

**CICER**  
Tacaíocht don Treoirline Chliniciúil  
Clinical Guideline Support

# PROJECT PROTOCOL

**Scalable Training and Knowledge Exchange on  
guideline development for patients, public, and  
healthcare professionals (The STAKEholder  
Project)**

**September 2025**



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

**NATIONAL  
CLINICAL  
EFFECTIVENESS  
COMMITTEE**

**HR<sup>B</sup>** An Bord  
Taighde Sláinte  
Health Research  
Board

## About CICER

In 2016, the Department of Health requested that the Health Research Board (HRB) fund an evidence synthesis service to support the activities of the Minister-appointed National Clinical Effectiveness Committee (NCEC). Following a competitive process, HIQA was awarded research funding spanning the period from 2017 to 2024 to produce the evidence to support the development of National Clinical Guidelines. This funding was renewed through a competitive process to support the work of the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) from 2024 to 2028. The CICER team comprises a dedicated multidisciplinary research team supported by staff from the Health Technology Assessment team in HIQA, the Discipline of Public Health and Primary Care in the School of Medicine in Trinity College Dublin, as well as national and international clinical and methodological experts.

With regard to clinical guidelines, the role of the CICER team is to independently review evidence and provide scientific support for the development (by guideline development groups (GDGs)) of National Clinical Guidelines for the NCEC. The CICER team undertakes systematic reviews of the clinical effectiveness and cost-effectiveness of interventions included in the guidelines, as well as estimating the budget impact of implementing the guidelines. The CICER team also works closely with the GDGs and provides tailored training sessions; assists in the development of clinical questions and search strategies; performs systematic reviews of international clinical guidelines and supports the assessment of their suitability for adaptation to Ireland; and supports the development of evidence-based recommendations informed within the National Clinical Guidelines.

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## List of abbreviations

|              |  |
|--------------|--|
| <b>APA</b>   | Applied Partnership Award                        |
| <b>CICER</b> | Clinical guidelines support and Evidence Reviews |
| <b>CEU</b>   | Clinical Effectiveness Unit                      |
| <b>GDG</b>   | Guideline Development Group                      |
| <b>HIQA</b>  | Health Information and Quality Authority         |
| <b>HSE</b>   | Health Service Executive                         |
| <b>HTA</b>   | health technology assessment                     |
| <b>KTA</b>   | Knowledge Translation Award                      |
| <b>NCEC</b>  | National Clinical Effectiveness Committee        |
| <b>SAM</b>   | Successive Approximation Model                   |

## 1 Introduction

Clinical guidelines are sets of recommendations for a particular disease area or healthcare need, published by a trusted organisation, which aim to optimise patient outcomes.<sup>(1-3)</sup> Health professionals and policymakers use clinical guidelines to help them deliver healthcare based on the best available scientific research.<sup>(3, 4)</sup> In Ireland, National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines are created through a detailed process by guideline development groups.<sup>(3)</sup> Here, the term clinical guideline will refer to clinical guidelines that could be produced at all levels and National Clinical Guidelines will refer to NCEC or Health Service Executive (HSE) National Clinical Guidelines, which are produced and implemented at the national level in Ireland.

There is a growing interest in engaging a range of stakeholders in clinical guideline development, namely healthcare consumers, health professionals, administrators, payers, providers, and purchasers.<sup>(5)</sup> In this document, the term healthcare consumer is used to refer to patients who use health and social care services, carers, parents and guardians, and members of the public and communities who are potential users of the health and social care services.<sup>(6)</sup>

Engaging stakeholders in clinical guideline development has been recommended by international organisations, such as Guidelines International Network, National Academy of Medicine, and the National Institute for Health and Care.<sup>(2, 7, 8)</sup> In Ireland, the NCEC recommends considering the following stakeholder groups when developing National Clinical Guidelines:

- patients, carers, the public and their representative groups (considering for example, under-represented groups such as Traveller, migrant, and LGBTQ+ communities)
- health professionals (for example, doctors, nurses, allied health professionals, community health workers, social workers)
- healthcare managers (for example, healthcare administrators, programme managers)
- voluntary organisations and charities (for example, community representatives)
- education providers (for example, clinical educators, universities, academics)

- government (for example, government agencies, HSE, Department of Health)
- professional regulators, health services regulators
- international organisations that may be in the process or have completed relevant clinical guidelines
- others as appropriate<sup>(3)</sup> (for example, private healthcare providers, insurance companies, journal editors, legal or ethics experts)

Research has shown that effectively engaging with stakeholders helps to improve clinical guideline implementability.<sup>(9)</sup> A number of tools, such as the GIN Public Toolkit, published in 2012 (updated in 2021), have been developed to assist with involving certain groups in the clinical guideline development process, particularly healthcare consumers,<sup>(10, 11)</sup> highlighting the move internationally towards greater involvement of these groups in the clinical guideline development process.

