

ORIGINAL RESEARCH

Critical Appraisal of Clinical Practice Guidelines (CPG) Training for Graduate Student Nurses: Exemplar of a CPG for the Management of Post-Traumatic Stress Disorder (PTSD)

Peter Torcivia¹, Ifeoma Nkemakolam², M. Danet Lapiz-Bluhm^{3*}

¹Genesis Behavioral Health, San Antonio, TX

²Veteran Health Administration, San Antonio, TX

³School of Nursing, University of Texas Health Science Center at San Antonio

***Corresponding Author** - M. Danet Lapiz-Bluhm, School of Nursing, University of Texas Health at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900.

E-mail: lapiz@uthscsa.edu

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Abstract

Background: Clinical practice guidelines serve as a framework for clinical decisions supporting best practices to optimize patient care. Critical appraisal of a clinical practice guideline is an important clinical skill for advanced practice nurses and other advanced healthcare professionals. Hence, advanced practice nursing students should receive appraisal training of clinical practice guidelines to develop their critical skills in determining their quality and potential incorporation into evidence-based clinical practice. **Objective:** This paper describes the incorporation of a critical appraisal of a clinical practice guideline in a graduate nursing program for advanced nursing practice. As an exemplar of the appraisal process, the clinical practice guideline from the United States (US) Department of Veterans Affairs and the Department of Defense (VA/DoD) on the management of post-traumatic stress disorder and acute stress disorder was critically appraised. **Methodology:** Students enrolled in a graduate nursing course were formed into groups of 3-4, and selected a clinical practice guideline according to their specialty. A group of four students enrolled in the Psychiatric and Mental Health Nurse Practitioner program critically appraised the VA/DoD clinical practice related to the management of posttraumatic stress disorder and acute stress disorder using the Appraisal of Guidelines for Research and Evaluation (AGREE) II Instrument. Students' performance and feedback were evaluated. **Results:** The students viewed the course activity positively and appreciated learning the CPG appraisal process and its use in practice. The VA/DoD clinical practice guideline was deemed of high quality and user-friendly for practitioners' use in clinical decision-making despite minor limitations. **Conclusion and recommendations:** Incorporation of clinical practice guideline assessment using the AGREE II Instrument in the advanced practice nursing curriculum should be considered. Participating graduate students considered the skill needed for their future advanced practice. Regular updates of clinical practice guidelines and their appraisals are also recommended.

Keywords: post-traumatic stress disorder or PTSD, clinical practice guideline appraisal, veteran care, advanced nursing practice, AGREE II Instrument

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Critical Appraisal of Clinical Practice Guidelines (CPG) Training for Graduate Student Nurses: Exemplar of a CPG for the Management of Post-Traumatic Stress Disorder (PTSD)

Clinical practice guidelines (CPGs) are systematically developed statements based on a rigorous review of the best available evidence and provide recommendations on how to optimize patient management. They are intended to affect decisions made by health care providers, policymakers, and patients. As outlined by Treateault et al. (2019), the main objectives of CPGs are to: synthesize and translate the highest quality of evidence into practice recommendations; optimize treatment outcomes and reduce the use of any harmful or unnecessary interventions; establish standards of care and reduce inappropriate practice variations; facilitate shared decision making among providers (e.g., physicians, nurse practitioners, physician assistants), patients, and their caregivers; and, inform policymakers in their decisions about the allocation of healthcare resources.

Intended to be used as guidelines, CPGs are not the sole reference for decisions related to patient management, reimbursement policies, performance measures, legal precedents, or comprehensive management. Quality evidence-based practice requires the combination of best research evidence, clinical expertise, and patient preferences.

