readability to how they appeal to patients. Previous studies have demonstrated a positive impact of visual media across the range of patients' literacy skills, both health-specific and generic.

**Objectives** To devise a production mechanism for serious games in patient education aligned with the current development of patient guidelines, keeping costs manageable in the long term.

Methods The MUSE FP7 Project, funded by the European Commission, brings together computer scientists, cognitive psychologists and one GIN member. The project investigates the long-term potential of automatic generation of serious games from patient guidelines documents. It uses state-of-the art commercial gaming technology as well as developing new text analysis software.

**Results** A first prototype has been developed on the topic of bariatric surgery education. It features male and female patient avatars in a hospital environment and supports the interactive exploration and rehearsal of the various stages of the process. All the game actions can be related to specific portions of the patient education document.

**Discussion** The popularity of new media such as computer games improves dissemination prospects for patient education information. In addition, as suggested by recent research, the interactive nature of serious games makes the information more accessible, facilitates learning and addresses issues not covered by textual dissemination such as patient anxiety.

Implications for Guideline Developers/Users Serious gaming is poised to become a major health-related medium, hence the need for specific development processes.

## P311 A SURVEY ON THE LIKELY RESOURCES OF GUIDELINE DISSEMINATION AND THE PERCEIVED BARRIERS TO THE UTILIZATION IN KOREA

<sup>1</sup>E Shin, <sup>2</sup>H Jo, <sup>3</sup>S Lee, <sup>4</sup>S Chang, <sup>5</sup>M Oh. <sup>1</sup>Department of Preventive Medicine & Public Health, Ajou University School of Medicine, Suwon, South Korea; <sup>2</sup>Department of Health Management and Policy, Kangwon National University School of Medicine, Chuncheon, South Korea; <sup>3</sup>Department of Preventive Medicine, Ewha Womans University School of Medicine, Seoul, South Korea; <sup>4</sup>Department of Urology, Kyung Hee University School of Medicine, Seoul, South Korea; <sup>5</sup>Department of Health Management and Policy, Kangwon National University School of Medicine, Chuncheon, South Korea; <sup>5</sup>Department of Health Management and Policy, Kangwon National University School of Medicine, Chuncheon, South Korea

10:1136/bmjqs-2013-002293.251

**Background** Dissemination resources are very important to utilise Guidelines. To provide useful information to make a strategy for promoting implementation effectiveness, identifying the barriers to the utilisation should be done.

**Objectives** To identify the likely resources of guideline dissemination and find out the barriers to the utilisation of a clinical practice guideline in Korea.

Methods Likely resources of dissemination and the perceived barriers to the utilisation of a clinical practice guideline for sexually transmitted infections which is developed in 2011 by The Korean Urological Association were surveyed using structured questionnaire by e-mailing to physicians working at primary health care clinics from 1st Nov – 30thNov 2012. Total number of respondents was 305 and the response rate was 6%.

**Results** There were various likely resources of a guideline dissemination; the most likely resource was a printed full version guideline (76.3%), followed by web and mobile application (Guideline APP) (65.6%) and learning modules such as workshop (51.5%). Barriers to the utilisation of clinical practice guideline were 'not knowing because of the improper promotion', 'unclear compensatory mechanisms like the fee schedule for practice guidelines', and 'insufficient treatment time to check the recommendation of practice guidelines'.

**Discussion** To maximise guidelines dissemination benefits, various resources should be provided at the same time. The current surveyed knowledge of barriers may be very important information for implementing guidelines.

Implications for Guideline Developers/Users Identifying resources of dissemination and understanding barriers to the utilisation is important for development efficient tailor-made implementation strategies.

## P312 A FRENCH PROJECT OF INTERREGIONAL AND SHARED GUIDELINES IN SUPPORTIVE CARE

<sup>1,2,5</sup>F Farsi, <sup>1,3</sup>I Klein, <sup>1,4</sup>N Jovenin, <sup>1</sup>H Labrosse, <sup>1</sup>M Brunet, <sup>3</sup>V Block, <sup>1,3,5</sup>I Krakowski. <sup>1</sup>AFSOS -French speaking association of supportive care, Paris, France; <sup>2</sup>Rhône-Alpes Regional Network, Lyon, France; <sup>3</sup>Lorraine Regional Network, Nancy, France; <sup>4</sup>Champagne-Ardennes Regional Network, Reims, France; <sup>5</sup>French Federation of Cancer Centers, Paris, France

10:1136/bmjqs-2013-002293.252

**Background** In France, access to supportive care is a right for cancer patients It is enshrined in the health regulations (1st and 2nd national cancer plans). But equity in this access is still evolving. In this context a national learned society and the regional oncology networks are desired to support professionals by organising the sharing and exchanges on the decision support tools

**Objectives** Gradually enlist all French regional cancer networks and all French experts in selecting the priority thematic, methodological support in the working groups and in objectives of implementation involve the maximum of professionals in the rereading and validation of shared guidelines

Method Establishment of a national committee dedicated to supporting methodological and organisational project. - Needs analysis and choice of themes by regional cancer networks recruitment of experts by both the networks and the learned societies - establishment of inter-disciplinary working group organisation of a re-reading solicitant learned society and cancer networks - National Day (J2R) with dedicated workshops and plenary sessions to confirm or update the guidelines.

**Results and Conclusion** After 4 years, this project with regional networks complete 30 different shared guidelines and the attended by professionals of all the French regions (oncologist; surgeons, supportive care specialists, nurses).

## P314 BARRIERS AND FACILITATORS TO THE IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINES: A SURVEY AMONG PHYSICIANS IN SPECIALIZED CARE

<sup>1</sup>E Reviriego, <sup>2</sup>M Iruretagoyena, <sup>3</sup>A Arcelay, <sup>4</sup>G Villanueva. <sup>1</sup>Osteba - Health Technology Assessment. Health Department. Basque Government, Bilbao, Spain; <sup>2</sup>Public Health Programs and Patient Safety. Healthcare Management, Osakidetza, Vitoria, Spain; <sup>3</sup>Healthcare Management. Osakidetza. Basque Health Service, Vitoria, Spain; <sup>4</sup>Basque Office For Health Technology Assessment, Bilbao, Spain

10:1136/bmjqs-2013-002293.253

**Background** In an era when an increasing amount of clinical information is available to health care professionals, the effective implementation of clinical practice guidelines requires the development of strategies to facilitate the use of these guidelines.

Objectives Explore the knowledge and attitudes of Specialised Care Physicians (SC) in terms of the use of CPGs; identify the