VERSION FOR PUBLIC CONSULTATION

MARCH - APRIL 2024

Australian Guidelines for Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder or Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure

DISSEMINATION, IMPLEMENTATION AND EVALUATION REPORT

Contents

1. Background

This report outlines the dissemination, implementation and evaluation of the Australian Clinical Practice Guidelines for the Assessment and Diagnosis of fetal alcohol spectrum disorder or neurodevelopmental condition associated with prenatal alcohol exposure (FASD/ND-PAE). The primary objective of these guidelines is to support clinicians in undertaking assessments across the lifespan where one possible outcome may be a diagnosis of FASD/ND-PAE. This report provides the information in accordance with the *Procedures and Requirements for Meeting the NHMRC Standards for Clinical Practice Guidelines* (NHMRC, 2022).

2. Dissemination of the clinical practice guidelines

Following publication, the clinical practice guidelines must be disseminated to all those who could potentially be involved in the process of assessing and diagnosing FASD/ND-PAE. Support from members of the Project Steering Committee, Project Advisory Groups and Guidelines Development Group will be critical in effective dissemination of the guidelines.

2.1 Target audience

The primary target users of these guidelines are Australian clinicians undertaking assessments of infants, children, adolescents, and adults that may result in an FASD/ND-PAE diagnosis.
Secondary users of these guidelines may include:

- Individuals who have challenges that may be explained by a diagnosis of FASD/ND-PAE who are wanting to understand the assessment process.
- Family members/support networks of those with suspected FASD/ND-PAE who are wanting to understand the assessment process.
- Health, education, child protection, disability and justice/police professionals who work with individuals presenting with challenges that may be explained by a diagnosis of FASD/ND-PAE and are wanting to understand the assessment process and ensure appropriate supports are provided.
- Government and non-government service providers who are wanting to understand how to develop referral pathways to assessment and/or treatment/support services within their organisations.
- Training providers, including tertiary institutions and health professional associations to inform professional development and educational materials and resources to enhance the capability of their profession to work with FASD/ND-PAE in Australia.
- National and international researchers may use the results of the evidence review and identified research gaps to inform directions for future research.
- Policy makers across health, education, child protection, disability and justice/police settings could align their practices and procedures to support best practice service provision and resource allocation for individuals with suspected or confirmed FASD/ND-PAE.

2.1 Companion documents

The following resources will accompany the clinical practice guidelines:

- Summary of actionable statements.
- Summary of assessment principles and diagnostic criteria.
- Clinician templates and case examples to support practice.
- Two-page summary document for health professionals.
- Two-page summary for consumers.
- Indigenous Framework.
- Updated e-learning modules accessible on the FASD Australia Hub.
- Implementation resources to assist health professionals to support location education.
- Recordings of training webinars accessible from the FASD Australia Hub.

2.3 Dissemination plan

Dissemination of the clinical practice guidelines will be undertaken via the following strategies:

- Planned for an official launch of the guidelines during September 2024, which nationally and internationally is the month for FASD awareness.
- Circulation of final version to all members of the Project Steering Committee, Advisory Groups and Guidelines Development Group and requests for members to circulate widely amongst their professional networks.
- Circulation of the final versions to all relevant professional associations.
- Distribution via the FASD Australia Hub website and newsletter.
- Distribution via the NOFASD newsletter.
- Publication of a content summary within relevant peer-reviewed journals.
- Presentation at state and national conferences.
- Distribution to all relevant state-based government and non-government agencies (e.g., child protection, justice).
- Distribution to all Australian universities and encouragement to include information regarding the guidelines in their relevant curricula.

3. Implementation of the clinical practice guidelines

Organisations are encouraged to identify the local barriers and facilitators to implementation of the guidelines and develop tailored implementation strategies. Research shows that structured implementation strategies tailored to specific settings and target groups are the most effective (Fischer et al., 2016). The information provided in this section and Guidelines Determinants Questionnaire could be used to support organisations and practitioners in developing local implementation strategies.