CPGs are ubiquitous in healthcare systems. In 2011, the Guidelines International Network database reportedly had more than 3,700 guidelines from 39 countries; the US National Guideline Clearinghouse had a total collection of 2,700 CPGs (Institute of Medicine, 2011). Developers and users of CPGs include not only clinicians but also diverse organizations such as clinical specialty societies, disease advocacy groups, federal and local agencies, health insurance plans, and commercial companies. The Institute of Medicine Committee on Standards for Developing Trustworthy Clinical Practice Guidelines highlighted that some of the available CPGs suffer from shortcomings during the guideline development process, which undermined their quality and trustworthiness (Institute of Medicine, 2011). These shortcomings include variable quality of individual scientific studies; limitations in systematic reviews upon which the CPGs are based lack the transparency of development groups' methodologies; failure to convene multi-stakeholder, multi-disciplinary guideline development groups, and corresponding non-reconciliation of conflicting guidelines; unmanaged conflicts of interest (COI); and overall failure to use rigorous methodologies in the CPG development. In some CPGs, the evidence supporting clinical decision-making and CPG development relevant to subpopulations, such as patients with comorbidities, the socioeconomically disadvantaged, and those with rare conditions, are absent. Hence, there is a need for international standards for rigorous CPG development and appraisal. Guideline appraisal tools are used as a standard to evaluate the quality of available clinical practice guidelines

(Hoffmann-Eßer et al., 2018). The Appraisal of Guidelines for Research and Evaluation [AGREE] Instrument, which was updated to AGREE II, has been used to appraise the quality of CPGs.

Studies show that the AGREE II is a valid and reliable instrument widely used for assessing the methodological quality of practice guidelines (Brouwers et al., 2016). In 2018 alone, over 100 CPGs and studies were assessed using this tool (Canadian Institute of Health Research, n.d.); most were conducted by medical specialists. Considering the diverse quality of available CPGs, their appraisal is an important part of evidence-based practice for the implementation of the recommendations to optimize patient management (Torrens et al., 2020). Hence, healthcare providers should be adept at appraising CPGs for potential implementation to practice. Advanced nurse practitioners who are consumers of CPG need to have training on their appraisal. Hence, the inclusion of a CPG appraisal activity such as using the AGREE II among students enrolled in an advanced nurse practitioner program is highly recommended.

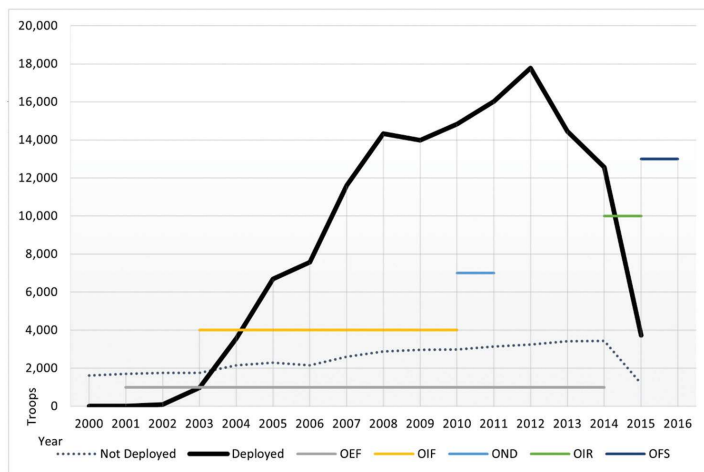
This study describes the critical appraisal of CPGs using the AGREE II as a learning activity for graduate students enrolled in the Psychiatric and Mental Health Nurse Practitioner program. The United States (US) Department of Veterans Affairs and the Department of Defense (VA/DoD) CPG for the management of Post-Traumatic Stress Disorder (PTSD) and acute stress disorder (ASD) was appraised as exemplar. To the best of our knowledge, this CPG has not been critically examined using the AGREE II Instrument.

Significance of PTSD and the Clinical Practice Guideline

Since 2001, the deployment of United States (US) military active duty, reserve, and national guard personnel have been associated with an increased incidence of PTSD and ASD in military members (Congressional Research Service, 2017). Newly diagnosed PTSD among service members reportedly peaked in 2012 (Figure 1), at approximately 18,000 per annum (Congressional Research Service & Fischer, 2015). About 7–20% of service members and veterans who served in Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) may have PTSD due to multiple deployments and prolonged combat-related stressors (Tanielian and Jaycox, 2008). A meta-analysis (33 studies with 4,945,897 OEF/ OIF Veterans) reported approximately 23% of US veterans have PTSD (Fulton et al., 2015), highlighting the significance of this condition.

