'expedient' risks methods with unacceptable threats to validity; and towards ideal, an unaffordable standard not worth the incremental costs. Examples highlight the tool's utility.
Conclusions Negotiating and reporting compromises in methodological quality can lead to sensible, transparent methodological choices acceptable to both CPG developers and sponsors.

026 WHAT ORGANISATIONAL RESOURCES HAVE TO BE CONSIDERED WHEN ADAPTING GUIDELINES IN THE CONTEXT OF LOW AND MIDDLE INCOME COUNTRIES (LMIC)? THE ARGENTINEAN EXPERIENCE

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Background Adapting guidelines in resource-constraints countries represents a great challenge. Availability of organisational resources has to be considered before implementing this methodology.
Objectives a) To compare the availability of different organisational resources during seven guidelines adaptation initiatives facilitated by the National Academy of Medicine (Argentina) between 2005 and 2013; b) to analyse the relevance of each type of resource category for adapting guidelines in the context of LMIC.
Methods 7 guidelines adaptation initiatives facilitated by the NAM since 2005 and 2013 are described. Organisational resources were categorised in 4 categories: organisational culture, human resources, economic resources, and condition resources (or states) within the organisation. Conservation of resources (COR) theory was used as the theoretical basis for analysing the relevance of each type of resource for the guideline adaptation process.
Results Four of the 7 initiatives completed the whole process and produced an evidence-based guideline; 1 was interrupted and 2 are still ongoing although 1 of them shows a considerable delay. Among all organisational resource categories, culture and human resource were perceived as the most critical, particularly in what respects to the availability in the guideline developer group of change agents (i.e. internal and external facilitation); disposition to change and motivation and an appropriate mix of skills including leadership, communication, team work, technical competences.
Discussion Guidelines adapting in resource-constraint countries is not easy, although possible if different critical organisational resources are provided from the outset of the process.
Implications for Guideline Developers/Users A minimum organisational resource threshold is necessary for guarantying guidelines adaptation in the context of LMIC.

027 DETERMINANTS OF GUIDELINE USE AMONG PRIMARY CARE PHYSIOTHERAPISTS IN WESTERN SWEDEN: A CROSS-SECTIONAL STUDY

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Background The understanding of attitudes, knowledge, and behaviour related to evidence-based practice (EBP), in particular evidence-based clinical practice guidelines, in primary care physical therapy is limited.
Objectives To investigate self-reported attitudes, knowledge, behaviour, prerequisites, and barriers related to EBP and, in particular, guidelines among physical therapists (PTs) in primary care, and to explore associations of self-reported use of guidelines with these social-cognitive factors.
Methods Cross-sectional survey of PTs (n=400) in primary care in western Sweden using a web-based, validated questionnaire. Logistic regression analysis was used.
Results The response rate was 67.8%. Most PTs (82%–96%) had positive attitudes toward EBP and guidelines. Thirty-three percent reported being aware of guidelines, 13% knew where to find guidelines, and only 9% reported having easy access to guidelines. Less than half reported using guidelines frequently. The most important barriers to using guidelines were lack of time, poor availability and limited access to guidelines, that they are too general and take too long to read. Positive attitudes to EBP and guidelines, knowledge of where to find guidelines, self-efficacy, easy access, ability to integrate patient preferences, and encouragement of EBP in the workplace were associated with frequent use of guidelines.
Discussion Use of guidelines was not as frequent as could be expected in view of the positive attitudes. Attitudes, knowledge, self-efficacy, easy access, ability to integrate patient preferences, and encouragement of EBP may promote guideline use.
Implications for Guideline Developers/Implementers The identified barriers and determinants can be addressed in the development of guideline implementation strategies.

028 HOW DO CLINICIANS LIKE AND UNDERSTAND TRUSTWORTHY GUIDELINES? RANDOMISED CONTROLLED TRIAL USING CLICKERS IN EDUCATIONAL SESSIONS

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Background Clinical practice guidelines (CPG) often have shortcomings in presentation formats that limit dissemination at the point of care. As part of the DECIDE project we have developed multilayered CPG presentation formats. Comprehensive user-testing of the formats has provided us with alternative presentation formats now ready for randomised trials but also an important insight: Insufficient conceptual understanding of guideline methodology (e.g. strength of recommendations and quality of evidence) may hamper application of CPG recommendations in practice.
Objectives To determine physicians' understanding, attitudes and preferences concerning trustworthy guidelines in traditional and new presentation formats (DECIDE A and B).
Methods In this randomised controlled trial we will recruit 100 physicians attending a standardised lecture with 3 components: 1) presentation of clinical scenario, 2) explanations of key concepts of trustworthy CPG (e.g. GRADE, AGREE II) and 3) presentation of a current trustworthy CPG relevant to the scenario,