3.1 Framework of guideline implementability

Gagliardi and colleagues (2011) developed a framework to assist with making guidelines more implementable, by modifying their content and format. We have utilised this framework throughout the development process and described the domains and how this framework has been applied in the current guidelines in Table 1.

Table 1. Application of Gagliardi et al. (2011) Framework of Guideline Implementability

Domain	Definition	Element	Application
Adaptability	The guideline is available in a variety of versions for different users or purposes.	Sources	Internet, peer reviewed journal
		Versions	Full text summary, recommendations summary, 1 page summary, print, digital
		Users	Consumer summary, discipline specific summaries, context specific summaries
Useability	Content is organised to enhance the ease with which the guideline can be used.	Navigation	Table of contents, online links
		Evidence	Narrative and tabulated
		Recommendations	Narrative, recommendations summary, graphic
Validity	Evidence is summarised and presented such that its quantity and quality are apparent	Number of references	Total number of references
		Evidence graded	GRADE-based recommendations provided where appropriate.
		Number of recommendations	Total number of distinct recommendations

Applicability	Information is provided to help interpret and apply guidelines for individual patients.	Clinical considerations	Text boxes, key information summarised in tables, good-practice statements, implementation tips and resources highlighted, additional toolkit to support culturally responsive assessment
Communicability	Resources for providers or patients to inform, educate, support, and involve patients	Inform, educate, support	Clinician resources to support practice, case examples and clinical tools.
		Decision making	Diagnostic formulation resource.
Relevance	The focus or purpose of the guideline is explicitly stated	Objective	Explicitly stated purpose of the guideline at the outset.
		Stakeholders	Clearly specified who will use the guidelines.
		Needs	Completed an initial priority setting survey and embedded feedback throughout the guidelines.
Accommodation	Anticipated changes, resources and competencies required to adapt and accommodate guideline utilization are identified.	Technical	Provided specific implementation considerations where required.
		Regulator	Described relevant industry standards and engaged clinicians to seek discipline specific supervision.
		Human resources	Actionable statements provided regarding human resources required and specific suggestions for how accommodations can be made.
		Professional	Education, training, or competencies needed by clinicians to deliver recommendations.
		Workflow	Actionable statements provided with suggestions about different approaches to assessment that could be considered.
		Costs	Consideration of resources throughout evidence to decision frameworks.
Implementation	Processes for planning and applying local strategies to promote guideline utilization are described.	Identify barriers	Individual, organisational or system barriers that could challenge adoption or instructions for local needs of guideline users collected through: • Advisory Group meetings • Clinician Determinants Questionnaire
		Tailor guidelines	Information embedded to support culturally responsive practice and additional clinician toolkit. Discipline and context specific summary documents to support implementation.
		Integrated tools	Point-of-care templates/forms to support integration guidelines with care delivery.
		Promote utilization	Develop a detailed dissemination plan with support of the Project Advisory Groups.
Evaluation	Processes for evaluating guideline implementation and utilization are described	Implementation	Pre-post-assessment clinician determinants questionnaire.
		Utilization	Audit Tools – work with the Registry to track use through cases reported, develop a data collection tool for any clinic to use

			to track all assessment outcomes in a consistent way across clinics.

4. Monitoring, evaluation and updating of the clinical practice guidelines.

The following suggestions are provided to support national monitoring, evaluation, and future updates of the clinical practice guidelines.

4.1 Monitoring and evaluation

Clinicians are encouraged to report diagnosed cases of FASD/ND-PAE for children aged up to 16 years to the Australian FASD Registry. This will support monitoring of the application of the diagnostic criteria contained in the clinical practice guidelines for people within this age group.

Establishing a common data set is central to developing a comprehensive understanding of a conditions. As such, clinics are recommended implement the REDCap database template provided as an associated resource to collect all clinical assessment data (i.e., including data for all individuals attending for assessment, regardless of diagnostic outcome and age) to help monitor and evaluate application of the diagnostic criteria and actionable statements. A Clinical Database Working Group will be established to continuously improve the consistent data collection processes.