Figure 1

Newly Diagnosed PTSD Cases per Annum - Combined all Service Branches on Active Duty



Note. Data from the Congressional Research Service (2015; 2017). Legend: OEF = Operation Enduring Freedom, Afghanistan; OIF = Operation Iraqi Freedom, Iraq; OND = Operation New Dawn, Iraq; OIR = Operation Inherent Resolve, Iraq and Syria; OFS = Operation Freedom's Sentinel, Afghanistan.

PTSD is characterized by a constellation of mental health symptoms associated with the traumatic event, including intrusion symptoms, persistent avoidance of trauma-associated stimuli, adverse alterations in cognition and mood, and marked alterations in arousal and reactivity lasting greater than one month and impairing daily functioning (American Psychiatric Association, 2013; Lapiz-Bluhm & Peterson, 2014). PTSD may be comorbid with other health conditions such as traumatic brain injury (TBI), chronic pain, substance use disorder, and intimate partner violence (NCBI, 2014). The effects of PTSD are pervasive affecting immediate family, social relationships, and work (Tanielian & Jaycox, 2008). To address PTSD, the Department of Defense (DoD) and the Department of Veterans Affairs (VA) offered multiple programs for early screening, diagnosis, treatment, and vocational rehabilitation for veterans suspected of, or at particularly high risk for PTSD. To this end, a robust, client-centric clinical practice guideline is needed.

In 2010 and later revised in 2017, the VA and DoD published a CPG for PTSD and ASD to improve patient management and clinical outcomes by providing critical decision points in PTSD and ASD management and advising clear and comprehensive evidence-based recommendations that incorporate current information and practices for practitioners throughout the DoD and VA Health Care systems (U.S. Department of Veterans Affairs, 2017). The CPG is based on a systematic review of both clinical and epidemiological evidence and developed by a panel of multidisciplinary experts, to provide a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendations (U.S. Department of Veterans Affairs, 2017).

Methodology**Sample and Setting**

Students ($N=21$) enrolled in a Master of Science in Nursing (MSN) course, Translating Research for Advanced Practice Nursing, for the Fall 2018 semester at the University of Texas Health Science Center at San Antonio, completed a module on clinical practice guidelines. The module introduced the role of CPG in evidence-based practice (EBP), the development process, and appraisal. Students were required to identify a CPG of interest, preferably one that applies to their specialty. Students received CPG search instructions and an introduction to the AGREE II and received in-class training on how to calculate the domain scores, scaled domain scores, and overall scores with an Excel spreadsheet created by the faculty. Subsequently, students completed an independent online tutorial on the AGREE II to ensure adherence to the appraisal process (AGREE II NextStep Consortium, 2017). Throughout this learning experience, the students regularly met with the faculty for supervision and support. They were also asked to share their reflection on the activity following module completion.

Data included in this paper is from the appraisal process of four students enrolled in the Psychiatric and Mental Health Nurse Practitioner program. This group of students (hereafter is referred to as the "team") chose to find a Clinical Practice Guideline for the management of Post-Traumatic Stress Disorder. Each team member independently conducted a systematic search between October 9 – 18, 2018 of databases, including the Turning Research Into Practice (TRIP) database, Guidelines and Measures of the Agency for Healthcare Research and Quality, and the National Institute for Health and Care Excellence (NICE), and relevant web pages (e.g., American Psychological Association, US Department of Veterans Affairs). A systematic search was also performed in MEDLINE and EMBASE, using terms such as 'post-traumatic stress disorder' or 'PTSD' and 'clinical practice guidelines' or 'CPG.' They limited their search to the last five years. The team compiled all search results, which was limited. They subsequently chose to appraise the most recent 2017 VA/DoD CPG for the management of PTSD found on the VA website (US Department of Veterans Affairs, 2017).

