

Using a simplified version of Shaughnessy's guideline trustworthiness tool (G-TRUST) to help clinicians choose the most relevant guidelines for their practice

Uso de una versión simplificada de la herramienta de confiabilidad de guías de práctica de Shaughnessy (G-TRUST) para ayudar a los médicos a elegir las guías más relevantes para su práctica

René Wittmer^{a,b}, Gylène Thériault^{a,b,c}, Geneviève Bois^{a,b}

Abstract

Reliance on trusted secondary sources, such as clinical practice guidelines, has emerged as a pragmatic solution for evidence-based practice. This editorial underscores the necessity of adapting medical education to equip clinicians with skills aligned with practical clinical demands and introduces a streamlined version of Shaughnessy's G-TRUST tool tailored for swift guideline assessment in clinical settings.

Resumen

El respaldo en fuentes secundarias fiables, como las guías de práctica clínica, ha surgido como una solución pragmática para el ejercicio de la práctica basada en la evidencia. Este comentario editorial subraya la necesidad de adaptar la educación médica para fortalecer en los profesionales la adquisición de habilidades alineadas con las demandas clínicas prácticas, a la vez que presenta una versión simplificada de la herramienta G-TRUST de Shaughnessy para la evaluación rápida de las guías en entornos clínicos.

Keywords: Practice Guidelines as Topic, Evidence-Based Medicine, Quality of Health Care, Medical Education, Continuing Medical Education. Keywords: Guías de Práctica Clínica como Asunto, Medicina Basada en la Evidencia, Calidad de la Atención de Salud, Educación Médica, Educación Médica Continua.

Wittmer R, Thériault G, Bois G. Using a simplified version of Shaughnessy's guideline trustworthiness tool (G-TRUST) to help clinicians choose the most relevant guidelines for their practice. *Evid Actual Pract Ambul.* 2024;27(3):e007122. Available from: <https://dx.doi.org/10.51987/EVIDENCIA.V27I3.7122>.

Guideline Appraisal: Bridging Theory and Practice

Colleagues have recently challenged the traditional emphasis on critical appraisal skills in medical education. The authors of a compelling paper argue that the expectation for clinicians to regularly evaluate the risk of bias in primary studies is unrealistic¹. They observe that most clinicians are either uninterested in acquiring sophisticated critical appraisal skills, lack the necessary training, or do not have enough time to apply these skills effectively in their practice. Furthermore, even those who are competent in critical appraisal face limitations in applying these skills in clinical practice due to time constraints. The authors also argue that evidence-based practice for most clinicians can be achieved through selected and trustworthy secondary sources, such as clinical practice guidelines, rather than through direct critical appraisal of primary research. They finally suggest that medical education should focus on teaching clinicians how to identify trustworthy secondary sources of information and understand the quality of evidence they provide. Their approach recognizes the limitations in time and resources that most clinicians face, as well as the practical need to rely on synthesized and evaluated evidence presented in guidelines and systematic reviews¹.

The AGREE criteria, initially created for evaluating the quality of guidelines, was not designed to be used in the clinical setting². Alternatively, Shaughnessy's G-TRUST³ has gained traction as a viable option. However, its extensive scope might render it impractical for use in the generally fast-paced environment of clinical care and clinical teaching. This paper introduces a streamlined version of G-TRUST, which is more suited to meet the practical

requirements of physicians and was recently published in a Canadian family medicine journal⁴. We contend that this simplified approach is effective for swiftly assessing clinical practice guidelines and choosing the highest-quality guidelines that correspond with both clinical demands and patient needs, particularly in scenarios where various guideline options are available.

Montori et al. recently advocated that clinical practice guidelines should consider the time required for clinicians to implement them⁵. They highlight the challenge of balancing efficient, high-quality care with the practicalities of clinical practice, emphasizing that guideline recommendations should be realistic and not overly time-consuming for clinicians. Similarly, an article published in *Evidencia* has underscored the importance of balancing the necessary clinician time with the expected benefits when creating or applying clinical guidelines⁶.

While G-TRUST tool was initially created for continuing professional development, we argue it may be feasible to use in clinical practice, and is valuable in medical education, particularly in this short version (see Table 1).

To effectively appraise clinical practice guidelines using this tool, healthcare practitioners can focus on three critical elements: relevance, interpretation, and confidence.

- **Relevance.** This aspect of the proposed tool helps evaluate the practicality and applicability of guidelines. Users can assess whether the guidelines are relevant to their specific medical practice, considering the similarity of the patient population and context. The tool prompts users to consider if the guidelines address patient-oriented out-

^a Choosing Wisely Quebec.