4.2 Clinician Guideline Determinants Questionnaire

The Clinician Guideline Determinants Questionnaire (Gagliardi et al., 2019) was completed during the guideline development process to understand use of the current FASD Guide and is planned to be repeated 24 months post-implementation of the new guidelines to evaluate impact. Appendix A provides a summary of the determinants included in the questionnaire.

Participants: Australian health practitioners were invited to complete the questionnaire. Practitioners were recruited via the Project Advisory Groups, relevant Australian professional associations, The FASD Clinical Network, The FASD Hub, NOFASD Australia and relevant clinician Facebook groups.

Procedure: Ethical clearance was granted by the Children's Health Research Ethics Committee (HREC/20CHQ69561). Data were collected and managed using REDCap. Initial contact was made via email, which included a brief description of the study and a link to the REDCap survey. Participants were provided the option to be contacted to receive a copy of the revised Australian Guide and to re-complete the survey following the dissemination of the revised guidelines.

Analysis of baseline data: Quantitative data were summarised descriptively, responses reported as frequencies and percentages. Content analysis was used to analyse responses from the open-ended questions exploring additional enablers and barriers to use of the guidelines and learning styles.

Summary of baseline data to be included once survey is completed: A total of 333 survey sessions were initiated. Of these, 232 (70%) provided consent and 136 (41%) completed the survey. A further 11 participants partially completed the survey. Most participants (*n* = 111, 76%) identified as female, and were in their mid-career stage (*n* = 81, 55%). Most respondents were paediatricians (*n* = 54, 37%) or psychologists (*n* = 49, 33%), working across public and private sectors (Table 1).

Survey respondents consider FASD as a possible diagnosis in their clinical assessments on a weekly (*n* = 53, 35%) or monthly (*n* = 52, 35%) basis (Table 3). Most participants (*n* = 81, 55%) regularly use the guide. Only a small number of participants (*n* = 9, 6%) were not aware of the current FASD Guide prior to this survey. A total of 143 participants responded to the Likert section of the survey (Figure 2). Only 42% of respondents agreed (*n* = 41, 29%) or strongly agreed (*n* = 18, 13%) with the contents of the Australian Guide to the

Diagnosis of FASD. Most participants felt that they had the general knowledge, had been trained in the skills needed, and were confident in using the guidelines.

Interestingly, most participants (*n* = 95, 34.7%) would prefer to learn about guidelines through conferences, followed by peer reviewed publications (*n* = 63, 22.9%), viewing guidelines online (*n* = 57, 20.8%) and receiving an email about the guidelines (*n* = 44, 16.1%). In terms of sources practitioners reported currently consulting to inform clinical decision-making, colleagues were the most common source of information (*n* = 117, 16.9%), followed by literature (*n* = 105, 15.2%), FASD Guide (*n* = 104, 15.1%) and conferences (*n* = 77, 11.2%). Regarding the format practitioners would like to be able to access guidelines, the preferred format was having software to support implementation of the guidelines (*n* = 78, 33.2%), accessing online (*n* = 73, 31%), print (*n* = 46, 19.6%) and via an App (*n* = 35, 14.9%). Table 4 and 5 provide an overview of the free text responses summarising key enablers and barriers to use of the guide.