The AGREE II Instrument

Each student member of the team independently assessed the CPG using the AGREE II Instrument (Brouwers et al., 2010a, 2010b; 2010c). In 2016, a study assessed the construct validity of the items and user's manual in the β version of the AGREE II (Brouwers et al., 2016) among individuals from diverse educational backgrounds or levels (i.e., physician, registered nurse, bachelor's, master's, Ph.D.) and roles (i.e., clinicians, policy or decision-makers, researchers). Multivariable analysis of variance yielded a significant main effect for guideline quality ($p = 0.005$). The AGREE II Instrument reliably discriminated between high and low-quality CPGs. CPG designed to be of high quality was rated higher than low-quality content; in 18 of 21 cases, the differences were significant ($p < 0.05$). The mean usability scores of the β version of the user's manual across each of the AGREE II items were high, with a range of 5.43–6.43 for the measure of appropriateness, 5.33–6.33 for that of ease of application,

and 5.21–6.27 for that of ability to discriminate (Brouwers et al., 2016). The participants also provided considerable written feedback, including specific suggestions for improvements to the instrument. All feedback was formally discussed by the AGREE Next Steps Consortium, and final modifications were made to develop the AGREE II (Brouwers et al., 2016).

The AGREE II has six domains: 1-Scope and Purpose, 2-Stakeholder Involvement; 3-Rigor of Development; 4-Clarity of Presentation; 5-Applicability; and 6-Editorial Independence (AGREE Research Trust, 2014). Within these domains are a total of 23 items targeting various aspects of practice guideline quality. The AGREE II also includes two final overall assessment items requiring the appraiser to make overall judgments of the practice guideline while considering how they rated the 23 items. Each item required a rating on a seven-point Likert scale from strongly disagree (rating=1) through strongly agree (rating=7). Domain scores can be used to identify the strengths and limitations of guidelines, compare methodological quality between guidelines, or select high-quality guidelines for adaptation, endorsement, or implementation (AGREE Next Step Consortium, 2017).

The AGREE Research Trust (2014) funded by the Canadian Institutes of Health Research provides extensive resources about the AGREE II Instrument and its uses. The institution recommends that the appraisal process have at least two, preferably four, appraisers for each clinical guideline to increase the reliability of the assessment. Before applying the tool, the appraisers should read fully the clinical guideline, as well as any accompanying documents. The appraisal includes two scoring steps: (1) using individual appraisers' scores and (2) reaching a consensus. The purpose of the appraisal is to identify limitations of the clinical guideline being considered and to select high-quality clinical guidelines for implementation.

Each student was provided a copy of the AGREE II Instrument's scoring sheet (AGREE Next Step Consortium, 2017) and independently rated each of the six domains and provided rationales for their ratings. The scores of the individual items in each domain were added to calculate the maximum possible score for that domain. The team made an overall assessment of the guideline and rated its overall quality and recommendation for use. After completion of the individual CPG appraisal, the members met and pooled together the ratings and calculated the scaled domain score. For each domain, the names of the team members were entered on an individual row with their ratings. The domain scores were calculated and the ratings from each member were summed. All sums were calculated for the total domain score. The team discussed their ratings and comments related to each item as well as recommendations. The course faculty reviewed the completed AGREE II appraisal of the CPG and provided feedback.

Figure 2

Steps of AGREE II Instrument Appraisal Calculation with an Example

1. After fully reading the chosen clinical practice guideline (CPG), provide the rating for the six domains, per AGREE II description.

