Discussion Even though the focus group procedures varied, there was significant overlap and repetition in the feedback received on the same guideline resources. The patient focus group facilitated by a clinician engaged participants in discussions oriented to clinical issues. The comic book was considered to be a novel communication vehicle by clinicians but not so by public.

Implications for Guideline Developers/Users Involving a motivated Lay Committee facilitated by someone not directly related to the project seems to be a valuable alternative to other focus groups of patients which may require more effort and resources.

**Implementing Nutrition Guidelines through Non-Randomised Studies in the Guideline Transforming Evidence from Multiple Tools, Tailored to Practitioners and Setting, May Be Useful in a Strategy for Assisting with Implementation. Similar Practice Groups Looked Yet Is Crucial to Changing Practice. These Toolkits Allow a Focus on Practice.**

**Results**

66% of respondents indicated that they found the summary of evidence useful or useful. The same was true for 63% for the case management resource (CMR), 61% for the flowchart of patient encounters, 60% for the practice tools for remote management of patients experiencing related symptoms.

**Discussion**

These tools, created from guidelines, transform evidence into user-friendly protocols for use by nurses when guiding patients at home to better manage their cancer treatment-related symptoms.

**Background**

Evidence Based Dietetics Practice Toolkits are resources intended to assist registered dietitians (RDs) in implementing nutrition guidelines derived from systematic reviews.

**Objectives**

Surveys, sent at least one year past publication, were used to explore who uses toolkits, how toolkits are used, and if RDs find toolkits useful for implementation of guidelines.

**Methods**

A standard questionnaire was sent to 1379 individuals for six toolkits (Celiac Disease, Critical Illness, Diabetes, Heart Failure, Oncology, and Paediatric Overweight) in 2011 and 2012, using Survey Monkey.

**Results**

Responses received were 131 (9%), of which 42% were RDs in practice >15 years, in direct care (63%), and in settings of outpatient (51%) and inpatient (31%). Respondents mostly used toolkits for patient care (66%), nutrition counselling (40%) and development of forms (37%). Regarding the tools provided, 66% of respondents indicated that they found the summary of nutrition care and patient education materials to be very/somewhat useful or useful. The same was true for 63% for the case studies, 61% for the flowchart of patient encounters, 60% for the participant encounter process instructions and 56% for the sample documentation forms. Some respondents (24%) seldom or never used the guidelines prior to toolkit use; however, 65% indicated that the toolkit was useful in translating the guidelines to practice.

**Discussion**

The implementation of guidelines is often overlooked yet is crucial to changing practice. These toolkits allow a useful strategy for assisting with implementation. Similar practice tools, tailored to practitioners and setting, may be useful in guideline implementation for a variety of conditions.

**Transforming Evidence from Multiple Guidelines into User Friendly Clinical Practice Tools for Remote Cancer Treatment-Related Symptom Management: The Costars Project**

**Objectives**

To transform evidence from guidelines for clinical practice tools for remote management of patients experiencing symptoms related to cancer treatment. Clinical practice protocols are defined as user-friendly knowledge translation tools to support patient care. These tools narrow the know-do gap by presenting the best available evidence from guidelines while using a format that is sensitive to how nurses think and what nurses do.

**Methods**

Mixed methods descriptive study guided by CAN-IMPLEMENT©. The process involved: a) conducting a systematic search for guidelines; b) developing symptom-specific protocols using evidence from quality appraised clinical practice guidelines; c) reaching consensus on the clinical practice protocol template; and d) validating the clinical practice protocols.

**Results**

Clinical practice protocols were developed and validated for 13 symptoms using 42 clinical practice guidelines with a median of 3 guidelines per protocol (range 1 for bleeding to 7 vomiting). For the first two protocols, source guideline AGREE rigour subscale ratings ranged from 8% to 86% (median 42.1; diarrhea: 40.5 fever). The protocols were developed using guidelines, symptom severity questions included the Edmonton Symptom Assessment System, and iterative feedback from practicing nurses. Usability testing revealed: high readability, just the right amount of information, and appropriate terms. Access to protocols needs to be tailored to individual practices (e.g. electronic application, access to paper-based versions). Nurses requested training and support to implement them.

**Discussion**

These tools, created from guidelines, transform evidence into user-friendly protocols for use by nurses when guiding patients at home to better manage their cancer treatment-related symptoms.