Table 2. Summary of participant demographics

Characteristic	Participants (n)	Participants (%)
Gender		
Female	111	76
Male	36	24
Age		
25-40 years	46	31
40-55 years	60	41
Above 55 years	41	28
Career Stage		
Early	26	18
Mid	81	55
Late	40	27
Professional Setting*		
Public	89	N/A
Private	62	N/A
Other	28	N/A
Profession		
Paediatrician	54	37
Psychologist	49	33
Occupational Therapist	10	7
Speech and Language Pathologist	10	7
Other†	24	16
Participant location		
Australian Capital Territory	5	3
New South Wales	28	19
Northern Territory	13	9
Queensland	47	32
South Australia	13	9
Tasmania	1	1
Victoria	16	11
Western Australia	24	16

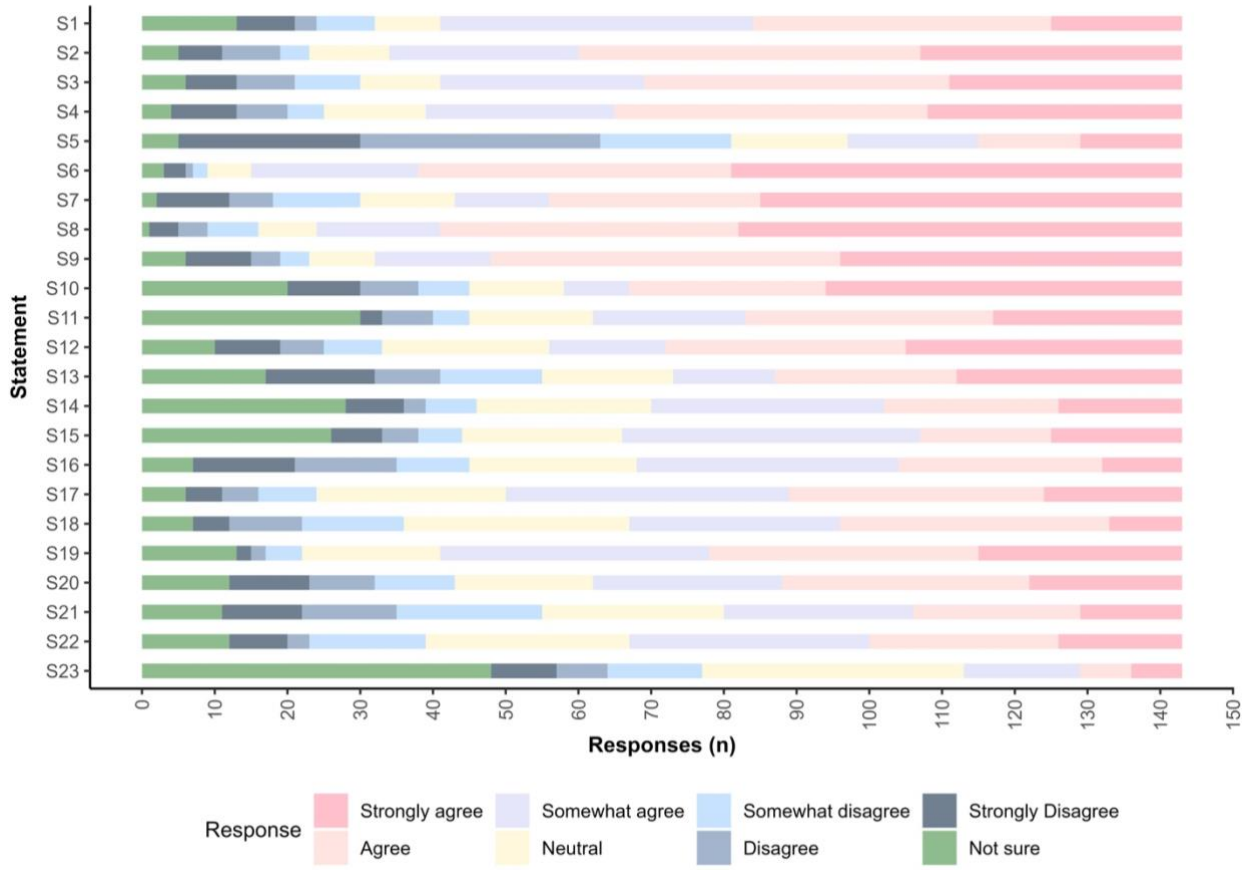
*Participants were able to select across multiple settings to reflect work practices

†Other professions include Clinical Geneticist, General Practitioner, Mental Health Worker, Nurse, Nurse practitioner, Physiotherapist, Psychiatrist, Social Worker, and 'Other'.