Amid the growing interest, there is still a gap in awareness among healthcare consumers and health professionals regarding what clinical guidelines are, how they are created, and how to get involved in the development process.<sup>(12-14)</sup> This gap could potentially lead to a lost opportunity to ensure recommendations are based on real clinical practice and lived experience, and address outcomes that matter most to patients. While there are frameworks for clinical guideline development more generally, there is limited information on how and when to engage stakeholders throughout the clinical guideline development process.<sup>(15)</sup>

In light of this gap, the CICER team was awarded the Knowledge Translation Award (KTA) for “Scalable Training And Knowledge Exchange on guideline development for patients, public, and healthcare professionals: The STAKEholder project”. This project aims to improve knowledge exchange within the CICER grant by co-producing learning materials with healthcare consumers and health professionals. Co-production refers to the “active involvement of citizens in service planning, design and delivery including the direct involvement of users in the production, at least in part, of their own services”.<sup>(16)</sup> Through the development and dissemination of learning materials, the project intends to foster better engagement of these stakeholder groups in future development of National Clinical Guidelines.

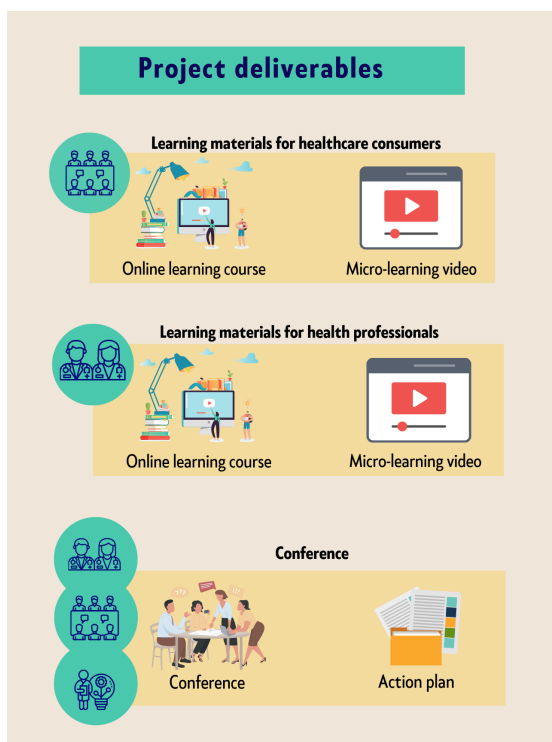
The STAKEholder project has the following objectives:

- to improve awareness and transparency around what National Clinical Guidelines are and how they are developed in Ireland
- to prepare healthcare consumers and health professionals to be active National Clinical Guideline development group members, and
- to better understand healthcare consumers' and health professionals' perspectives and preferences on how National Clinical Guidelines are created and implemented.

## 2 Deliverables

The project intends to reach its objectives by creating innovative online learning materials and hosting an in-person knowledge exchange conference. Within the Irish context, there is a lack of online learning materials designed specifically for healthcare consumers and health professionals who are new to National Clinical Guideline development. To bridge this gap, the project will result in the following deliverables as shown in Figure 1.

**Figure 1 Project deliverables**



## **2.1 Online learning courses (two versions)**

One set of key deliverables of the project is online learning courses. Two 30-40 minute courses will be developed: one for healthcare consumers and one for health professionals, with the aim of strengthening knowledge about National Clinical Guideline development in Ireland. These courses will be targeted to (1) healthcare consumers and (2) health professionals respectively, who are prospective or current members of National Clinical Guideline development groups (GDGs).

The two online learning courses will cover the steps of national clinical guideline development in Ireland, while highlighting the unique roles of healthcare consumers and health professionals respectively. The two courses will comprise of self-paced learning materials, interactive features, and case story presentations, along with reflection and feedback on understanding through quizzes. The modules will be hosted on HIQA.ie and HSEland.ie. The two online learning courses will be developed using Articulate®, a platform for creating online learning materials.

## **2.2 Micro-learning videos (two versions)**

The two micro-learning videos will each be about 60 to 90 seconds long and designed to spread general awareness about National Clinical Guideline development in Ireland and how stakeholders can participate in the process. The videos, targeting healthcare consumers and health professionals respectively, will be developed, hosted and circulated through HIQA's website and YouTube channel and other short video platforms, based on suitability of the video length and target audience. The micro-learning videos will also be circulated to different patient organisations. These videos will be developed using Canva®, an online design and visual animation platform.