A sample scoring for Domain 1 (Scope and Purpose) is shown below. The same scoring is with all the other domains

Example scores for Domain 1

Group Member Names	Item 1	Item 2	Item 3	Total
Sample Appraiser 1	5	6	6	17
Sample Appraiser 2	6	6	7	19
Sample Appraiser 3	2	4	3	9
Sample Appraiser 4	3	3	2	8
TOTAL	16	19	18	53

2. Calculate the minimum and maximum group domain scale scores, as shown below.

For each domain, the minimum possible score is equal to:

1 (strongly disagree) x (Number of items for a domain) x (Number of team members)

Example for Domain 1 shown above:

1 x 3(items) x 4 (number of team members) = 12 (minimum possible score)

For each domain, the maximum possible score is equal to:

7 (strongly agree) x (# of items in that domain) x (Total # of students in your group)

Example for Domain 1 shown above:

7 x 3(items) x 4 (number of members in group) = 84 (maximum possible score)

3. Calculate the scaled domain score by performing the equation below, then multiplying by 100 to derive the scale percentage score:

Obtained total (BLUE) score - Minimum possible score
Maximum possible score - Minimum possible score

Example:

$$\frac{53 - 12}{84 - 12}$$

→

$$\frac{41}{72} = 0.5694$$

$$0.5694 \times 100 = 57\%$$

Ethical Approval

The publication of the CPG appraisal activity was approved as non-regulated research from the Institutional Review Board of the University of Texas Health Science Center at San Antonio.

Results

Student Performance and Feedback

The students performed well on this activity with grades from 81% to 97% out of a 20-point grading scale. Aspects for improvement included the provision of the rationale for domain ratings and documentation of consensus discussion. Students' reflective feedback highlighted the importance of the skills of searching for relevant CPGs, especially knowledge of the available databases, and appraising a CPG. One shared, "It was important for me to know the different databases to search for a CPG. It will be handy for me as an APN." Another shared, "We looked at every database and finally found one developed by DoD/VA."

With regards to the actual appraisal training, the students highlighted that they could identify and be aware of the strengths and limitations of guidelines and select those that are of high-quality for adaptation in clinical practice. One student shared, "Through this experience, I now know how to assess and appraise

a CPG. As an APN, when I look at a CPG, I can identify various aspects of the document such as its strengths and limitations.” Another student shared, “Knowing the strengths and limitations of a CPG will allow me to decide more objectively if I am going to adapt the recommendations to my clinical setting.”

Appraisal of the VA/DoD Guideline for the Management of PTSD and ASD

This section describes the student team appraisal ratings per domain and highlights the domain items (Table 1).

Table 1
Appraisal Rating of the VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder

Domain	Group Sum	Max Possible	Percent	Appraisal Rating
Scope and Purpose:	79	84	94%	Strongly Agree
Stakeholder Involvement	73	84	87%	Moderately Agree
Rigor of Development	194	224	87%	Moderately Agree
Clarity of Presentation	83	84	99%	Strongly Agree
Applicability	94	112	84%	Moderately Agree
Editorial Independence	49	56	88%	Moderately Agree
Overall Assessment	24	28	86%	Moderately Agree

Domain 1- Scope and Purpose

For Domain 1, the team considered the clarity of the main objectives of the CPGs, the health questions that the CPGs address, and the identified target population. The scaled Domain 1 score of the VA/DoD CPG was 94%. The group was nearly unanimous that the overall objectives of the guideline and the target patient population were clearly described. One member indicated that the health questions (Item 2) for the guideline were not clear. The consensus for this domain was that the CPG provides clear objectives and health benefits as well as the relevant health questions. The guidelines were specified for the adult patient target population, but do not address treatment options for children and adolescents.

Domain 2- Stakeholders Involvement

For Domain 2, the team focused on the extent to which the CPG was developed by the appropriate stakeholders and how well it represented the views of its intended users. The scaled score for Domain 2 of the VA/DoD CPG was 87%. Most of the team members strongly agreed that the stakeholder guidelines were clearly defined. However, the team considered that the stakeholders developing the guideline were not diverse enough to be representative of the intended users and recipients. The

guideline development group consisted of 12 representatives from the VA and the DoD, two representatives from the Office of Quality, Safety, and Value Veterans Health Administration, three representatives from the Office of Evidence-Based Practice, four representatives from the Lewin Group, four representatives from the Emergency Care Research Institute (ECRI), five US Army Medical Command representatives, one individual from the Sigma Health Consulting, LLC, and two representatives from the DutyFirst Consulting. It was not clear whether there was enough representation from community Veteran groups and patients, advanced nurse practitioners, and other mental health specialties.

