

# TRAMS

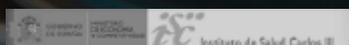
MODEL OF TRANSFER OF MEDICAL RESEARCH RESULTS  
TO DECISION-MAKING IN THE SANITARY FIELD

## Pro Plan for the dissemination of clinical practice guidelines

### PARTNERS



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# Context

The mission of the project entitled TRAM-S (Model of TRAnsfer of Medical research results to decision-making in the Sanitary field) is to develop dissemination models and implement clinical recommendations based on scientific evidence.

As a part of the methodology on which the project is built, the research team has developed a series of focus groups in which all target audiences involved in the correct implementation of the Clinical Practice Guidelines (CPG) in the public health system play an active part in their geographical areas of action.

These focus groups have identified the main barriers that these target audiences encounter in the correct implementation of CPGs and have analysed the aspects that could influence and facilitate their correct dissemination.

Derived from the Dissemination Model, this Pro Plan for the Dissemination of CPGs – which includes also actions from the Basic Plan – offers a series of recommendations and standards for action to bring a new perspective to present CPG communication and dissemination models. Its aim is to achieve better results with regard to their potential for effective implementation and, at the same time, to become a practical implementation tool accepted by the different groups affected.

# Strategic actions of the Pro Plan

The actions proposed are classified according to three dimensions:

- 1. According to the fields of action previously described to overcome the identified barriers:** Actions related to the actual contents of CPGs, actions related to organisational measures and human resources, and actions related to communication and access to information.
- 2. According to the target audience which they preferentially address,** grouped by pedagogical motives into four end groups: primary health-care professionals, hospital health-care professionals, health-care management and administration professionals and end users (patients, care providers and healthy population in general).
- 3. According to the segment of implementation recommended as a result of the self-assessment questionnaire** for decision-making when implementing CPGs: actions in segment A (Basic Plan) and actions in segment B (Pro Plan), which in turn includes those of segment A.

As a result of this classification we obtain a matrix of the different actions suggested:

■ Segment A (Basic Plan)

■ Segment B (Pro Plan), which also includes the actions from Segment A

	Primary health-care professionals	Hospital health-care professionals	Health-care management and administration professionals	End users
<b>Contents of the CPG</b>	1. Style manual and writing guide for health-care professionals			2. Style manual and writing guide for end user
	3. Creation of a friendly abstract			
<b>Organisational and human resources measures</b>	4. Creation of a multimedia product explaining what a CPG is and the importance of its implementation, accompanied by the results of your particular CPG			
			5. CPG 'ambassador'	
	7. Annual Prize for Excellence in CPG promotion			
<b>Communication and access to information</b>	6. Institutional launching of the CPG			
	8. CPG digital visibility plan			
	9. CPG professional reputation plan and 'karma' reviews			10. Informative talks

We shall now present the descriptive content of each of the actions suggested in the previous matrix.

**1. 2. and 3. Advisory rules on style and writing in products for CPG promotion according to the health professional who will implement it; style manual and writing guide in products for CPG promotion adapted to its use by end users; and creation of friendly abstracts**

The idea is to draw up a style guide with recommendations for the creation of dissemination products of CPGs (leaflets, clinical rules, health recommendations, etc.) that facilitate their understanding and use by different target audiences (medicine professionals and end users). The question is to help adapt the most relevant discourse and results of CPGs to the target audiences and, therefore, the aforesaid style and writing guides should refer to those aspects related to communication of the guides and their understanding, not to the scientific content itself, even though there is a recommendation to also include a schematic glossary with the key results of the CPGs adapted to different recipients.

The objectives of this action are:

- To promote among authors of CPGs the importance of drawing up the aforesaid style manuals according to the general requirements of adaptation to target audiences proven by scientific evidence, following communication criteria
- To help establish a CPG model capable of becoming a standard generally accepted by the medical community, which will also help identify those CPGs with an appropriate degree of quality more efficiently
- To facilitate and accelerate the production of CPGs and therefore increase the volume and degree of CPG updatings, either tackling a greater number of pathologies or doing so from a more interdisciplinary approach
- To facilitate the introduction of new authors to the preparation of CPGs, who will benefit from a style manual that will sharpen their work

