How to find the evidence you need to develop your practice guideline.

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RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi, everyone. My name is Pam Mosedale. I'm QI Clinical Lead at RCVS Knowledge, and today, I'm going to be talking to Sally Everitt, who's InFocus Clinical Support Lead at RCVS Knowledge. We're going to be talking to you about guidelines, basically, how to find the evidence you need to develop your practice guidelines. Hi, Sally.

Sally Everitt:

Hi, Pam.

Pam Mosedale:

So I think lots of people would love to have guidelines in practice, but sometimes find it difficult to know where to start in drawing up their guidelines. So, hopefully, we can help them with that.

Sally Everitt:

Okay. Well, perhaps the first place to start is thinking about what are guidelines because I think the terms are sometimes a bit confusing, and they're sometimes used to mean different things. Personally, I think the most important feature of guidelines is that they include recommendations that are evidence-based, that they are designed to help decision-making. Now, obviously, if you're a vet or a nurse, that could be clinical decision-making, but that can refer to nonclinical things as well. Importantly, they are designed to help improve the quality of care.

Sally Everitt:

It's also really important to remember that guidelines don't replace clinical expertise. They might have to be adapted as a result of your clinical judgment to take in the circumstances of a case, the values of the owner, and I think one of the things we forget is that we do need to consider the patient circumstances and client values. The RCVS actually make a requirement for us to provide owners with a range of treatment options.

Sally Everitt:

So guidelines shouldn't say, "You must do this." That leads us onto a protocol. Sometimes the terms are used interchangeably, but I think of a protocol as a much more fixed thing. It's a formal set of instructions. You're meant to follow exactly what it says as opposed to read the guideline and perhaps adapt it to your individual circumstances. Most often used in most clinical circumstances, protocols are really where you're dealing with legal situations, so health and safety, radiation safety, controlled drugs, those sorts of things.

Pam Mosedale:

I think you're absolutely right. I think we do get very mixed up between guidelines and protocols, and I think that when there are... Sometimes when there are proper clinical guidelines there, people will worry that they have to follow them to the letter as if there were protocol for, like you say, dispensing medicines or something like that.

Sally Everitt:

So, the other thing I think it's important to think about is different types of guidelines, and I think it's helpful to divide them into two main groups. So published guidelines are the things that we see published by organisations. You would get the WSAVA Vaccination Guidelines. We have PROTECT and PROTECT ME Antimicrobial Use Guidelines. We have RUMA Guidelines. Different organisations published guidelines, which are generally very broad, very detailed, contain a lot of information because they're designed to apply to a wide range of circumstances. They're developed often by groups of experts. They may be called consensus guidelines, and they're published in peer-reviewed journals or in other formats that are available online.

Sally Everitt:

These are really useful references, but often, they're a little bit either complicated, or technical, or not exactly what you need in your own practice. I think therefore it's helpful to make the distinction between the published guidelines and practice guidelines which are specific to your own practice. So, for example, you might take the WSAVA Vaccination Guidelines and look at the local disease profiles in your area. So that's a very good example because the WSAVA Guidelines say that leptospirosis is not a core vaccine, but in many parts of the UK, it's a disease which does occur, and therefore we treat it as a core vaccine, and that's absolutely the right thing to do is to take published guidelines and look at how they can apply to your own circumstances.

Sally Everitt:

The other thing we have to remember is published guidelines are often international. So they may not take account of local regulations, laws regarding prescribing, Cascade prescribing, RCVS guidance, and those sorts of things. We might also want to take a view on the services we offer in our practice. So a guideline for a practice on neutering may be quite different if you have access immediately to laparoscopic spay to where you don't have that.

Sally Everitt:

The other thing that I think is really helpful is when you take a published guideline rather than talking about non-steroidals'. When you write your practice guideline, actually talk about the products that you stock in your practice. That can make it much easier for people to understand them and follow them. In contrast to the published guidelines, which are produced by groups of experts, practice guidelines are produced by your practice team, but they still need to be based on the best available evidence, and you then need to adapt that to your individual circumstances.

