice. There is a need to ensure the guideline is made accessible to all clinicians and to work with them to implement appropriate strategies for required changes to practice. Evaluation is essential in determining if there has been a difference made to clinical practice and patient outcomes. Assessing the validity and effectiveness of the guideline in practice is an important part of development.

Please complete and return this form electronically with your draft guideline.

1. Identify and list any areas of practice within the new guideline that will differ significantly to current/accepted practice (e.g., a new technique/treatment is introduced)

Changes to Practice

*
*
*

2. Identify any foreseeable barriers to implementation (e.g.: need for training/education, limited availability of necessary equipment)

Identified Barriers

*
*
*

3. Identify existing/available resources (e.g., A core group of staff are available to train others; all necessary equipment is readily available)

Resources

*
*
*

4. Outline your plan for implementation of the guideline. Ensure that this plan takes into consideration the major barriers and resources that you identified above (e.g. if equipment is not available, how can you increase its availability?)

Strategies might include: information packs, reminders, in-service training, providing resources.

Plan for Implementation

- *
- *
- *

5. Consider how you will evaluate the use of the guideline? Contact academicchair@iaem.ie for assistance.



Appendix VI: IAEM Academic Committee Clinical Guideline Development and Review Form

Refer to the following guide and fill in the required details as you develop the clinical guideline.

Please submit this form with your guideline to the IAEM Academic Committee which will review the guideline in conjunction with the development form and ensure the correct process has been followed.

This form can be completed electronically and emailed to academicchair@iaem.ie or kept with guideline drafts until complete and submitted to the Committee.

Development process	Guideline				
1. Determine the topic of the clinical practice guideline (CPG)	Topic <div style="border: 1px solid black; height: 60px;"></div>				
2. List the guideline's intended user (clinicians) and patient group(s)	Target audience and patient population <div style="border: 1px solid black; height: 60px;"></div>				
3. Identify all disciplines/departments involved with patient group/ clinical area. Select a group of key stakeholders and inform them the guideline is being developed.	Key stakeholders <table border="1"><thead><tr><th>Name</th><th>Date notified</th></tr></thead><tbody><tr><td><div style="border: 1px solid black; height: 100px;"></div></td><td><div style="border: 1px solid black; height: 100px;"></div></td></tr></tbody></table>	Name	Date notified	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>
Name	Date notified				
<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>				
Key stakeholders should contribute to content development and the reviewing of the draft guidelines and must represent experts within the multidisciplinary healthcare team including consultants, educators and clinicians.					
4. Contact the Committee to discuss the proposed topic and to determine if a guideline for the selected topic already exists or is in development. Check other resources e.g. GEMNet	Date contacted: <div style="border: 1px solid black; width: 150px; height: 15px;"></div>				
5. List author(s)	Author(s) <div style="border: 1px solid black; height: 60px;"></div>				

6. Identify clinical questions to complete a thorough literature search via Cochrane Collaboration, Medline, CINAHL etc. Search Guideline websites.

A copy of your search strategy and results must be submitted to the Committee with this form.

Where did you search externally for the evidence?

7. Complete 'Evidence table', including key results, to be submitted (electronically or hard copy) with the draft guideline and this form.

8. Complete 'Implementation plan', showing how you/other stakeholders plan to support the implementation/use of this guideline in practice.

9. Consult with key stakeholders in development of guideline e.g., regular review and feedback of drafts.

10. Incorporate feedback as appropriate and finalise the CPG draft.

11. Submit:
* Final draft
* Evidence table
* This form to the Academic Committee or email to academicchair@iaem.ie

The draft will be reviewed in the first instance by the IAEM Academic Committee. The content, layout and evidence-base of the guideline will be appraised. Changes will be identified to authors and key stakeholders for amendment.

Once the final draft has been approved by the the Committee, Authors and key stakeholders, the draft will be signed off by the Chair and Secretary of the Academic Committee.

The guideline will be published on the IAEM website and the authors will be notified.

Academic Committee Use only (Approval of guideline)

Primary Guideline Author

Date signed

Chair/Secretary of Academic Committee

Date signed

Guideline publication