Table 3. Summary of participant awareness and use of current FASD Guide

	Participants (n)	(%)
Frequency considering FASD as diagnosis		
Not currently	15	10
Not started yet	3	2
Daily	3	2
Monthly	52	35
Weekly	53	36
Yearly	20	14
Awareness of the guide		
I was not aware prior to this questionnaire	9	6
I have read all or some of the guideline on one occasion then never again	16	11
I have read all or some of the guideline on multiple occasions	116	79
Other	6	4
Use of the guide		
I have never used the guideline and do not plan to	7	5
I have never used the guideline, but will consider using it	9	6
I have never used the guideline, but will use it now	5	3
I have used the guideline a few times	36	24
I have used the guideline once only	7	5
I regularly use the guideline	81	55
Other	2	1

Figure 1. Overview of clinician determinants of guideline use



Statement 1: I agree with the content of the Australian Guide to the Diagnosis of FASD
Statement 2: Following the Australian Guide to the Diagnosis of FASD will improve care delivery
Statement 3: Following the Australian Guide to the Diagnosis of FASD will improve patient outcomes
Statement 4: Following the Australian Guide to the Diagnosis of FASD brings advantages to me, my practice or organization, and or my patients (i.e., supports communication and decision-making, etc.)
Statement 5: Following the Australian Guide to the Diagnosis of FASD brings disadvantages to me, my practice or organization and or my patients (i.e., time, costs, etc.)
Statement 6: I possess the general knowledge about FASD that is needed to use in the Australian Guide to the Diagnosis of FASD
Statement 7: I was trained in the skills (i.e., technical, procedural, cognitive, etc.) needed to use the Australian Guide to the Diagnosis of FASD
Statement 8: I am confident that I possess the skills (i.e., technical, procedural, cognitive, problem-solving, etc.) needed to use the Australian Guide to the Diagnosis of FASD
Statement 9: It is among my self-acknowledged professional responsibilities to follow the procedures, actions or activities recommended in the Australian Guide to the Diagnosis of FASD
Statement 10: Colleagues in my own organization use the Australian Guide to the Diagnosis of FASD
Statement 11: Colleagues outside of my organization use the Australian Guide to the Diagnosis of FASD
Statement 12: I have the autonomy to make changes needed to follow the Australian Guide to the Diagnosis of FASD
Statement 13: My organization provides support (leadership, resources, assistance, etc.) needed to use the Australian Guide to the Diagnosis of FASD
Statement 14: The recommendations in the Australian Guide to the Diagnosis of FASD are consistent with my patients' values and preferences
Statement 15: My patients do, or are likely to accept and follow the recommendations in the Australian Guide to the Diagnosis of FASD
Statement 16: The procedures, actions or activities recommended in the Australian Guide to the Diagnosis of FASD are easy to incorporate in my practice
Statement 17: It is easy to find information in the Australian Guide to the Diagnosis of FASD because the format and layout are easy to navigate
Statement 18: The wording of the recommendations is clear and unambiguous
Statement 19: The Australian Guide to the Diagnosis of FASD includes or is accompanied by implementation tools (clinician summary, patient summary, algorithm, medical record forms, etc.)
Statement 20: Implementation tools included in or with the Australian Guide to the Diagnosis of FASD (clinician summary, patient summary, algorithm, chart forms, etc.) are helpful to me, my practice or organization, and or my patients
Statement 21: The Australian Guide to the Diagnosis of FASD clearly describes underlying evidence supporting the recommendations
Statement 22: The Australian Guide to the Diagnosis of FASD is consistent with the available evidence

Statement 23: The Australian Guide to the Diagnosis of FASD describes whether patient preferences were collected and influenced the guideline questions, methods or recommendations

