|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: |       | Date: |       |

**In determining the strength of a recommendation, the development group makes a considered judgment.**

The judgment is made explicit in a consensus process which considers critically appraised evidence, clinical experience, and other dimensions. The rationale for choices of each dimension are to be discussed in the “Discussion/Synthesis of the Evidence” section in the care recommendation documents. The development group will consider what relative weight each dimension listed below contributes when determining the strength of a recommendation.

|  |
| --- |
| **Dimensions for Judging the Strength of a Recommendation** |
| **1. Safety / Harm** | [ ]  Minimal adverse effects | [ ]  Moderate adverse effects | [ ]  Serious adverse effects |
| **2. Benefit to target population***(e.g., health benefit to patient)* | [ ]  Has significant benefit | [ ]  Has moderate benefit | [ ]  Has minimal benefit |
| **3. Burden on population to adhere to recommendation***(e.g., patient cost, hassle, discomfort, pain, motivation, ability to adhere, time)* | [ ]  Low burden of adherence | [ ]  Unable to determine burden of adherence | [ ]  High burden of adherence |
| **4. Cost-effectiveness for the healthcare system***(e.g., balance of cost/savings of resources, staff time, supplies based on published studies/onsite analysis, length of stay)* | [ ]  Cost-effective | [ ]  Inconclusive economic effects | [ ]  Not cost-effective |
| **5. Directness of the Evidence***(i.e., the extent to which the BOE directly answers the clinical question [population/problem, intervention, comparison, outcome])* | [ ]  Evidence directly relates to recommendation for this target population | **[ ]** There is some concern about the directness of evidence as it relates to the recommen­dation for this target population | **[ ]** Evidence only indirectly relates to recommenda­tion for this target popula­tion |
| **6. Impact on quality of life, morbidity, or mortality***(including patient/family goals, values, and preferences)* | **[ ]** Positive impact on quality of life, morbidity, mortality, and values/preferences | **[ ]** Moderate/Neutral impact on quality of life, morbidity, mortality, and values/preferences | **[ ]** Negative impact on quality of life, morbidity, mortality, and values/preferences |
| **7. Grade of the Body of Evidence***(\*GNA – Grade Not Assignable)* | [ ]  High BOE grade | [ ]  Moderate  | [ ]  Low | [ ]  Very Low  | [ ]  GNA\* |

*Reflecting on your answers to the dimensions and given that more answers to the left of the scales\* indicates support
for a stronger recommendation, complete one of the sentences below to judge the strength of this recommendation.*

*\*(Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)*

|  |  |
| --- | --- |
| **[ ]** It is strongly recommended that… | (Recommendation Strength: High) |
| **[ ]** It is recommended that… | (Recommendation Strength: Moderate) |
| **[ ]** It is suggested that… | (Recommendation Strength: Weak) |
| **[ ]** There is insufficient evidence and lack of consensus. | (No recommendation could be made.) |

Some of the concepts for this development based on:

**Guyatt:** Grading strength of recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians task force. *Chest,* 129(1): 174-81, 2006; **Harbour:** A new system for grading recommendations in evidence based guidelines. *BMJ,* 323(7308): 334-6, 2001; and **Steinberg:** Evidence based? Caveat emptor! *Health Aff (Millwood),* 24(1): 80-92, 2005.