CODEBOOK - Developers of Content

Tactic: Developers of Content

Attribute	CODEBOOK DEFINITION	OPERATIONALIZATION – "How-to"	CONTEXT	RELATIONSHIP WITH UPTAKE
Developers of Content	Credibility: Widely known, authoritative and often national (1). Recommendations must be credible to the target audience (2). The source of the communication in guidelines should be credible and influential (3). Publishing PG in respected sources enhances credibility (1). Recommendations must be transparent and credible to the target audience (2). Conflict of interest: Recommendations based only on expert opinion may be prone to conflicts of interest because just as clinical trialists have conflicts of interest, expert clinicians are also those who are likely to receive honoraria, speakers bureau, consulting fees, or research support from industry (4) (5). In such circumstances, the potential for authors' conflicts of interest may be important (6).	 How to make guidelines more credible Personalized interactions involving opinion leaders are the most effective channels (7). Guidelines from multidisciplinary panels is likely more applicable to primary care, routine practice may be less susceptible to stakeholder involvement; the composition, discipline, and relevant expertise of the guideline development group and seek the views and preferences of the target population (patients, public, etc.) in their development. They also clearly define the target users (9, 10). Provide information on expertise: Guidelines should provide clear information about background and expertise of the guideline development group (8). Potential conflicts of interest should be clearly disclosed because they could inappropriately affect how recommendations were formulated (8). Be transparent about competing interests (i.e., author disclosures): Transparency mandates disclosure of competing interests by authors, explicit statements about the reasons for developing a policy, and explanation of contributing factors are weighted (11). Include an explicit statement that the views or interests of the funding body have not influenced the content of the guideline (9, 10). Funding sources ought to be reported and the guideline should provide enough detail for users to determine whether and how the views or interests of the funding source may have influenced final recommendations (8). Competing interests of guideline development group members have been recorded and addressed (9, 10). The level of evidence classification combines an objective description of the existence and the types of studies supporting the recommendation and expert consensus (6). The class of recommendation designation indicates the strength of a recommendation and requires guideline writers not only to make a judgment about the relative strengths and weaknesses of the study but also to make a value judgment about the relative	Medicine (1, 3, 6, 10, 12)	High representation of secondary care consultants in PG development undermined credibility (1). Pharmaceutical industry contributions to development undermined credibility (1).

References

- 1. Rashidian A, Eccles MP, Russell I. Falling on stony ground? A qualitative study of implementation of clinical guidelines' prescribing recommendations in primary care. Health Policy. 2008;85(2):148-61.
- 2. Mason J, Eccles M, Freemantle N, Drummond M. A framework for incorporating cost-effectiveness in evidence-based clinical practice guidelines. Health policy. 1999;47(1):37-52.
- 3. Conroy M, Shannon W. Clinical guidelines: their implementation in general practice. British Journal of General Practice. 2005;45:371-5.
- 4. Choudhry NK, Stelfox HT, Detsky AS. Relationships between authors of clinical practice guidelines and the pharmaceutical industry. Am Med Assoc; 2002. p. 612-7.
- 5. Taylor R, Gilles J. Cash interests taint drug advice. Nature. 2005;437(7062):1070-1.
- 6. Tricoci P, Allen JM, Kramer JM, Califf RM, Smith SCJ. Scientific evidence underlying the ACC/AHA clinical practice guidelines. JAMA. 2009;301(8):831-41.
- 7. Winkler JD, Lohr KN, Brook RH. Persuasive communication and medical technology assessment. Archives of Internal Medicine. 1985;145(2):314-7.
- 8. Chou R. Using evidence in pain practice. Part I: Assessing quality of systematic reviews and clinical practice guidelines. Pain Medicine. 2008;9(5):518-30.
- 9. AGREE Collaboration. Development and validation of an international appraisal instrument for assessing the quality of clinical practice guidelines: the AGREE project. Quality and Safety in Health Care. 2003;12(1):18-23.
- 10. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G. AGREE II: Advancing guideline development, reporting and evaluation in health care Canadian Medical Association Journal. 2010;182(18):E839-42.
- 11. Rosenfeld RM, Shiffman RN. Clinical practice guideline development manual: a quality driven approach for translating evidence into action Otolaryngology Head Neck Surg. 2009;140(6 Suppl 1):S1-S43.
- 12. Perlis RH. Use of treatment guidelines in clinical decision making in bipolar disorder: a pilot survey of clinicians. Current Medical Research and Opinion. 2007;23(3):467-75.