Table 4. Summary of key enablers to use of the Australian FASD Guide

Content area	Example quotes	Frequency (%)
Clear specific guidance, easy to follow, user friendly	"The clear requirements/framework for diagnosis" "It's simple to follow and gives clear guidance"	45 (36.3)
Easy to access/accessibility/free online access	"Having the guidelines available electronically and therefore easy to access." "Ease of access."	18 (14.5)
Having the required knowledge/skills/ familiarity of the guide	"I have the knowledge, training and skills to use the guide effectively in my role." "Working knowledge of the guidelines."	14 (11.3)
Organisation structure/support to use the guide	"My organisation supports the clinical use of the FASD guide." "The organisation/workplace."	12 (9.7)
Training	"I was trained in the skills needed to use it." "Access to training."	10 (8.1)
Implementation/clinical tools	"Clinical tools that provide precise details." "Use of tools for diagnosis."	8 (6.5)
Professional expectations to use the guide	"The guidelines are current best practice. Therefore, we have an obligation to use them which is incontestable." "I am required to use the guide."	7 (5.6)
The guide being evidence-based	"The Guide is consistent with the available evidence." "Evidence-based overall."	6 (4.8)
Awareness/existence of the guide	"I was unaware of this resource previously. Awareness of the resource…" "The pure fact that there is a diagnostic guide."	4 (3.2)
Belief that use of the guide will improve care	"Following the Australian Guide will improve care delivery."	3 (2.4)
Having a nationally consistent/standardised approach to diagnosis	"Provides a consistent national guideline." "Consistent assessment process that is standardised and evidence-based."	3 (2.4)
Other colleagues using the guide	"Colleagues outside my organisation use the Guide." "Whether the guidelines are used in practice by colleagues."	2 (1.6)

Note. 124 valid responses used as the denominator. Some responses were coded for multiple content areas. Survey question: *What is the single most important factor noted above that enables your use of the Australian Guide to the Diagnosis of FASD?*

Table 5. Summary of key barriers to use of the Australian FASD Guide

Content area	Example quotes	Frequency (%)
Time/cost/complexity/access to clinicians/resources	"Limited resources, skill base and wide range of skills assessed in children within the guide." "Difficulties in administration due to time required for assessments."	25 (24.8)
Not being evidence-based/evidence needs updating	"The evidence base for the guideline." "The construct of FASD as described in the Guide lacks validity and rests on a number of assumptions that are individually and cumulatively not consistent with available evidence…"	16 (15.8)
Lack of familiarisation/capability /skills	"Familiarity with the Guide." "My technical capability to use the guidelines in my particular practice setting."	8 (7.9)
Lack of specificity/Inter-relatedness of neurodevelopmental domains and cross over with other conditions	"The current iteration of these guidelines is far too broad and does not take into account that patients may have an underlying genetic diagnosis which overlaps with FASD or co-exists with it…" "The use of comorbid conditions as an indicator of severe impairment remains a significant problem."	8 (7.9)
Ambiguity of recommendations	"Much of the wording is ambiguous with a lack of evidence base to justify the suggested approaches." "The slightly ambiguous messaging around low levels of alcohol consumption."	5 (5)
Ambiguity regarding what is included in the neurodevelopmental domains/assessment approaches	"Some of the impairments are not concrete." "Ambiguity in what can and can't be included in the 10 domains."	5 (5)
Not being culturally appropriate	"Culturally sensitive practice/implementation." "Reliance on Western normed tests as evidence of FASD for socially disadvantaged people and their children and this is not how Aboriginal people approach disability or cognitive impairment."	5 (5)
Does not consider patient preferences/lived experiences	"Patient preferences." "Patient input and preferences are often not considered by the guidelines."	4 (4)
Lack of flexibility in the guide	"Autonomy to make changes." "Lack of flexibility in the guideline."	3 (3)
Lack of access to historical records/PAE information	"Getting reports from others." "Historical records can be difficult to access…"	3 (3)
Lack of flexibility with neurodevelopmental domains cut offs	"Domain cut off scores." "More flexibility in enabling FAS to be called on children with not sufficient Rank 3 but lots of Rank 2s on the background of PAE."	3 (3)
Implementation/clinical tools not being user friendly	"Some of the forms are not user friendly." "Clinician summary form is very long, not always very clinically relevant and doesn't have places for paediatric assessment information and data that are integrated with patient file data, so causes double entry of data."	2 (2)

