**Abstracts**

**Background** Manuals and Toolkits (MT) are standards for developing Clinical Practice Guidelines (CPG). Most developers have their own MT. There isn’t enough information about characteristics of MT in other languages than English.

**Objective** To assess the characteristics of MT for developing CPG from different developers in English and Spanish.

**Methods** We searched electronic databases, national clearing-houses and non-electronic sources such as guidelines developer’s sites. Epidemiologists independently assessed MT retrieved. Information about scoping, development group, Conflict of Interests (COI), updating, evidence systems among others, were extracted.

**Results** Twenty MT were retrieved, 8 in Spanish, and 12 in English. It is not clear how COI is declared and handled in most of the MT. GRADE and SIGN were the most recommended systems for assessment of quality of evidence, nevertheless many didn’t recommend any system. Only 2 MT had a complete explanation about patient’s participation. Three years is the most common recommendation for updating CPG. Only a few include an economic component. There isn’t clarity in how recommendations are reported and how should be the external review of MT.

**Discussion** There is heterogeneity in CPG development. Spanish MT are less specific than English ones. It is important to improve quality of Spanish-language MT’s, in order to enhance quality of Spanish CPG. There is an important lack of information about patient’s participation and drafting of recommendations.

**Implications for Guideline Developers/Users** It’s important to improve the contents and quality of MT in order to achieve high quality standards on CPG development for both developed and developing countries.

**Toolbox for the Complete Process of Guideline Development, Revision, Implementation and Evaluation**

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**Background** Problems in the process of guideline development, revision, implementation and evaluation are commonly perceived.

**Objectives** To support and improve the process of guideline development, revision, implementation and evaluation.

**Methods** We used a systematic search to identify grading systems specific to medical tests in PubMed, professional guideline websites and handsearching back references of key articles. Using the AGREE instrument as a starting point, we defined two sets of characteristics to describe these systems: process and methodological ones. Process characteristics were features related to the guideline development process. Methodological characteristics were defined as features relating to how evidence is gathered, appraised and recommendations development. Data was extracted in duplicate and differences resolved through discussion.

**Results** Twelve grading systems were included. Process characteristics least often addressed were whether the system was piloted (3/12) and funder information (3/12). Methodologically, developing a clinical scenario, care pathway and/or analytical framework, having explicit criteria for appraising and linking indirect evidence, and having explicit methodologies for translating evidence into recommendations were least frequently addressed. Five systems at most addressed these to varying degrees of completeness.

**Implications for Guideline Developers** There is a need for standards of basic guideline features a grading system should address. No one system adequately addresses the complexity of gathering, assessing and linking different bodies of evidence. There is a need for critical appraisal of these features in each system and for targeted user testing among guideline developers.

**Design of Physician Printed Educational Materials: Making Good Ideas Stick**

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**Background** It is difficult to communicate new and complex clinical evidence to physicians already experiencing information overload. Proper use of design principles may increase uptake of guidelines and other printed educational materials (PEM) and improve practice.

**Objectives** We aimed to determine whether physician-oriented PEMs are created in accordance with design principles.

**Methods** We analysed PEMs identified in a 2012 Cochrane review of their effect on professional and patient outcomes and developed a checklist of design principles based on a literature