Domain 3-Rigour of Development

For Domain 3, the team examined the method and process of evidence search, grading, summary, and the formulation of the recommendations articulated in the CPG. The Domain 3 scaled score for the VA/DoD CPG was 87%. The team members strongly agreed that the guideline provided a clear description of the criteria used for selecting the evidence. It described the strengths and limitations of the evidence, methods for formulating the recommendations, the health benefits, side effects, and risks. The recommendations were supported by research evidence. Before its publication, the guideline was appropriately reviewed by experts (independent and external to the development). However, the team was not unanimous regarding the clarity and description of the methods necessary for formulating recommendations nor the availability of a procedure for updating the guideline. While the VA/DoD CPG indicates the necessity of review and subsequent update (U.S. Department of Veterans Affairs, 2017), no specifics regarding the frequency of review or the process were noted.

Domain 4- Clarity of Presentation

For Domain 4, the team considered the presentation and format of the CPG. The scaled score for Domain 4 for the VA/DoD CPG was 99%. The team strongly considered the recommendations to be specific and unambiguous. The treatment options for PTSD were considered clear and the key recommendations easily identifiable. The guideline provided sufficient background information on PTSD and its related disorders. The explanations on the strong and weak recommendations were clear and easily understood. The team considered the guideline to contain comprehensive data on different treatment options for veterans with PTSD and included an algorithm to facilitate clinical decisions.

Domain 5- Applicability

For Domain 5, the team focused on processes related to guideline implementation, such as organizational facilitators, barriers, additional materials provided, cost implications, and monitoring or audit criteria. The Domain 5 scaled score for the VA/DoD CPG was 84%. Most of the team members strongly agreed that the guideline provided a good description of facilitators and barriers to its application. The guideline provided advice and tools for practice implementation and promotes patient-centered care by encouraging the clinician to individualize treatment plans and compare desirable versus undesirable outcomes before use. In terms of monitoring and auditing criteria, the individual rating for each team member varied to the extent that this criterion was

fully discussed. The team agreed that the VA/DoD CPG provided information on the treatment adherence level, medication, and symptom monitoring. However, the team deemed the monitoring and auditing criteria were not sufficiently covered because the guideline did not provide any method for monitoring and auditing.

Domain 6- Editorial Independence

For Domain 6, the team considered the funding conflicts and competing interests of experts involved in the guideline development. The Domain 6 scaled score for the VA/DoD CPG was 88%. The team strongly agreed that the views of the sponsoring organization did not appear to influence the content of the guideline. The guideline addresses the potentially competing interests of the development group members. The VA/DoD funded the project but maintained objectivity from the views of the workgroup. As documented in the guideline, the VA/DoD leadership supported the development workgroup throughout the project and solicited input from experts to analyze and appraise the CPG before publication (U.S. Department of Veterans Affairs, 2017). The members of the VA/DoD CPG workgroup were required to submit a disclosure statement indicating any conflict of interest. The team conducted an online search of the guideline workgroup members and other stakeholders and found no potential conflicts of interest.

Overall Rating Impression

For the overall rating, the team considered the comprehensive quality of the guideline and its recommendation for use in practice. The team's scaled rating for this criterion of the VA/DoD CPG was 86% and reflected the appraisal of the different domains. The team's overall impression was that this CPG is a reliable tool, useful for clinical decision-making in the treatment of PTSD. However, some minor issues related to its development were raised.