'Spectrum of FASD' not being included/exclusion of children with moderate/mild impairments	"Exclusion of children with mild-moderate impairments from diagnosis and thus recognition by support systems." "Spectrum recognition and inclusion."	2 (2)
Lack of organisation support	"Lack of understanding of FASD by management." "Organisational support for complexity of assessment."	2 (2)
Not believing in FASD diagnosis/FASD diagnosis is not helpful	"Ultimately giving these kids a label of FASD does nothing practical to help them." "I won't use them [the guide], I won't diagnose it [FASD]. I will refer if people want it, but this would be in my opinion immoral."	2 (2)
Diagnosis based on facial features without confirmed PAE	"The specific issue I have is the concept that it is possible to diagnose FASD in the absence of a history of alcohol exposure during pregnancy, on the basis of nonspecific features that overlap with numerous other conditions…" "…As the guidelines stand a patient could have global developmental delay and a couple of non-specific facial features to achieve a FASD diagnosis but have an alternative genetic explanation for these."	2 (2)
Document length/challenges with navigating	"The length of the document." "It's very long and hard to navigate in a hurry, particularly section B."	2 (2)
'Check-list' based approach to diagnosis	"It is over-employed in a check-list fashion in a range of settings and this reduces the actual comprehensive formulation that should occur by some clinicians…"	1 (0.9)
Strict adherence may impact on person centred care	"Sometimes following the Guide strictly can highlight certain disadvantages within the role/organisation and when considering person-centred care and patient outcomes."	1 (0.9)
Health professionals not considering FASD	"Paediatricians etc. not considering FASD and refusing to review for FASD."	1 (0.9)
Lack of community awareness of FASD	"Lack of recognition in community/referring partners therefore minimal referrals."	1 (0.9)
Not including sensory processing	"Families recognise sensory processing challenges impacting on their child's participation which are currently not considered in the diagnostic guide."	1 (0.9)
Terminology of FASD	"The name fetal alcohol spectrum disorder."	1 (0.9)

Note. 101 valid responses used as the denominator. Some responses were coded for multiple content areas. Survey question: *What is the single most important factor noted above that does/will challenge your use of the Australian Guide to the Diagnosis of FASD?*

4.3 Updating

The Guidelines Development Group will take into consideration a range of factors in deciding the most appropriate timeframe for updating the guidelines. This will include feedback from end-users regarding the application of the diagnostic criteria and guidelines in clinical practice, new research findings in the field and international criteria and guidelines. The Guidelines Development Group will seek further funding to support implementation and evaluation of the guidelines, the results of which would also be able to inform when updates to the guidelines are required. Ideally, the Guidelines Development Group would like to explore the possibility of developing living guidelines for FASD/ND/PAE. Living guidelines enable online, dynamically updating summaries of evidence to guide clinical practice and policy development. However, a sustainable funding model would be required to support this type of approach (e.g., annual funding to support regular updating of the guidelines).

5. References

Fischer F, Lange K, Klose K, Geiner W, Kraemer A (2016) Barriers and strategies to guideline implementation – A scoping review. Healthcare 4:36.

Gagliardi AR, Armstrong MJ, Bernhardsson S, Fleuren M, Pardo-Hernandez H, Vernooij RWM, Wilson M, Guidelines International Network Implementation Working Group (2019) The clinician guidelines determinants questionnaire was developed and validated to support tailored implementation planning. Journal of Clinical Epidemiology 113: 129-136.

