

Guideline on terminology and definitions of updating clinical guidelines: The Updating Glossary

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Abstract

Objective: The Guidelines International Network (G-I-N) Updating Guidelines Working Group launched an initiative to develop a glossary (the Updating Glossary) with domains, terms, definitions, and synonyms related to updating of clinical guidelines (CGs).

Study Design and Setting: The steering committee developed an initial list of domains, terms, definitions, and synonyms through brainstorming and discussion. The panel members participated in three rounds of feedback to discuss, refine, and clarify the proposed terms, definitions, and synonyms. Finally, the panel members were surveyed to assess their level of agreement regarding the glossary.

Results: Eighteen terms were identified and defined: (1) continuous updating, (2) decision to update, (3) fixed updating, (4) full updating, (5) impact of the new evidence, (6) partial updating, (7) prioritization process, (8) reporting process, (9) signal for an update, (10) surveillance process, (11) time of validity, (12) timeframe, (13) tools and resources, (14) up to date, (15) update cycle, (16) update unit, (17) updated version, and (18) updating strategy. Consensus was reached for all terms, definitions, and synonyms (median agreement scores ≥ 6); except for one term.

Conclusions: The G-I-N Updating Guidelines Working Group assembled the Updating Glossary to facilitate and improve the knowledge exchange among CGs developers, researchers, and users. © 2017 Elsevier Inc. All rights reserved.

Key words: Classification; Clinical guidelines; Methodology; Terminology; Updating

1. Introduction

The volume of scientific information is increasing at an exponential rate. It is estimated that approximately 75 clinical trials and 11 systematic reviews are published every day [1]. Nevertheless, the peak in publishing production has not yet been reached [1,2].

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To address the increasing volume of information and to guide decision-making with the best evidence available, resources such as clinical guidelines (CGs, also known as clinical practice guidelines or practice guidelines) acquire significant relevance. However, CGs need to remain up to date to guarantee the validity of their recommendations and maintain their usefulness for patients, health-care providers, and other stakeholders [3–7].

The updating of CGs should be based on the same systematic and transparent approaches as for de novo development. However, little attention has been paid to strategies for updating CGs. Further research is needed to develop, implement, evaluate, optimize, and standardize CG-updating strategies [8–12].

One of the challenges in the CG-updating field is the lack of standards on terminology (what do we call it?) and definitions (what does it mean?). This makes it difficult to share methods and experiences efficiently, retrieve research

What is new?**Key findings**

- G-I-N Updating Guidelines Working Group consensus on domains, terms, definitions, and synonyms in the clinical guideline (CG)–updating field.
- Eighteen terms were identified and defined; 11 synonyms were identified and linked to six terms.

What this adds to what was known?

- We developed three conceptual domains: time (when?), method (how?), and unit (what?).
- We developed four strategic domains: approach, strategy or method, process, and task.

What is the implication and what should change now?

- The Updating Glossary should facilitate and improve the knowledge exchange among CGs developers, researchers, and users.
- The Updating Glossary could support future methodological research (e.g., retrieving previously published research, communicating research findings, and identifying research gaps).
- As CGs, the Updating Glossary needs to remain up to date to guarantee the validity of their domains, terms, and maintain their usefulness for CGs developers, researchers, and users.

evidence previously published, communicate research findings, or identify research gaps [8–13]. The Guidelines International Network (G-I-N) Updating Guidelines Working Group (<http://www.g-i-n.net/working-groups/updated-guidelines>) launched an initiative to develop a glossary (the Updating Glossary) with domains, terms, definitions, and synonyms related to updating of CGs.

2. Methods*2.1. Participants*

An Updating Glossary steering committee was convened to design and coordinate this initiative. The steering committee was responsible for the development of the first version of the glossary and the analysis of the feedback provided by the Updating Glossary panel members.

The Updating Glossary panel members were assembled from institutions that develop CGs belonging to the G-I-N Updating Guidelines Working Group. The panel members were responsible for the review of the proposed glossary and provide of feedback.

2.2. Development process

Based on systematic reviews of methodological research evidence in updating field [9,10,12], the steering committee developed an initial list of domains, terms, definitions, and synonyms through brainstorming and discussion.

The panel members participated in three rounds of feedback to discuss, refine, and clarify the proposed terms, definitions, and synonyms.

One member of the steering committee reviewed and summarized the panel members' feedback and suggested, if necessary, modifications to the terms, definitions, and synonyms. The steering committee then discussed the results and agreed a new version of terms, definitions, and synonyms.

Finally, the steering committee surveyed the panel members to assess their level of agreement using a 7-point Likert scale (from 1: strongly disagree to 7: strongly agree) for each term, definition, and synonym. We used online software to design the survey and to collect the responses (<http://www.digestpiclin.com>).

2.3. Data analysis

Descriptive statistics were used to calculate participation rates (frequencies and percentages) and to assess levels of agreement (medians and ranges).

3. Results*3.1. Panel members*

All members of the G-I-N Updating Guidelines Working Group were invited to participate. Thirteen (13/23; 56.5%) members participated in the first round of feedback (June 2016), 17 (17/33; 51.5%) members in the second round (December 2016), 23 (23/38; 60.5%) members in the third round (March 2017), and 22 (22/39; 56.4%) members in the consensus survey (June 2017).

Consensus was reached for all terms, definitions, and synonyms (median agreement scores ≥ 6), except for one term ("time of validity" with median agreement score of 5) (Table 1).

3.2. Updating taxonomy

Two classifications were devised to contextualize the proposed terms: a conceptual domains (time, methods, and unit) and a strategic domains (approach, strategy or method, process, and task).

1. Conceptual domains: The terms can be outlined within three conceptual domains: time (when?), method (how?), and unit (what?) (Fig. 1).

In the development of the Updating Glossary, CGs have been used as the update unit. However, definitions can be modified depending on whether the updating strategy is implemented in sections of a CG, clinical questions, or recommendations (Fig. 2).

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