These standards should be applied to recommendations in different areas related to the writing and format of CPGs. The recommendations would have less to do with the way of drawing up the CPG from a methodological perspective or from the point of view of its clinical content, than with its ability to communicate precisely and convey its content efficiently to target audiences. Among other issues it should, therefore, include contents linked to:

- Advice regarding the correct structuring of the document and the creation of modular versions adapted to the different target audiences
- Writing standards for ensuring the guidelines are understandable by different audiences
- Recommendations concerning the design and format of CPGs
- Recommendations concerning the design of information applied to graphs and list of objective quantitative data
- Standards for the creation of glossaries of key concepts in CPGs
- Recommendations and resources for facilitating digitisation of contents and their dissemination through digital channels
- Standards for quoting sources and compiling bibliographies, particularly in the versions for the general public, in which these sections are not usually considered
- Checklist of main practical recommendations

We also recommend that this style manual contain a detailed chapter dedicated to the preparation of CPGs for end users (patients, care providers and the healthy population in general). This chapter should fulfil the following specific objectives:

- Raising awareness of the need to adapt CPGs to different audiences, especially to end users whose specific needs regarding information and understanding capacity are different to those of medical professionals
- Promoting the production of CPGs adapted to user audiences

- Proposing recommendations and standards for adapting the contents of CPGs to the demands of end-user audiences detected by scientific evidence

Last but not least, the style manuals for the preparation of CPGs should include a model for creating abstracts in the form of templates that, by solving questions, enable the preparation of summaries of the CPGs in a friendly format, easily understandable by different kinds of health professionals. Segmented communication of each abstract associated with CPG should enable the different health sectors to assess the relevance of its results in their daily practice.

#### **4. Creation of an attractive communication project on the CPG concept and its implementation**

One of the main barriers identified by scientific evidence and by focus groups is that certain collectives have a vague idea of the scope, functions, origins or the actual concept of clinical practice guidelines.

For this reason we suggest the creation of a communication product – ideally in a multimedia format such as a presentation or an audiovisual – on the concept of CPG, with contents concerning search and selection strategies, training regarding methods of preparation and assessment, and similar resources. Moreover, if this is carried out in the framework of a specific CPG, we suggest introducing its measures and recommendations in the multimedia product.

One such communication element should fulfil the following objectives:

- Communicating the objectives – both general and specific – of the CPGs and providing the context that accommodates their development
- Furthering knowledge of the methods of creation of CPGs, the profiles they entail and the procedures for their development
- Publicising the mechanisms of assessment and certification of CPGs to increase the security and trust of health-care professionals in their use

- Facilitating investigation and information searches on clinical practice through reliable sources and improving the skills of health-care professionals in identifying prestigious and credible information sources

## **5. Appointing an ‘ambassador’ or person in charge of implementing the CPG in every health centre or hospital**

Many of the barriers detected by scientific evidence for implementing CPGs reveal that a number of professionals perceive an administrative imposition of their use which, combined with an ambiguous system of rewards and incentives linked to their fulfilment, occasionally leads to a certain degree of negligence or lack of co-responsibility of professionals in their implementation.

The TRAM-S project believes that the setting up of organisational measures in health-care centres is one of the best proposals for helping overcome the barriers identified in the focus groups. In the framework of these measures, the appointment of a professional who will assume a leading role in the centralisation of the knowledge derived from CPGs and will be responsible for coordinating their diffusion in each medical centre may prove essential.

The idea is to establish recommendations that will encourage the managerial teams of each centre to appoint a coordinator to implement the CPG. Additionally, revisions of flexible retribution systems can be valued, along with the introduction of specific incentives to reward their implementation.

The functions of this ambassador or coordinator for implementing CPGs would be:

- Receiving and maintaining an archive of the different CPGs that have reached their medical centre, preserving a certain search capacity for providing support to the rest of medical professionals
- Coordinating with the different medical and administrative professionals the internal diffusion and implementation of new CPGs according to proposed plans of action

- Assessing the efficiency of the plans of diffusion and implementation and suggesting improvements
- Centralising and channelling requests for developing new CPGs or updated versions of CPGs, according to the needs detected at centres

This action is related to the one described in [point 10](#), focused on the organisation of informative talks at each health centre aimed at disseminating CPG among patients and the healthy population.