Pam Mosedale:

Yeah, and I've seen practice... I've been into practices where you've been using published guidelines, but haven't maybe got a piece of kit that it recommends in the guideline or whatever. So, as you say, I think it's really important to personalise the guidelines to your own practice because that way, you can get the team on board because the team are not going to be on board if they think of them as not being practical for them, are they?

Sally Everitt:

Often, I think published guidelines are, as I say, excellent sources of information, but they're often much too big for people to work through every time they have a decision in practice, and simplifying that to the things you're doing regularly, if not every day, at least weekly, all the time makes it very much easier, as you say, to get the team to buy in to the idea and to actually for it to help them in their clinical work and their everyday decision-making,

Pam Mosedale:

Which is what we want, isn't it? Obviously. So, yeah. No. I think that's really important that the guidelines are personalised to the practice. But as you say, the published guidelines can be a really good starting point, can't they, for establishing their own practice guidelines.

Sally Everitt:

Yeah. So the idea of creating your practice guidelines can often seem quite daunting, but RCVS Knowledge has lots of resources that can help you do that. There are two big sections on the RCVS Knowledge website that you'll probably want to refer to. In the QI section, there's actually a section itself on guidelines, and under RCVS Knowledge in the Evidence section, there's what's called an EBVM, Evidence-Based Veterinary Medicine toolkit, and we'll talk a bit more about those as we go through. But also, perhaps most practically is that RCVS Knowledge has produced this little infographic on how to produce your practice guidelines.

Sally Everitt:

From an evidence point of view, the most important steps are deciding what the guidelines will cover, finding and collecting the evidence you need, and reviewing the evidence. At every stage, it's really important that the whole practice team or at least all those parts of the practice team who are going to be involved in what the subject that the guidelines cover are involved in the process. It's much easier to get buy-in if people are involved in the process and have the opportunity to discuss and raise concerns as you go along than it is for somebody to write a guideline, and hand it to them, and expect it to be implemented.

Pam Mosedale:

Yes. Definitely. I mean, we've got some great resources as Sally just said in the Quality Improvement section as they have in the Evidence-Based Veterinary Medicine section. So the template that... Not only have we got the infographic that you have there, which you could print out and you could distribute to your team members to use as a starting point for when you have your meetings so they can see exactly the way you're going, we've got a template you can fill in to make the guideline. We'll have this course, and we'll have other webinars, and podcasts, and an actual course to work through.

Pam Mosedale:

It's to say it's really important to think about what areas of the practice you think you need guidelines, and that might be as a result of you having done a clinical audit, or it might be as a result of a significant event that's happened, and you think, "Right. This event has happened because nobody really knew how this thing was happening in the practice." So maybe even guidelines about getting informed consent even that would involve your reception team too. Suddenly, you think, "Right, we need some guidelines because people are all doing this in a different way." So I think that's really important. Also, once you have your practice guidelines, then you can also audit them. You can do a process audit to how you're using the guidelines.

Sally Everitt:

So in terms of collecting the evidence to produce your practice guidelines, there are three main steps, and the first of those is deciding on the subject and the scope. If you clearly define what you want to cover in your practice guidelines, it can make it a lot easier to find the evidence you need. So we've got an example here. So the general subject could be that you want to do some guidelines on hypertension in cats, but that's a really broad area, and it's not very clear exactly what you want to cover.

Sally Everitt:

Now, you could do a very broad guideline covering the diagnosis and management of primary and secondary hypertension in cats, or you might want to do a narrower guideline or several narrower guidelines covering specific aspects. So the treatment of hypertension in cats or when to measure hypertension in cats, and a series of smaller guidelines can be put together to form a broader guideline. There may even be elements in that that you feel do go over into protocols. So perhaps not so much in hypertension in cats, but look at, say, otitis in the dog.

Sally Everitt:

So your broad subject might be otitis in the dog. A narrow example of a guideline would be the treatment of uncomplicated primary otitis, so when it first occurs in a dog, whereas a broader guideline might be the diagnosis and management of otitis in the dog, which might include secondary otitis to a dog that's got atopy or other allergies. But within that, you might even do a protocol on how to examine an ear swab. So you can mix and match these things depending on what you need.

