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

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-TRUST

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

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 primary 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.

- 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.

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### References