## 6. 'Institutional' launching of new CPGs

One of the main weaknesses detected in the usual procedures for developing new clinical practice guidelines is that the most frequent activities for launching new publications, technical documents, books, etc., are often avoided. We therefore consider it important to also approach the CPG dissemination plan from the point of view of institutional or media campaigns habitually applied in the launching of new products, relevant business events, etc.

The objectives of this set of tactical actions would be:

- Maintaining eloquent contact between the community of medical professionals who have drawn up the CPG and the press, both 'internal' (sectorial publications and those produced by health centres) and 'external' (specialised and general publications), including new digital media
- Creating prestige around the preparation of a new CPG among civil organisations, patients' associations, medical institutions, professional colleges, non-medical professionals related to the pathology in question and other general target audiences
- Making the visibility of CPGs a resource for enhancing their creation and a stimulus for increasing the number of professionals involved in their development and implementation

- Turning the visibility of CPGs into a stimulus for the informative zeal of end users of the health system, and promoting knowledge of and responsibility over their own health

Consequently, before the publication of a new CPG we suggest developing the following communication actions, in addition to those described in the [digital visibility plan \(point 8\)](#):

- Writing a press release and sending the communication to the media. According to the level of interest, relevance or novelty of the medical practices described in the CPG, we recommend assessing the scope of the announcement, from specific publications to the general media. The press release should be accompanied by an abstract or summary of the CPG in a version understandable for the media audience addressed, and therefore make a distinction between specialised media (medical audiences) and general media (the general public)
- Calling a press conference and organising a presentation of the CPG in those cases in which the CPG is particularly meaningful or has been developed or funded by a prestigious medical professional, a knowledge network, institution or foundation with large potential for ensuring publicity or successful experience in similar situations
- Mass mailing of clinical practice guidelines to be distributed among scientific societies, prestigious medical centres, libraries and documentation centres, research centres etc., with the objective of generating knowledge on the existence and contents of the CPG and of enhancing documentary deposits

## **7. Annual Prize for Excellence in CPG promotion and implementation**

Following a usual practice in the field of academic research, we suggest fostering the organisation of an annual competition which, according to established grounds, will announce different projects for promoting and implementing CPGs and reward those that stand out for the excellence of their implementation or those that have obtained notable results.

The objectives of this initiative would be:

- To dissociate the production of CPGs from the administrative-economic field in which some medical centres place it and emphasise the scientific aspects of their preparation and implementation
- To promote the need to develop dissemination plans alongside the preparation of CPGs and enhance the status of such tasks among medical professionals
- To obtain greater attention from professional media to the role of CPGs in the improvement of health systems and ensure their current relevance and renown among target audiences

We believe that a project of this kind should be championed by a relevant prestigious institution, or by a group of educational institutions or medical and scientific societies that could count on the support of foundations and similar civil organisations.

In order to attain its objectives, this initiative should be accompanied by a dissemination and communication plan, centred on the press, similar to the one explained in [point 6](#) relative to the institutional launch campaign of CPG.

## **8. CPG digital visibility plan**

The absolute importance of the Internet and of digital channels as sources of information for health-care professionals, and especially for users of the health system, suggest the need to establish formulas that will guarantee the visibility of CPGs in digital channels.

The specific objectives of this digital visibility plan would be:

- To guarantee that CPGs are easily accessible through the appropriate channels and formats by digital media, ensuring the visibility of the versions most suited to each target audience
- To promote public diffusion of CPGs as a mechanism to emphasise their development

- To further a better understanding of issues related to public health and counteract the negative effects produced by the consumption of information on health issues either insufficiently contrasted or obtained from unreliable sources

The implementation of the digital visibility plan would be the responsibility of different CPG authors or of the members of their teams assigned to disseminate and implement them.

The tactical activities we recommend be carried out in the digital visibility plan would be:

- a. **Creating optimised versions of all the documentation for multi-device digital use.** We recommend that the final documents with CPG content be made available in different digital formats and adapted for use on all kinds of devices. In the case of a guideline drawn up in the form of a leaflet or graphic material to be printed and distributed, other more optimal formats for consumption of the material on digital devices could possibly be overlooked. We therefore recommend the creation of archives in platform-independent formats such as PDF and EPUB, optimised for electronic books (see [‘ePUB’](#), Quora).

The digitisation of a CPG could be linked to the [prize for excellence \(point 7\)](#) and considered an incentive for promoting participation.