Sally Everitt:

In terms of looking for the evidence at this stage, you're not really looking for detailed evidence. But if there is a published guideline in that area, it can help you work out which bits you would want to incorporate in your practice guidelines. If there aren't any published guidelines, then another thing that I find quite useful is something called a narrative review. Now, you might not know the terminology, but you all have seen these. These are things like In Practice articles, which give you a general overview of a topic. They probably don't give you the depth and the detail of evidence to form your guideline, but they might also give you some ideas for where to find some references when you're producing your own practice guidelines. So those are the two places I would be looking for published evidence, published guidelines, and narrative reviews just to help you decide what you want to cover in your own guidelines.

Pam Mosedale:

That's really helpful. Thank you, Sally. I'm one of those people who wasn't quite sure what narrative reviews were, in fact. So thank you for explaining that.

Sally Everitt:

Yeah. Sorry. It's probably a slightly technical term, but we have those often published.

Pam Mosedale:

Yeah, and I have seen practices where they say their guideline is a whole In Practice article, but as you say, that can be too broad, and it's a matter of finding the important parts of it, isn't it, that you want to make sure happen.

Sally Everitt:

Yes, and making certain that you're working on the... Each of your recommendations in your guideline should be evidence-based. So we probably want to go on to look at the types of evidence that you might use for forming those recommendations. So what types of evidence might you want to look at? So the first question I ask is, "Are published guidelines available?" because if they are, that's going to be a really good starting point. Because that's going to give you a broad overview, and it's going to give you some ideas about the things that a group of experts think are involved.

Sally Everitt:

They should also provide you with the evidence of those, but like all types of evidence, even published guidelines should be appraised to look at how the guidelines were produced. Is the method of finding the evidence clear? How recently were they produced? We often have guidelines that were produced several years ago, and that doesn't mean that they're not useful, but there may be new evidence that's come to light since. How relevant are those guidelines to your own practice and patients? So, again, you might want to adapt them.

Sally Everitt:

So published guidelines are a really great place to start, but as with many areas of veterinary medicine, there are great areas where we don't have published guidelines. So the next place I would probably look are what we call secondary sources or synthesized evidence because this means that somebody else has done some of the work of searching for the evidence and reviewing the evidence for you. Again, we don't have these in all areas, but they can be useful.

Sally Everitt:

So, the two sorts of things I would look for here are knowledge summaries, and RCVS Knowledge has its own knowledge summaries published in *Veterinary Evidence*. The University of Nottingham has Best Bets for Vets. They're the best-known ones, but there are others published as well. Systematic reviews can be very useful as well. These are very clear systematic reviews of evidence, but they often cover a slightly broader topic. They might not answer a very specific question. So these types of evidence themselves may not give you all the evidence that you need, but may also be a really good starting point for looking for evidence.

Sally Everitt:

The next sort of evidence is probably what we think of when we first talk about evidence is published research, primary evidence from research studies. Looking for that is a bit of a skill, but luckily, again, RCVS Knowledge have lots of resources to help you, and we'll talk a little bit about some of those in a moment, but it's finding the most important evidence you need. None of us have the time to read everything that's published on a subject. So what we need to do is find the best evidence. But when we're producing practice guidelines, there are also a few other sources of evidence that we might want to look at. So if we're naming particular products in our guidelines, the

summary of product characteristics is very important where we find out either from the VMD website or something like the NOAH Compendium exactly the... or something, again, like BSAVA Formulary, exact dosages and things like that.

Sally Everitt:

We also have to remember that RCVS produce guidance, and we should be following their guidance in all the things we do. So we just want to check that our guidelines aren't contradicting that, but there's also some practice-based evidence that we might find useful in producing guidelines. So we might have done a clinical audit and found that something isn't working, and that can be evidence that we can use to support the development of our new guidelines. As could say, practice surveys regarding what clients are looking for, what they think of the services we're producing. So all of those sorts of evidence can come together when we're looking at developing our own practice guidelines.

Pam Mosedale:

That's really nice and clear because I think that's an area where I've always found the idea of starting to look for the evidence rather daunting. So I think that's a really clear.

Sally Everitt:

I think most people do, and I spend a lot of my time doing it, but I take all the shortcuts I can. I think it's learning where you can take shortcuts and where best to look for the evidence. But again, RCVS Knowledge have lots of resources to help you with that.

