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# Assessing and building capacity for clinical guideline development in Malawi, South Africa and Nigeria

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EDCTP

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# Declaration of Conflict of interest

- To the best of my knowledge, I declare that I, and/or any of my co-authors/co-presenters, and any of my/our close family members, have not had employment, received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco, tobacco products, weapons or arms, or have represented the interests of any such entities in any way.
- I have no actual or potential conflict of interest in relation to this presentation.
- The GELA project is funded by the EDCTP2 programme (grant number RIA2020S-3303-GELA) which is supported by the European Union.

# Background and aim

- Part of a larger study – Global Evidence Local Adaptation (GELA)
- **Limited skills in clinical practice guideline (CPG) development may affect trustworthiness of CPGs**
- Several activities offered to Guideline Development Group (GDG) and Steering Group (SG) members within the GELA project
- To assess guideline development capacity needs, knowledge, skills and behaviour of GELA GDG and SG members over time

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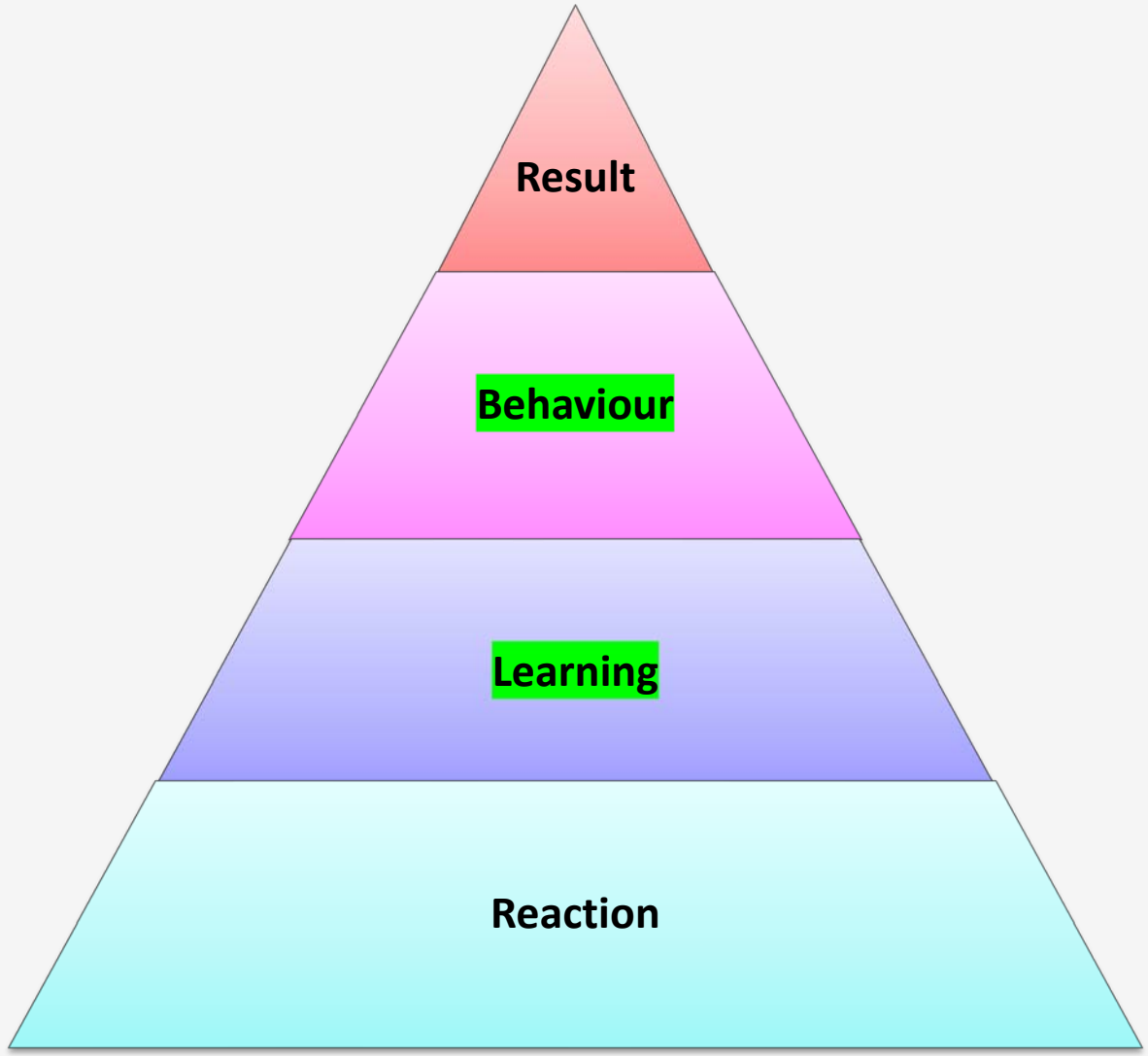
# Methods