- b. **Uploading of the CPG to a platform for the centralisation of knowledge.** Any new resource produced should be conveniently accommodated and classified in relevant knowledge centralisation platforms in translational medicine, like [guiasalud.es](#), thus facilitating its subsequent localisation and implementation.
- c. **Selection of relevant digital databases for the pathology treated in the CPG and sending of the documentation.** We recommend that the authors of CPGs send their new publications to databases and scientific publications relevant to their pathology, in order to favour their accessibility and obtain interdisciplinary and inter-pathological information.

d. **Selection of knowledge networks or work groups linked to the CPG or its authors and sending of the resources generated for their publication.**

The collaboration between different knowledge centres and professionals is becoming increasingly important for the improvement of results in numerous scientific disciplines. In order to avoid solitude or isolation in the production of CPGs, authors should try to communicate their productions in open formats to those professionals and knowledge networks with which they are regularly in touch, either formally or informally.

e. **Creation of a website with the CPG content that will include its future updates and will tackle recommendations concerning natural positioning in web Search Engine Optimisation (SEO).**

The most basic form and that which provides a greater control capacity for the dissemination of any digital resource is the creation of a specific website, a recommendation we believe is valid for the authors of new CPGs. Nonetheless, in the event that the CPG has been assessed by a work group or a network that have their own website, we recommend their inclusion in the aforementioned supports.

The creation of websites of a high professional level is relatively affordable for all kinds of audiences and there are numerous resources that facilitate the task (see [‘What is the best way to create a free website’](#) Quora).

Furthermore, it would be recommendable that contents and format be elaborated to guarantee a good position in the natural searches in Google and other search engines. This is achieved through optimisation techniques known as Search Engine Optimisation that consist in adapting contents to the most relevant criteria on which the search engines are based to position websites in their results. These criteria are not 100% public and change regularly. The present tactical agreement is that the best formula for optimising search engines is to draw up contents bearing in mind their audience and to keep language natural. A few recommendations could be made, however, chiefly of a technical nature. Some commendable resources for learning more about these techniques are the [‘Search Engine Optimization Starter Guide’](#), Google, or the [‘Guía SEO: cómo dominar Google’](#), 40 de Fiebre.

- f. **Dissemination of the new CPG in social networks.** Social networks are one of the most important supports for the swift dissemination of contents and are increasingly present too in professional and scientific fields. As a general policy, new CPGs should be communicated on social networks from the different profiles involved in their preparation: authors, the institutions they come from, the organisations that have sponsored the production of CPGs and the knowledge networks to which they belong. In principle, we don't recommend creating specific profiles for each new CPG if a relevant frequency of content update can't be guaranteed, beyond the general editing of the CPG.

In order to obtain general rules regarding the use of social networks by medical professionals, we recommend '[How medical doctors and students should use Social Media: a review of the main guidelines for proposing practical recommendations](#)' (M.A. Mayer et al., 2012). For more information on the general use of social networks, the lists of resources included in [40 de Fiebre](#) and [Quora](#) are very useful.

- g. **Audit of the information available on the Internet concerning the contents of the CPG and participation in the main sources detected for including or correcting contents, based on Wikipedia.** The Internet provides all sorts of information on illnesses, pathologies and clinical practices. In order to favour the dissemination of CPGs and contribute to the improvement of the medical contents distributed through digital channels, we recommend searching contents related to the theme of our CPG on the Net, and that the specific terms of our CPG be found in approximately 25-30 of the top hits in search engines (the attention paid to the results of search engines falls greatly even after the fifth or sixth result). In the event of developing a more structured search process we could count on the assistance of social listening tools (for more information on such tools, see '[What is the best social media listening tool for small business](#)', Quora).

Once erroneous, incomplete or complementary content has been detected in our CPG, the recommendation is to include mentions and links to our resources, either directly, in the form of comments or forums, or else notifying the administrators of the identified website.

This strategy also includes revising Wikipedia contents. As a result of its relevance and positioning in search engines, Wikipedia has become one of the main sources consulted on any subject, whose user and good practice recommendations are followed bearing in mind that it isn't a primary source of information (see '[Five Pillars](#)', Wikipedia).

- h. **Updating curricular profiles of authors on LinkedIn and other relevant databases.** As a general rule, we recommend the inclusion of references to the production of CPGs in the section publishing authors' profiles on LinkedIn and their dissemination through links in related groups.