Gagliardi AR, Brouwers MC, Palda VA, Lemieux-Charles L, Grimshaw JM (2011) How can we improve guideline use? A conceptual framework of implementability. Implementation Science 6: 26.

National Health and Medical Research Council (2020) *Procedures and requirements for meeting NHMRC standards for clinical practice guidelines.* Melbourne: National Health and Medical Research Council.

6. Appendices

Appendix Table 1. Clinician Guideline Determinants Questionnaire (Gagliardi et al., 2019).

Determinant	Question/Statement
SECTION 1. Background Information	
Demographic characteristics	Sex/gender
	Career stage
	Profession/Specialty/Subspecialty
	Country
Attitudes about guidelines	Guidelines (in general) optimize health care delivery and outcomes by supporting patient-clinician communication and decision-making
Experience with guidelines	I have participated in the development of one or more guidelines
SECTION 2. Determinants of Guideline Use	
Awareness and familiarity	What is your level of awareness of/familiarity with the <name> guideline: Choose the response that best matches your scenario
Intention and use	What is your intended or actual use of the <name> guideline: Choose the response that best matches your scenario
Agreement	I agree with the content of the <name> guideline
Expected outcome	Following the guideline will improve care delivery
	Following the guideline will improve patient outcomes
Personal benefits or drawbacks	Following the guideline brings advantageous to me, my practice or organization, of my patients (i.e., supports communication and decision-making, etc.)
	Following the guideline brings disadvantages to me, my practice or organization, or my patients (i.e., time, costs, etc.)
Knowledge	I possess general knowledge about the clinical condition that is needed to use this guideline
Skills	I was trained in the skills (i.e., technical, procedural, cognitive, etc.) needed to use this guideline
Self-efficacy in skills	I am confident that I possess the skills (i.e., technical, procedural, cognitive, problem-solving, etc.) needed to use this guideline
Professional obligation	It is among my self-acknowledged professional responsibilities to follow the procedures, actions or activities recommended in this guideline
Normative use by colleagues	Colleagues in my own organization use the guideline
	Colleagues outside of my organization use the guideline
Expectation of others	Others expect me to use the procedures, actions or activities recommended in this guideline:
Individual autonomy for change	I have the autonomy to make changes needed to follow this guideline
Organizational capacity for change	My organization provides support (leadership, resources, assistance, etc.) needed to use this guideline
Patient satisfaction	The recommendations in this guideline are consistent with my patients' values and preferences
Patient use of guidelines	My patients do, or are likely to accept and follow the recommendations in this guideline
Complexity of guideline	The procedures, actions or activities recommended in this guideline are easy to incorporate in my practice
Guideline format and organization	I can quickly find information in this guideline because the format and layout are easy to navigate
Clarity of recommendations	The wording of the recommendations is clear and unambiguous
Guideline tools	The guideline includes or is accompanied by implementation tools (clinician summary, patient summary, algorithm, medical record forms, etc.)
	Implementation tools included in or with the guideline (clinician summary, patient summary, algorithm, medical record forms, etc.) are helpful to me, my practice or organization, or my patients
Underlying evidence	The guideline clearly describes underlying evidence supporting the recommendations

	The guideline is consistent with the available evidence
Patient preferences	The guideline describes whether patient preferences were collected and influenced the guideline questions, methods or recommendations
SECTION 3. Other Determinants Not Already Mentioned	
Enablers	What is the single most important factor noted above that does/will enable your use of this guideline?
	What is the single most important factor NOT noted above that does/will enable your use of this guideline?
Barriers	What is the single most important factor that does/will challenge your use of this guideline?
	What is the single most important factor NOT mentioned above that does/will challenge your use of this guideline?
SECTION 4. Learning Style	
Information sources typically consulted	What sources do you most often consult for knowledge to guide clinical decision making?
Guideline dissemination preferences	How do you prefer to learn about guidelines?
Guideline delivery format preferences	What is your preferred format for guidelines, guideline summaries or guideline tools?