Pam Mosedale:

Would you suggest, Sally, that one team member does this, or would you split it up amongst the team?

Sally Everitt:

Personally, it depends. I suppose it depends how big your guideline is going to be. But if you're doing a broad subject, like the diagnosis and treatment of hypertension in the cat, I would probably divide it up. It's useful if people have an interest in it because everything is easier to do when you're interested in it. But I think divide it up so everybody has a little bit to do. It makes it much more manageable.

Pam Mosedale:

Then, everyone will have some stake in it, won't they, if they've been involved.

Sally Everitt:

Yes. Exactly. Otherwise, it's a very big piece of work for people to do this.

Pam Mosedale:

Absolutely, but I think the knowledge summary is brilliant and the Best Bets for Vets. So that could be a good place to start. What about the practice, maybe running some journal clubs around the subject at the time they're drawing up the guidelines?

Sally Everitt:

Absolutely, and we have journal club resources again. Actually, one thing I've just done is the American Animal Hospitals Association has just produced some guidelines for pain management in

dogs and cats. In the journal club resources on the RCVS Knowledge website, we've done a checklist not just to help you review that published guidelines, but specifically, how to pick out the things you might want to include in your own practice guidelines.

Sally Everitt:

Even if that wasn't the subject area you wanted to look at, if you looked at those resources, it might help guide you as to how you can use a published guideline to develop a practice guideline. But journal clubs in general, starting by talking about a published paper, and some of the issues that it raises may be a very good way of finding out why you need a guideline in practice because it may produce something new that people hadn't been doing or weren't entirely comfortable doing, or you may have differences of opinion about how to do something in practice. So discussing a published paper can be a nice way of introducing the idea that you need to develop a practice guideline.

Pam Mosedale:

I think, quite often, there will be differences of opinions, but it gives everyone the chance to voice those, doesn't it?

Sally Everitt:

Absolutely. So then, we come on to perhaps the hard work bit, and there's no really easy way around this. We've talked about the sorts of evidence that you might want to look for, but now you've actually got to go out and find it, and there are three really useful things to start with answering. So what are the questions that you need to answer?

Sally Everitt:

So there will be some things in a practice guideline that you probably already know aren't contentious, but you might want to look up different treatments for hypertension in the cat, and what evidence is there around that? So you also have to think about what sort of evidence is most appropriate to answer your question.

Sally Everitt:

Now, comparing treatments is relatively easy in terms of knowing what the most appropriate evidence is in terms that a randomised controlled trial is usually considered the best way of comparing two products. Unfortunately, in veterinary medicine, we don't often have direct randomised control trials comparing products because the companies involved don't often want to run those. So we sometimes are having to look at safety and efficacy data for both products and deciding whether there is any obvious difference or actually whether you might be deciding on something completely different, like whether it's a tablet or a liquid, or whether you want to stock both of those products. Then, you have to think about where and how you can find the evidence.

Sally Everitt:

Now, those are quite big things to go through. So, again, RCVS Knowledge has tools to help you. So the first part, deciding what you need to know, is asking an answerable question, making certain that that question is fairly straightforward, you're clear what you're looking for, and that makes it a lot easier, and we've got resources to help you do that.

Sally Everitt:

Then, once you work out what it is you want, designing a search strategy so that you find that nice and quickly. Now, there are various things that are available in practice. We don't all have access to everything on the internet, but if you're a member of the RCVS Knowledge Library, you can use the

discovery function there. PubMed is freely available and will give you a nice short list, relatively short list usually of articles. Although you have to remember that with PubMed, it's primarily designed for human medicine. So it won't cover all the less common publications in veterinary medicine.

Sally Everitt:

VetMed Resource which, again, you get access to through RCVS Knowledge Library and I believe still through BSAVA. Obviously, RCVS Knowledge Library can help you find it. If you don't have access to any of those things, Google Scholar can be really quite helpful, and you can look for things that have a very high number of citations, but you do tend to get a very, very large number of articles when you do that. So you then have to search through and find the best ones, but that's probably a bit technical for now. Go on the RCVS Knowledge website and have a look at how to find the best evidence.

