

Creating Clinical Practice Recommendations: Questions and Answers

Content
Introduction <p>This page introduces health care providers to the process that is undertaken to develop the Clinical Practice Recommendations, which are located in each phase along the IH Phased Dementia Pathway.</p>
I've heard about clinical practice guidelines. What are clinical practice recommendations? <p>“Clinical Practice Guidelines” are formal statements that have not only been critically researched, but have also been clinically tested, modified, and validated by re-testing. The entire process to develop rigorous, credible clinical practice guidelines takes approximately 2 or more years.</p> <p>These criteria were well beyond the scope of the working group that created the IH Phased Dementia Pathway. The Dementia Advisory and Clinical Practice Working Group collectively made the decision to proceed in making what is the first step or foundation for developing clinical practice guidelines – the formal, critical process of reviewing current evidence, then distilling this information and making clinical practice <i>recommendations</i> that are not tested, but still clinically useful for practice.</p>
What is the process used to develop clinical practice recommendations? <ul style="list-style-type: none">• Preliminary topics of clinical interest at different phases of the pathway were first identified by the IH Dementia Clinical Practice Working Group;• These topic areas or “clinical pinch-points” were validated through client and caregiver focus groups (e.g., Preclinical and MCI phases involve an ASBC Early Dementia Support Group), or clinical focus group discussions (working group members return to their clinical settings to discuss clinical relevancy with colleagues, and report the findings back to the Clinical Lead);• A thorough hand-search of the topic area in two or greater data bases (e.g., PubMed, CINAHL, eLSC, PLoS, etc) was conducted, looking at literature of the last 10 years, but primarily searching for research publications that are from the last 5 years.• Relevant topic articles were selected and coded into categories that included 1) original research, 2) meta-analyses (pooled research), 3) systemic reviews (e.g., Cochrane) and 4) fully referenced scholarly papers (expert opinion) as a last resort in the absence of original research.• Identifying appropriate research required initially screening for the following components: 1) published in a credible source, 2) full identification of research methodology and results, 3) identification of any possible sources of conflict (funding, etc), and 4) approval by an ethics committee.• Research was read, and graded. Quantitative research was graded using a client-oriented outcome tool (instead of disease oriented) called SORT3 which permits assigning a level of evidence (1-3) to the data according to the validity (quality) of the study design.• No comparable grading tool was found for qualitative research, however the well established criteria of credibility, applicability (or fittingness), auditability and confirmability were used. All four criteria were required to consider a qualitative study to be suitable evidence for pathway practice recommendations. See “Critiquing research”⁴• The quantity and quality of evidence for a topic was evaluated by the Clinical Lead, then summarized and presented to the Dementia Clinical Working Group. Individual members of the group provided additional validation of this summary, using the tools to check the accuracy of the level of evidence. When there was insufficient evidence due to a lack of research, a consensus of

expert interdisciplinary opinion was sought from both this group and in consultation with other experts as needed.

- Strengths of recommendations (A to C) are based on grading the quantity and consistency of the studies and their findings. It is important to note that a finding of inconsistent or limited quality client oriented evidence (B or C) does not indicate evidence of ineffectiveness, but rather reflects that this is an area of developing research and there is currently not enough information to make an A level recommendation. It is important to identify these areas of uncertainty for future research efforts.

Aren't there published clinical practice guidelines from other sources that could be used for the IH Phased Dementia Pathway?

Yes, a comprehensive review of published guidelines have been collected and evaluated. However, the majority of published guidelines, especially in the earlier phases, are medically oriented, providing direction for physicians regarding the diagnosis and management of dementia.

The criteria for this project required that the material produced meet the needs of interdisciplinary staff across the care delivery sectors and for the full spectrum of dementia. We also found that single discipline guidelines, (e.g., nursing) while excellent in quality, were very specific and limited to use for specific stages of dementia and in specific care environments (e.g., residential sites, etc.). This specificity did not meet the criteria to create interdisciplinary and cross-sectoral dementia practice resources.

While there are useful published guideline materials that need to be carefully chosen (the term guideline is over-used and lacks standardization), the working group found that published guidelines usually do not meet the four criteria of Dementia Care Project in a comprehensive way.

What areas do the Clinical Practice Recommendations address for the IH Phased Dementia Pathway?

The clinical practice recommendations are developed to address the clinical “pinch-points” or common areas of clinical concern that arise out of the different phases of the Dementia Pathway.

The themes for these “pinch-points” were identified from focus groups with persons with dementia, their caregivers and interdisciplinary clinical staff and then further corroborated with literature reviews. The practice recommendations are client-centred and are in context for any particular stage of disease progression, regardless of whom the care provider is (nurse, social worker, physio) or where the client is based (community, hospital, adult day centre, etc).