- Data collected using REDcap: demographic, capacity development needs, guideline development knowledge, skills and behaviour
- Use of competency-based approach in training development and validated tool to assess evidence-informed decision-making informed by Kirkpatrick model
- Invited GDG and SG members to complete the online surveys at baseline and midterm (18 months into the project)
- Data were imported into excel spreadsheet and Studio 12 (2024) for statistical computing and analysed using descriptive statistics. Key results are presented using bar charts




The Kirkpatrick Model

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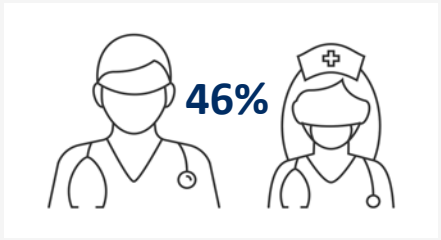
# Results (Demographics)

## Baseline (Before GELA) – Midterm (During GELA)

### At baseline (n=56)



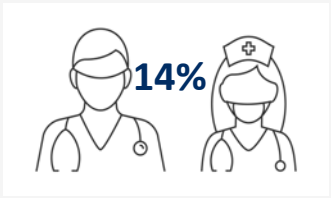

Professional fellowship


PhD


Healthcare practitioners


Previous experience with guideline development

### At midterm (n=22)

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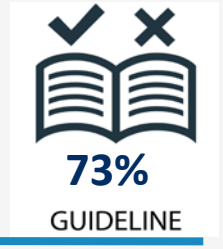


Previous experience with guideline development

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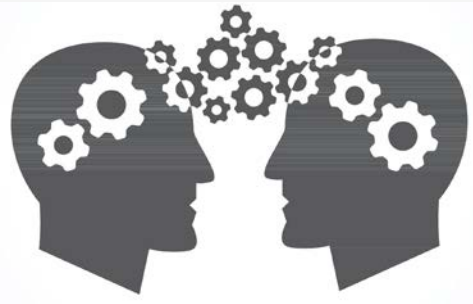
# Results (Priority topics at baseline)

- **About 80% of the participants opted for courses that were offered by GELA**
- **Many participants prioritised training in systematic review and knowledge translation**

**35%** Systematic review



**32%** Knowledge translation

**25%** Critical appraisal

**20%** searching for evidence

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# Results (difference in confidence of skills in guideline development)

Explaining general concepts of Conflicts of Interest

+3pts


+12pts

Understanding the EtD


+13pts

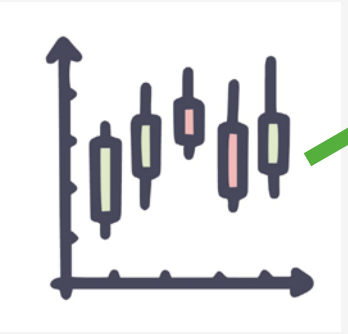
Finding, Appraising and Synthesising qualitative evidence

Explaining the importance of multistakeholder input

-2pts

+11pts

Developing recommendation in a guideline panel



+19pts

Finding, Appraising and Synthesising effectiveness evidence

**Participants' confidence increased by 10+% in most skills required for guideline development during GELA**

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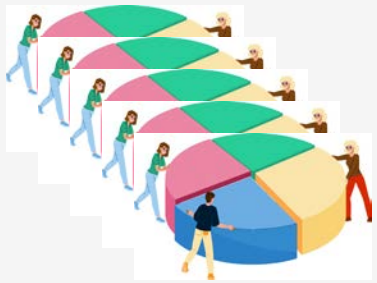
# Results (behaviour change in guideline development among participants) (n=22)

