

**AMERICAN ACADEMY OF ORTHOPAEDIC
SURGEONS**

**GUIDELINE PROCESS PROCEDURE
UNDERSTANDING THE EVIDENCE**

UNDERSTANDING THE EVIDENCE

1.0 PURPOSE

The purpose of this document is to outline the final recommendation meeting including detailing the work group and AAOS staff responsibilities.

2.0 SCOPE

This procedure applies to all guidelines developed by the American Academy of Orthopaedic Surgeons Guidelines Unit and all research analysts creating these documents. This procedure is also applicable to the physician work groups who anchor the development process.

3.0 RESPONSIBILITIES

- 3.1 The work group is responsible for determining the final grade and wording for all final recommendations; final wording must be consistent with the approved Academy guideline language and must also be linked to the evidence.
- 3.2 The work group is responsible for writing rationales which follow the final recommendations.
- 3.3 The CPG Manager is responsible for editing the final guideline and editing the guideline rationales to ensure all the evidence is addressed and accurately represented.
- 3.4 The CPG Manager is also responsible for returning the completed draft to the work group for final review prior to sending the guideline to peer review.
- 3.5 The AAOS Director of Research must approve all changes to this procedure. (see section 11.0 Chain of Approval)

4.0 APPLICATION

- 4.1 The intent of this procedure is to insure that recommendation meetings cover all of the supporting evidence and relevant materials for both the work group members and AAOS staff.
- 4.2 Final meetings that complete this procedure ensure a comprehensive guideline development process by creating clear structure and timelines for work group members and staff.

5.0 REFERENCES

- 5.1 Final PowerPoint presentation unique to each guideline.
- 5.2 All included articles for a guideline.
- 5.3 All applicable AAOS Process Procedures.

6.0 SUMMARY OF METHODS

- 6.1 Work group members review each recommendation individually and modify each preliminary recommendation according to the supporting evidence.
- 6.2 Work group members assign a final strength of evidence to each recommendation based on the evidence.
- 6.3 Work group members write a corresponding rationale addressing all of the supporting evidence for each recommendation.
- 6.4 The CPG Manager, with assistance of AAOS staff, edit the final guideline including rationales to ensure all of the evidence is accurately referenced and comprehensively included.
- 6.5 All guidelines are stamped “Confidential Draft” during the review process and appropriately numbered as defined in AAOS Process Procedure 8.0; Numbering Guideline Documents. The “Confidential Draft” watermark is removed only after BOD approval.
- 6.6 The Guideline Unit supplies the work group with a final draft within fourteen to thirty days of the final meeting.

7.0 APPLICABLE SOFTWARE

- 7.1 Microsoft Office (Word, PowerPoint) 2003
- 7.2 Adobe Acrobat Professional

8.0 ESSENTIAL REQUIREMENTS

- 8.1 It is essential that no conflict exists between the written recommendations, strength of the evidence and final grade of each recommendation.
- 8.2 It is essential that rationales address all included evidence, including an explanation as to why evidence is upgraded or downgraded.

9.0 PRECAUTIONS

- 9.1 It is essential that the AAOS staff have all necessary materials at final meetings including: applicable handouts, guideline binders, name cards, laptops, projector and projector screen.
- 9.2 It is essential that the Guideline Work Group understand there is an explicit link between the strength of a recommendation and the evidence that supports that recommendation.

10.0 PROCEDURE

10.1 Work group

- 10.1.1 The physician work group discusses each individual recommendation, grade of recommendation, and supporting evidence compiled from the included studies.
 - 10.1.2 The physician work group determines the wording for all final recommendations using the standardized language of the guidelines (see Appendix IV).
 - 10.1.3 The physician work group determines the final grade of recommendations using the initial grade of recommendation based on the quantity and quality of included studies found to support each recommendation and the harms and benefits associated with the recommendation. (See Appendix I)
 - 10.1.4 The physician work group votes on each final recommendation and the grade of each final recommendation using a modified nominal group technique or other structured voting procedure. This procedure will be outlined in the Appendix of the guideline.
 - 10.1.5 The physician work group members write rationales for each of the recommendations at the final recommendation meeting (or submit them within two weeks of the final meeting) to the CPG Manager for inclusion into the final draft.
- 10.2 AAOS Staff**
- 10.2.1 The research analyst ensures that the final recommendations are correctly modified, numbered, and organized (if applicable), in the final draft.
 - 10.2.2 The CPG Manager or the assigned designee edits the final guideline draft.
 - 10.2.3 The CPG Manager or the assigned designee edits the physician rationales and ensures that the evidence and rationales are accurate for each recommendation.
 - 10.2.4 The CPG Manager or the assigned designee ensures that the level of evidence and strength of recommendation links to the best available evidence for the recommendation.
 - 10.2.5 The CPG Manager or the assigned designee ensures that the physician rationale explains the reason for changing the overall “Strength of Recommendation” for any grade that has been reduced (or upgraded) by the work group.
 - 10.2.6 The CPG Manager or the assigned designee ensures that the final draft is identified with the correct document version number. (See AAOS Process Procedure 8.0; Numbering Guideline Documents)

- 10.2.7 The CPG Manager or the assigned designee stamps the final draft with a “Confidential Draft” watermark using Adobe Acrobat Professional (45% opacity).
- 10.2.8 The CPG Manager removes all references to the work group panel for the peer review process so that peer reviewers are blind to the identity of work group members.
- 10.2.9 The CPG Manager sends the final document draft to the work group for approval before sending the draft for peer review.
- 10.2.10 The process to complete the final draft for peer review following the final recommendation meeting will take thirty to sixty days. If greater than sixty days are required for this task; the GOC Chairperson must be notified and apprised of the delay.

11.0 CHAIN OF APPROVAL

Approved By:
Charles M. Turkelson Ph.D.
AAOS Director of Research and Scientific Affairs

Janet L. Wies MPH
AAOS Clinical Practice Guidelines Manager

Signatures available upon request.