Discussion

Well-developed CPGs with valid recommendations can potentially minimize variations in healthcare and improve clinical outcomes (Sekercioglu et al., 2017). They guide healthcare providers on the management of specific conditions and should be of high quality. The AGREE II Reporting Checklist, developed by the AGREE Research Trust funded by the Canadian Institutes of Health Research, outlines the reporting standards needed to achieve a high-quality practice guideline. The Checklist is recommended for guideline development to ensure the inclusion of all necessary information in the CPG, as well as for the production of manuals and protocols (Brouwers et al., 2016). Practice guideline funding agencies and research institutions can promote or mandate adherence to the AGREE II reporting checklist to optimize transparency of required content and to reduce duplication. Additionally, the AGREE II Reporting Checklist can be used by scholarly publications in communicating expectations of submitted manuscripts that appraise CPGs (Brouwers et al., 2016).

On the user end, the AGREE II Instrument is a useful tool for healthcare practitioners when considering the adaptation and implementation of a CPG. Hence, it is important for healthcare

professional students, especially those in advanced practice, to receive training in the use of the AGREE II. The feedback of the graduate students on the CPG appraisal activity stands as a testament to the value of its inclusion in their educational program. Their feedback echoed with the AGREE II NextSteps Consortium's (2017) goals for CPG appraisal – to identify the strengths and limitations of guidelines, to compare methodological quality between guidelines, or to select high-quality guidelines for adaptation, endorsement, or implementation.

Appraisal of the VA/DoD CPG for the Management of PTSD and ASD

The students' appraisal of the VA/DoD CPG for the management of PTSD and ASD showcased their learning and skills. They considered the VA/DoD CPG to be of high quality (86% out of 100%) and their scaled scores were 80% and above for all domains. The outlined guidelines were deemed easy to use with the potential to improve clinical outcomes if implemented correctly. The inclusion of an evidence-based rationale for a given intervention and algorithm is useful for key decision-making in patient management, especially for new practitioners. It will also guide healthcare providers to tailor their evidence-based care with consideration of the clinical context and patient preferences. Some limitations of the CPG were also identified. The guideline did not include a scheduled review process or a specific update timeline. The guideline developers' feedback workshop for veteran and patient stakeholders may have also been limited. There were reservations about whether the focus group fully reflected patients' values and preferences as well as other relevant stakeholders such as nurses and caregivers. A more detailed description of the composition of the feedback group and the content is needed.

Based on the VA/DoD CPG for the management of PTSD and ASD appraisal, several relevant recommendations emerged. A CPG should outline criteria for review, not only in terms of time (i.e., within the last five years), but to consider emerging evidence that may deem current practice unsafe or ineffective. The workgroup developing a CPG should consider involving a broader diverse group (especially including patients, caregivers, and other healthcare specialties relevant to the condition) to provide feedback on the CPG before its approval and publication. The description of the composition of this feedback group and process should be detailed in the CPG to allow transparency and to facilitate the appraisal process. It is also recommended that clinicians should consider using the AGREE II Instrument to evaluate a CPG before implementation. Clinicians should receive training in the use of the AGREE II appraisal as part of their advanced practice education.

Limitations

This study has its limitations. Data were from one cohort of MSN students, which may introduce bias unique to this cohort. The MSN students who appraised the VA/DoD CPG were enrolled in the Psych/Mental Health Nurse Practitioner's Program. Their level of educational preparation at the time of the appraisal was a potential weakness. They were not yet advanced nurse practitioners with full practice authority. Their limited

advanced clinical experience may have influenced the appraisal. However, the students each had on average of over five years experience as registered nurses at the time of this appraisal. It is noteworthy that the AGREE NextSteps Consortium (2017) does not limit its use among advanced practitioners. It is structured for use among individuals who want to appraise a CPG. Moreover, the Consortium recommends an appraisal team of two, preferably four. Hence, the composition and number of appraisers meet the recommendation.

Conclusion

CPGs are important resources intended to improve patient outcomes; however, their quality may vary. The AGREE II Instrument is a valid and reliable resource to appraise CPG quality and has been widely used (AGREE II NextSteps Consortium, 2017). Clinicians, especially advanced practice nurses, should receive an introduction and appraisal training on the use of the AGREE II Instrument as part of their formal education.

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