or treatment recommendations in specific subgroups, GDTs considered GLIA appraisal findings when they revised their reports and found the GLIA appraisals helpful in creating more implementable guidelines.

Implications for Guideline Developers/Users GLIA training for GDTs, and formal use of the GLIA tool help produce more implementable guidelines.

**Methods** Using a mixed-methods approach to develop GUIDE-IT, we conducted 1) a Realist Review of guideline factors influencing uptake, and used its results to build a conceptual model of guideline implementability; 2) qualitative interviews with 20 family physicians to determine factors influencing guideline uptake and to obtain input on tool design; 3) created a prototype and conducted validity assessments with experts in guideline development and human factors. GUIDE-IT was then pilot tested with the Canadian Diabetes/Paediatric Associations (CDA, CPS) to determine its potential for assessing the implementability of guideline recommendations.

**Results** Pilot testing with CDA and CPS developers showed that factors across 4 sub-domains of Language (clarity, simplicity, specificity, and actionability) and 3 sub-domains of Format (presentation, components, and multiple versions) were applicable for modifying recommendations. GUIDE-IT was feasible to use by guideline developers to identify implementability problems and to improve recommendations.

**Discussion** GUIDE-IT is based on a robust evidentiary base with the potential to improve guidelines. Next steps include evaluating GUIDE-IT in a controlled trial to determine its impact on end-user clinical decision making.

**Implications for Guideline Developers/Users** GUIDE-IT has potential to be a practical tool for developers to improve the language and format of guideline recommendations.

**Implications for Guideline Implementers** Partial updates are more challenging for guidelines requiring implementation support and should: 1) Go through a process to assess the issues before deciding how guideline should be updated. Or 2) Come with a remit to enable the developers to amend the recommendations for which implementation support is sought.

**Methods** To identify, describe and evaluate exemplar GI tools, we conducted 1) a Realist Review of guideline factors influencing uptake, and used its results to build a conceptual model of guideline implementability; 2) qualitative interviews with 20 family physicians to determine factors influencing guideline uptake and to obtain input on tool design; 3) created a prototype and conducted validity assessments with experts in guideline development and human factors. GUIDE-IT was then pilot tested with the Canadian Diabetes/Paediatric Associations (CDA, CPS) to determine its potential for assessing the implementability of guideline recommendations.

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**Methods** To identify, describe and evaluate exemplar GI tools that address Resource Implications, Implementation and Evaluation, and suggest how they could be improved.

**Methods** GI tools were identified in several sources (guidelines, Medline, professional organisation web sites, Implementation Science, Internet, expert referrals) and two individuals independently assessed each on criteria recommended by G-I-N members: purpose statement, instructions for use, citations for source of content, and how it was developed.

**Results** The search produced 228 potential tools. Of these 94 were ineligible and 63 met no assessment criteria. Of the remaining 71 tools, 13 (18.3%), 24 (33.8%), 23 (32.4%) and 11 (15.5%) met 1, 2, 3 and 4 criteria, respectively; and 57 (80.3%), 37 (52.1%), 41 (57.7%) and 41 (57.7%) provided purpose, instructions, citations and development details, respectively. Most tools addressed Implementation (44, 62.0%). Twenty-eight (39.4%) were guideline-specific and 43 (60.6%) were generic.

**Discussion** Few GTools met all assessment criteria. GTools could be more informative across all criteria. Few GTools were available to help users assess resource needs or evaluate guideline use. Many GTools were applicable to a variety of guidelines.

**Implications** We identified a number of ways to improve GTools. Collaborative development and sharing of both generic