**Participants reported higher engagement with guideline development processes as a result of the project.**

Before GELA

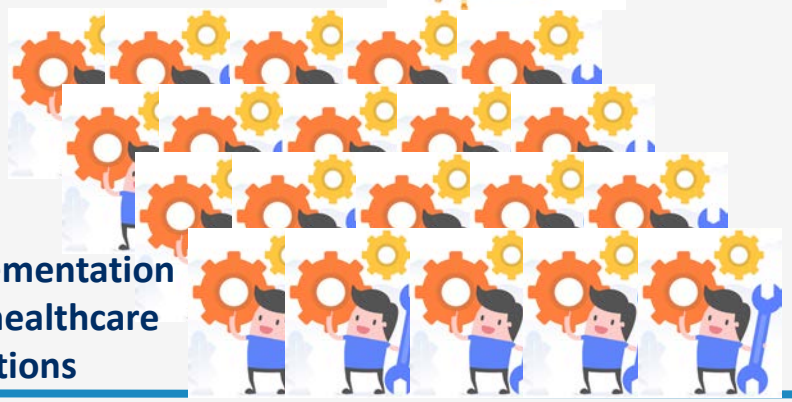
After GELA

**Questioning healthcare practices**



**Integrate evidence from multiple stakeholders and the local context**

**Acknowledge implementation considerations in healthcare recommendations**



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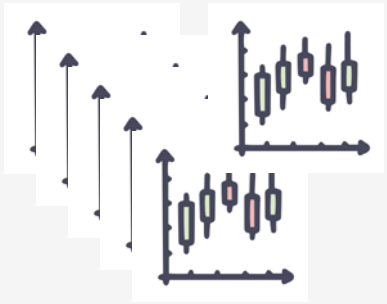
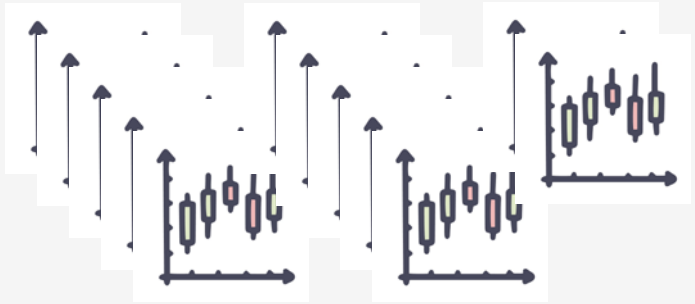
# Results (behaviour change in guideline development among participants) (cont)

| Before GELA | | After GELA |
|---|---|---|
|  | Participate in synthesizing qualitative evidence |  |
|  | Participate in synthesizing effectiveness evidence |  |
|  | Participate in synthesizing economic evidence |  |

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# Conclusions

- Most of participants had an experience in clinical practice guidelines before GELA
- However, the confidence in the skills required for clinical practice guidelines increased during GELA
- Also, there was some level of change in behaviour because more of our participants were involved in clinical guideline activities
- One of the main limitations of our study is that we have low numbers, especially in the midterm to determine the level of significance of these changes in the confidence of skills and behaviour of our participants.

**The way forward???**

- More data will evaluate other aspects of the Kirkpatrick model and triangulate findings, especially in the area of what influences the increase of confidence to be involved in CPG
- We will qualitatively explore the overall experiences of GDG and SG members including the gaps
- Further research can track participants' activities and outputs in CPGs (results part of the model)

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# Want to hear more about the GELA project?

Amanda Brand

Identifying appropriate source guidelines and recommendations for GRADE-ADOLOPMENT in Malawi, Nigeria and South Africa require a fit-for-setting and –capacity approach

**OS: Guideline Development Strategies 2**
**12 September**
**11h00 – 12h30 (Presenting at 11h35)**
**Hall D7**

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