Sally Everitt:

So, now, you've collected your evidence. You've got to go appraise evidence, make certain it's good and appropriate. Now, again, this can seem a bit technical, but essentially, there are three good questions to ask. So how reliable is the evidence? We mentioned this briefly with published guidelines. How was it written? Are there people writing the article who have good credibility? Do they show their methodology, and is that appropriate to finding the answers? Is there a decent-sized sample? If you've got a lovely randomised control trial, but it's only got eight patients in it, then you might be questioning whether that's going to be the best evidence you can find.

Sally Everitt:

The next one I want to look at is how recent is the evidence. Just because it was published a long time ago doesn't mean that it's not good evidence, but you might just want to check that there isn't something more recent that has contradicted it. And how relevant is the evidence to your patients? That's a really important one for us in practice because a lot of research was carried out in universities or referral practices, and the patients therefore might not be the same ones that we're dealing with or the choices of treatments may not be appropriate to all our patients.

Sally Everitt:

The other thing we often have to deal with and is often excluded from any clinical trial are patients with comorbidities. So animals that we're dealing with that have got two things wrong with them. So your hyperthyroid cat who's also got kidney problems, your old dog who's got arthritis and now has gastrointestinal problems. So we're often having to balance different things. So finding the evidence is a skill, but it's an art as well as a science because you sometimes have to go, "Mm, this isn't exactly what we need or what we need for our patients."

Sally Everitt:

Again, this can all seem quite daunting. So we have plenty of resources, critically appraising evidence for validity. We have tools for, actually, checklist that can help you work through a paper if you're not very confident doing that. As Pam mentioned earlier, the journal club resources, which take you step by step through how you might review a paper to see if it's relevant to your practice.

Pam Mosedale:

That's great. I've never heard anybody explain critically appraising the evidence in a way that's so understandable before. That's brilliant.

Sally Everitt:

Thank you.

Pam Mosedale:

So, yeah. Those three questions are just, yeah, "How reliable? How recent?" but that "How relevant?" question is so important, isn't it, because as you say, so many of the papers you think, "Yeah, but that's at a university. That's not the kind of patients we have here." Yeah.

Sally Everitt:

Yeah, and I think... Just doing those three questions will get you a very long way. Yes. Obviously, if you're doing it for creating a knowledge summary, you want to go into more detail, but I think we can all do this at a simple level, and the more you do it, the more confidence you get in doing it.

Pam Mosedale:

One thing I forgot to mention earlier is in our QI resources, we have got links to a lot of those published guidelines to start having a look at.

Sally Everitt:

Yes.

Pam Mosedale:

So you can quickly look at those, first of all. Yeah.

Sally Everitt:

If you've got a subject that you want to look, if you put into a search engine "hyperthyroid cat guidelines," that will bring that up at the top, which makes life a lot easier as well. So once you've collected your evidence together, then it's actually sitting down and writing your guidelines. So, hopefully, at this stage, the subject and scope of your guidelines should be clear.

Sally Everitt:

You want to be clear who your guidelines apply to. So is it vets? Is it nurses? Is it receptionists? Is it everybody? Hopefully, you've now got the evidence together, which means that you can make your recommendations evidence-based. You may still find the odd question that comes up, and it's... Although we present it as a sort of linear process, it will almost certainly be a slightly iterative process because when you come to write something, you might well find that you've still got a little question, "Oh, should I be using this or this?" and you can go back to that. You don't have to do it in a linear way.

Sally Everitt:

You want to make your recommendations specific and unambiguous, but that doesn't mean that they don't have flexibility around them. So rather than saying, going back to the idea of ear disease in the dog, we might all like to do culture and sensitivity in every occasion, but sometimes that might not be possible. The owner might not be able to pay for it. It might be the Friday before a bank holiday weekend. All sorts of things like that. So you might make your recommendation rather than... The recommendation is, "Culture and sensitivity should always be done." "Culture and sensitivity should always be recommended, but if it is not possible," and then you might say, "You could do cytology on the ear, or if it is not possible to do that, you should use this product and check the dog after five days," so that there's always that option involved. This is not a protocol.