^b Department of Family Medicine and Emergency Medicine, Université de Montréal. rene.jr.wittmer@umontreal.ca

^c Department of Family Medicine, McGill University.



comes, if the recommendations are clear and feasible, and the time required to implement these recommendations.

- **Interpretation.** In this section, the tool questions the credibility of the guideline creation process by assisting users in identifying any potential conflicts of interest among the panelists. These conflicts could be financial, intellectual, or of any other nature, and they might influence the trustworthiness or perspective of the recommendations. The tool also helps to evaluate the diversity of the panel members who have contributed to the guideline. This ensures

a broad representation of perspectives, including those of end-users such as family physicians, patients, etc.

- **Confidence.** Here, the focus is set on the evidence base and transparency of the recommendations. Our tool guides users in verifying whether the recommendations are supported by one or more systematic reviews and whether rigorous methodologies like GRADE have been employed. This section emphasizes the importance of transparency in the presentation of evidence supporting the recommendations.

Table 1. Simplified G-TRUST⁴.

Three key questions and elements to consider to answer these questions when trying to identify threats in clinical practice guidelines	
Relevance: Is this guideline useful and applicable in my practice?	Patient/population/context similar to mine? Patient-oriented outcomes? Clear and actionable recommendations? Consideration of time needed to treat?
Interpretation: Do I trust the people who interpreted the evidence and made the recommendations?	Free of competing interests (financial, intellectual)? Management of conflicts of interest? Diversity of panel members?
Confidence: What is the factual basis of the recommendations, and is this transparent in the guideline?	Systematic review available? GRADE methodology or another rigorous method?

Healthcare practitioners can use these focused sections in the simplified G-TRUST tool to conduct a structured and useful appraisal of clinical practice guidelines. This process helps identify potential threats to the reliability and applicability of these guidelines, thereby ensuring that the care provided is based on solid, trustworthy, and relevant evidence.

At any point, if any concerns are identified, the use of a guideline should be reconsidered. While the tool can be used to critically appraise a guideline, we believe that one of its strengths lies in its capacity to quickly compare key features between guidelines, to help physicians and learners select the guideline that is best suited for their practice. This represents an interesting way to quickly compare clinical practice guidelines in various settings: formal teaching, during clinical supervision or during continuing medical education conferences. Empowering physicians and learners with this tool may help foster critical thinking and appraising recommendations beyond expert opinion.

Key points

- Other authors have highlighted the impracticality of expecting all clinicians to perform detailed critical appraisal of pri-

mary studies. This underscores the importance of equipping them with the skills to effectively use secondary sources of evidence, such as clinical practice guidelines, to inform their practice. We present a more realistic and efficient approach to achieving evidence-based practice in the medical field.

- Readers who would like to know more about the development of the tool and see some applied examples can consult our recent publication on the simplified G-TRUST in the *Canadian Family Physician*⁴.
- Utilizing this modified tool in everyday practice could enable doctors to make knowledgeable, evidence-backed choices that enhance patient outcomes in a reasonable time-frame.

Editor’s note: Original article submitted by the authors in English. EVIDENCIA’s editorial team translated the text into Spanish with the assistance of Google Translate.

Received on 27/04/2024 Accepted on 24/06/2024
and Published on 07/08/2024.

References

1. Tikkinen KAO, Guyatt GH. Understanding of research results, evidence summaries and their applicability-not critical appraisal-are core skills of medical curriculum. *BMJ Evid Based Med.* 2021;26(5):231–33.
2. Brouwers MC, Kerkvliet K, Spithoff K, AGREE Next Steps Consortium. The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. *BMJ.* 2016;352:i1152.
3. Shaughnessy AF, Vaswani A, Andrews BK, et al. Developing a Clinician Friendly Tool to Identify Useful Clinical Practice Guidelines: G-TRUST. *Ann Fam Med.* 2017;15(5):413–8.
4. Wittmer R, Thériault G, Lafortune FD, et al. Modified tool designed to ease guideline choices: Simplified version of Guideline Trustworthiness, Relevance, and Utility Scoring Tool (G-TRUST) for physicians in practice. *Can Fam Physician.* 2024;70(6):372–376.
5. Johansson M, Guyatt G, Montori V. Guidelines should consider clinicians’ time needed to treat. *BMJ.* 2023;380:e072953.
6. Kopitowski K. ¿Es sustentable la aplicación de las guías de práctica clínica a la práctica clínica del mundo real? *Evid Act Pract Ambul.* 2023;26(3):e007078.