## 9. Professional reputation plan for CPG authors

This action is relevant in the context of a digital platform allowing a reviews and feedback system to CPG authors'. The idea is to count on direct and simple feedback mechanisms for authors by implementing a review system with credibility scores or a greater presence of CPG authors' academic record.

The professional reputation plan for CPG authors should include communication and interrelation with existing knowledge networks in each discipline.

The objective is to increase the credibility and positive assessment of CPGs by collaborative preparation and updates in which assessment and self-assessment tools play a greater role.

## 10. Informative Talks

This point is related to the existence of an '[ambassador](#)' for the implementation of [CPG](#) in every health centre. In this way, besides the functions mentioned in point 5 of the packet of strategic actions, one of the main tasks of these representatives would be to coordinate the organisation of dissemination activities addressed at end users which, as proved by scientific evidence, is one of the most potentially effective actions for the general population.

The main objective of this action would be to improve the dissemination of CPGs among end users and increase awareness as regards communicating the evidence they provide. In this context we recommend organising two informative sessions at different times in every health centre or hospital for each of the new CPG published.

# Measurement of actions

Information and its correct analysis is one of the most relevant aspects of communication activities given that, according to the objectives considered, we should establish the extent to which each action helps achieve them in order to intensify their use or communicate good practices and establish benchmarks. Only by measuring, listening and adapting to what takes place can we establish a genuine tailored relationship with target audiences. This is particularly relevant in initiatives whose expected results are in principle less tangible and quantifiable, and in which there is no specific person in charge able to provide a clear idea of how a given plan is working.

Although the definition of key indicators for measuring the implementation of the good practices in the CPGs should first of all bear in mind aspects related to health improvement, medical efficiency and competence in the management of health services, the TRAM-S project considers it convenient to recommend a series of indicators based on communication criteria that enable us to assess the implementation of the proposed actions.

Consequently, for each of the actions suggested we recommend the following measuring indicators (key performance indicators, KPI):

<b>Action</b>	<b>KPI</b>
<p>1. 2. and 3. Style manuals and writing guides according to health-care professionals; style manual and writing guide for end users; creation of friendly abstracts</p>	<ul style="list-style-type: none"> <li>• Percentage of new or updated CPGs published according to these manuals in a given period and territory</li> <li>• Scale for assessing the importance and understanding of CPG contents by target audiences (requiring a hub or economic resources for a special study)</li> <li>• Number of CPGs that qualify according to the CPG self-assessment model</li> </ul>
<p>4. Creation of an attractive communication product on the CPG concept and its implementation</p>	<ul style="list-style-type: none"> <li>• Scale for assessing the importance and understanding of the CPG concept by medical professionals (requiring a hub or economic resources for a special study)</li> <li>• Evolution of the number of CPGs published in a given period</li> </ul>
<p>5. Appointment of an ‘ambassador’ or person in charge of implementing CPGs in every health centre and hospital</p>	<ul style="list-style-type: none"> <li>• Percentage of health centres that implement this figure</li> <li>• Scale for assessing the importance and understanding of the CPG concept by medical professionals (requiring a hub or economic resources for a special study)</li> </ul>
<p>6. ‘Institutional’ launching of new CPGs</p>	<ul style="list-style-type: none"> <li>• Mentions in digital media and supports (publicity) and equivalent economic investment</li> </ul>

**Action**

**KPI**

<p>7. Annual Prize for Excellence in the promotion and implementation of CPGs</p>	<ul style="list-style-type: none"> <li>• Number of entries in the competition</li> <li>• Mentions in digital media and supports (publicity) and equivalent economic investment</li> </ul>
<p>8. CPG digital visibility plan</p>	<ul style="list-style-type: none"> <li>• Web traffic</li> <li>• Amount of impressions on our contents in social networks</li> <li>• Rates of engagement with our contents in social networks</li> <li>• Mentions and links to our contents and website on the Net</li> </ul>
<p>9. Professional reputation plan for CPG authors</p>	<ul style="list-style-type: none"> <li>• Number of authors with profiles in a digital platform that allows reviews and feedback</li> <li>• Number of comments obtained</li> <li>• Evolution of 'karma' score of different professionals</li> </ul>
<p>10. Informative talks</p>	<ul style="list-style-type: none"> <li>• Number of people attending the informative talks</li> </ul>

# Credits

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