Sally Everitt:

Recommendations can be a little bit more firmer than that, but equally, you should make certain that all your staff are aware that there will be some clinical situations in which they can't follow the recommendation, and that's okay. It's also really helpful to think about support materials and training. You don't want to make your guidelines too complex. So say you're doing hypertension in the cat. You might have some support materials about how to measure blood pressure in the cat, and there are plenty of very good ones from International Cat Care.

Sally Everitt:

It's also really important to make certain that your staff are trained. So, again, if you're expecting everyone to measure blood pressure in the cat, does everybody know how to set up the machine, take the recordings, record everything? Doing some staff training is helpful at this stage, and then think about how and how often you want to review your guidelines. These are evidence-based recommendations. So new evidence might become available. So you might say, "We'll review our guidelines when some new evidence becomes available." You might set a time limit on them, or you might want to audit, do a clinical audit of how well they have integrated it into the practice, and you'll review the guidelines after that.

Pam Mosedale:

I think that's great. I would totally agree with you about the training aspect. I think you can't just give your team a guideline on Monday morning and expect them to be using it there and then. I think it's really important that they are given the guideline and given time to come back with all their questions for the ones who haven't been involved in drawing it up, and then that there is proper training around it. I think that's really important if it's going to work. Yeah.

Sally Everitt:

Because if they don't feel confident in doing it, then they're not going to follow it. They'll find all sorts of reasons not to. But if they feel confident doing it, then you're much more likely to get people following the guidelines and likely improving the quality of care you can offer.

Pam Mosedale:

Absolutely. Absolutely. That's what it's about, isn't it? So it's about improving outcomes and improving quality of care, and I think that the process audit of whether people are following the guideline is really important, as you say, as part of the review, and then the most important thing with that is yes, do the audit, measure it, and come back to your team and say, "Great. You're following it 70% of the time, but why aren't you following it the other 30%?" Then, let them tell you why they're not because don't assume that it's a certain reason because it might be a completely different reason. It might not be anything terribly technical. It might just be that one piece of kit is not where it should be. It's not out, and it's just too much. They haven't got enough time to go and get it, or it's not working properly, or they haven't been trained to use it, but I think that's the important thing, to consult the team.

Sally Everitt:

Absolutely.

Pam Mosedale:

Yeah, they need reviewing, and then what you said about, yeah, these being recommendations. Absolutely. That absolutely resonates with me as well because it isn't something you've got to do, but it's something you should be thinking about. This is how we've looked at it, and this is the

evidence. This is the best way to do things, but we might not do it in this particular case because of the owner can't afford it, the cat is un-handleable, or whatever, but we've thought in our mind why we're not following it. I think that's the important bit, don't you?

Sally Everitt:

I do, and I think quite a lot of staff find it quite reassuring because we've all got so many things to remember when we're in practice that actually just having a checklist to look at and go, "Oh, yeah. I've thought about that. Oh, no. I haven't thought about that. I'll just think about that." As you say, you might not do it, but at least you haven't forgotten it.

Pam Mosedale:

No, and you might mention to the owner, "Well, this is what we're going to do now, but if this doesn't work as we hope it's going to, then the next thing might be this," and that might be the next thing on the guideline. It's not possible to do it then, but it might be possible to do it…You might be able to sedate the un-handleable cat and do it the next time if it's not possible this time.

Sally Everitt:

Yes.

Pam Mosedale:

I think that's great. I think you've really covered that extremely well, and I think guidelines aren't something to be scared of. They're something to help.

Sally Everitt:

Absolutely.

Pam Mosedale:

That's the really important thing, is it? As I said before, it's really about... and as you said, it's about improving the care we give to our patients, but it's also about giving the team a little bit of security, as you said too, that everybody knows. I mean, we all have our own ideas about doing things, but if we go back to... that this is the evidence-based way to do it where there is evidence, and we as a practice think this is the way we would like it to be done, but we know that sometimes we have to change it according to the circumstances of that owner and that animal. Okay. Well, thank you, Sally. I think that's brilliant, and I hope this will really help people with drawing up their practice guidelines.

RCVS Knowledge:

For further courses, examples, and templates of quality improvement, please visit our Quality Improvement pages on our website at rcvsknowledge.org.