LEGEND: Evidence Appraisal of a Single Study

All Domains Guideline



Rev	riewer: To	oday's Date:	Final I	inal Evidence Level:								
Pro	ject/Topic of your Clinical Question:	•										
Arti	cle Title:											
Yea	r: First Author:	ournal:										
ansv	ne aim/purpose/objectives and inclusion/exclusion vering your clinical question? Study Aim/Purpose/Objectives:	□ Yes	□ No	□ Unknown								
• li	nclusion Criteria:											
• E	exclusion Criteria:											
If you are uncertain of your skills in evidence evaluation, please consult a local evidence expert for assistance: • CCHMC Evidence Experts												
Unfamiliar terms can be found in the <u>LEGEND Glossary</u> .												
Sc	ope and Purpose											
1.	Were overall objective(s) of the recommendation	specifically described?	☐ Yes	□ No	☐ Unknown							
2.	Were the health question(s) covered by the recondescribed?	•	□ Yes	□ No	☐ Unknown							
3.	Was the population (patients, public, etc.) to whom the meant to apply specifically described?	e recommendation is	□ Yes	□ No	□ Unknown							
Stakeholder Involvement												
4.	Did the guideline development group include ind relevant professional groups?	☐ Yes	□ No	☐ Unknown								
5.	Were the views and preferences of the target pop sought?	oulation (patients, public, etc.)	☐ Yes	□ No	□ Unknown							
6.	Were the target user(s) of the guideline clearly de	fined?	☐ Yes	□ No	☐ Unknown							
Rig	or of Development											
7.	Were systematic methods used to search for evid	dence?	☐ Yes	□ No	☐ Unknown							
8.	Were the criteria for selecting the evidence clear	y described?	☐ Yes	□ No	☐ Unknown							
9.	Were the strengths and limitations of the body of described?	evidence clearly	☐ Yes	□ No	☐ Unknown							
10.	Were the methods used for formulating the recordescribed?	nmendations clearly	☐ Yes	□ No	☐ Unknown							
11.	Were the health benefits, side effects, and risks or recommendations?	considered in formulating	☐ Yes	□ No	☐ Unknown							
12.	Was there an explicit link between the recommen supporting evidence?	dations and the	☐ Yes	□ No	☐ Unknown							
13.	Was the guideline externally reviewed by experts	prior to its publication?	☐ Yes	□ No	☐ Unknown							
14.	Was a procedure for updating the guideline prov	ided?	☐ Yes	□ No	□ Unknown							
Cla	rity and Presentation											
15.	Were the recommendations specific and unambig	-	☐ Yes	□ No	☐ Unknown							
16.	Were the different options for management of the clearly presented?	e condition or health issue	☐ Yes	□ No	☐ Unknown							
17.	Were key recommendations easily identifiable?		☐ Yes	□ No	☐ Unknown							

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5a

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5a

Applicability																					
18. Did the guideline describe facilitators and barriers to its application?														□ Y	es	□ No	□ Unknown				
19. Did the guideline provide advice and/or tools on how the recommendations can be put into practice?														□Y	es	□ No		□ Unknown			
cons	considered?															es	□ No		□ Unknown		
21. Did the guideline present monitoring and/or auditing criteria?														□ Y	es	□ No		☐ Unknown			
Editorial Independence																					
22. Was the content of the guideline free from any influence of views of the funding body?													□ Y	es	□ No		☐ Unknown				
23. Were competing interests of guideline development group members recorded and addressed?														□ Y	es	□ No		□ Unknown			
24. Would you include this guideline in development of a care recommendation?													□ Y	es	□ No		□ Unknown				
Consider each "No" answer and the degree to which this limitation is a threat to the validity of the results, then check the appropriate box to assign the level of quality for this study/article. Consider an "Unknown" answer to one or more questions as a similar limitation to answering "No," if the information is not available in the article. The Evidence Level is: Good Quality Guideline [5a] Lesser Quality Guideline [5b] Not Valid, Reliable, or Applicable																					
Table of Evidence Levels																					
TYPE OF STUDY / STUDY DESIGN																					
OMAIN OF LINICAL UESTION	Systematic Review Meta-Analysis	Meta-Synthesis	RCT*	cc1*	Qualitative Study	Psychometric Study	Cohort - Prospective	Cohort – Retrospective	Case – Control	Longitudinal (Before/After, Time Series)	Cross – Sectional	Descriptive Study Epidemiology Case Series	Quality Improvement	Mixed Methods Study	Decision Analysis Economic Analysis Computer Simulation	Guidelines	Case Reports N-of-1 Study	Bench Study	Published Expert Opinion	Local Consensus Published Abstracts	

Development for this appraisal form is based on:

1b

DOMAIN OF

All Domains

CLINICAL QUESTION

- 1. The AGREE Collaboration. Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument. www.agreecollaboration.org
- 2. Guyatt, G.; Rennie, D.; Evidence-Based Medicine Working Group.; and American Medical Association.: Users' guides to the medical literature: a manual for evidence-based clinical practice. Users' guides to the medical literature: a manual for evidence-based clinical practice: "JAMA & archives journals." Chicago, IL, 2002

4a

4b

2/3/4

5a

- Fineout-Overholt, E. and L. Johnston (2005). "Teaching EBP: asking searchable, answerable clinical questions." Worldviews Evid Based Nurs 2(3):
- Phillips, et al: Oxford Centre for Evidence-based Medicine Levels of Evidence, 2001. Last accessed Nov 14, 2007 from http://www.cebm.net/index.aspx?o=1025
- Clark, E., Burkett, K., & Stanko-Lopp, D. (2009, Dec). Let Evidence Guide Every New Decision (LEGEND): an evidence evaluation system for pointof-care clinicians and guideline development teams [CCHMC LEGEND development]. J Eval Clin Pract, 15(6), 1054-1060.

^{*}RCT = Randomized Controlled Trial; CCT = Controlled Clinical Trial