Further details about the online learning materials and how they will be developed and disseminated is described in Section 6: Proposed project activities.

## **2.3 In-person conference**

An in-person conference will be hosted by the CICER team in collaboration with researchers from RCSI University of Medicine and Health Sciences, with key input from healthcare consumers, health professionals, and subject matter experts in health decision-making, health technology assessment (HTA), clinical guideline development, and implementation science. The conference theme will focus on the ecosystem of health decision-making in Ireland and the role of stakeholders. The event will include keynote presentations, one from a person with lived experience and who has been involved in clinical guideline development and an experienced methodologist with a background in HTA and clinical guideline development. These presentations will be followed by interactive discussion activities on engagement of stakeholders in clinical guideline development to enhance trust, empowerment and creativity around clinical guideline development. The discussion will cover topics such as stakeholder identification, communication and collaboration, involvement, and dissemination of materials. A key deliverable from the conference will be the creation of an action plan on future possibilities for stakeholder involvement in HTA and clinical guidelines.

### 3 Establishment of an advisory group

The advisory group will be the governing body advising on all aspects of the project. The group will be composed of co-applicants and collaborators listed in the project grant application, plus any additional members with expertise required, as the project develops. Its members represent different stakeholder groups, such as healthcare consumers, health professionals, and subject matter experts. The members of the advisory group and their role are outlined in Table 1.

**Table 1 Advisory group members**

| Name and organisation                          | Area of expertise                                  |
|--|--|
| Ms. Caoimhe O'Connell, HIQA                    | Communications                                     |
| Ms. Stacey Grealis                             | Healthcare consumer involvement                    |
| Dr. Colm Henry, Health Service Executive (HSE) | Health system leadership, decision maker           |
| Dr. Paul Kavanagh, HSE                         | Public health medicine, evidence synthesis         |
| Dr. Celine Larkin, HIQA                        | Implementation science                             |
| Dr. Louise Larkin, HIQA                        | Healthcare consumer involvement                    |
| Ms. Michelle O'Neill, HIQA                     | Evidence synthesis, clinical guideline development |
| Prof. Byron Powell, Washington University      | Implementation science                             |
| Dr. Mairin Ryan, HIQA                          | Evidence synthesis, clinical guideline development |

|   |  |
|---|--|
| Dr. Melissa Sharp, Health Research Board  | Communications                                     |
| Prof. Susan Smith, Trinity College Dublin | General practice, evidence synthesis               |
| Dr. Kieran Walsh, HIQA                    | Evidence synthesis, clinical guideline development |

## **4 Formulation of panels of healthcare consumers and health professionals**

Two panels will be formed to support this work programme. The panel members will play an integral role in shaping the development of the content and format of the key deliverables of the project, namely the online learning courses, micro-learning videos, and conference. The panel members will be recruited in consultation with advisory group members with expertise in involving healthcare consumers and health professionals in research. Members with a range of experience in National Clinical Guideline development will be sought for recruitment. Members in the advisory group will also be offered the opportunity to participate as panel members.

Each panel will consist of 5-7 members, representing a diversity of experiences across the country and the health and social care system.

For the recruitment of members to the healthcare consumer panel, an advertisement poster along with an application form will be circulated to those patient and public organisations and representatives who are currently involved in various projects of HIQA. Along with this, the advertisement poster will also be circulated through PPI Ignite Noticeboard and through The Irish Platform for Patient Organisations, Science and Industry (IPPOSI).

The panel of health professionals will comprise of clinicians, allied health professionals, programme managers for National Clinical Guideline development groups, clinical guideline methodologist, and a representative from the Clinical Effectiveness Unit (CEU). For the recruitment of members for the health professional panel, efforts will be made to reach out to previous and current GDG members, national clinical programmes, and the CEU.

Each panel will be invited to participate in two to three online working meetings to help develop the course outline and storyboards for the online learning materials. When the online learning courses and micro-learning videos have been built, these will be circulated via email

to the panel members for review and feedback. If further feedback is needed from individual panel members, they will be contacted via email, or an online meeting will be organised as per their preference and need.

## 5 Methods overview: Co-production approach and Successive Approximation Models

Co-production ensures involvement of people in the planning, designing and delivery of services or products that affect them. The co-production approach acknowledges that people with lived experience are best-placed to advise on the supports and services required for their lives.<sup>(16)</sup> Over the last decade, there has been an increase in the use of co-production approaches in healthcare, with a major focus on patient-level health intervention development and service design.<sup>(17)</sup> Globally, the co-production model is also often used in health professional education, to design and redesign curriculums, improve courses, and enhance educational design.<sup>(18)</sup>

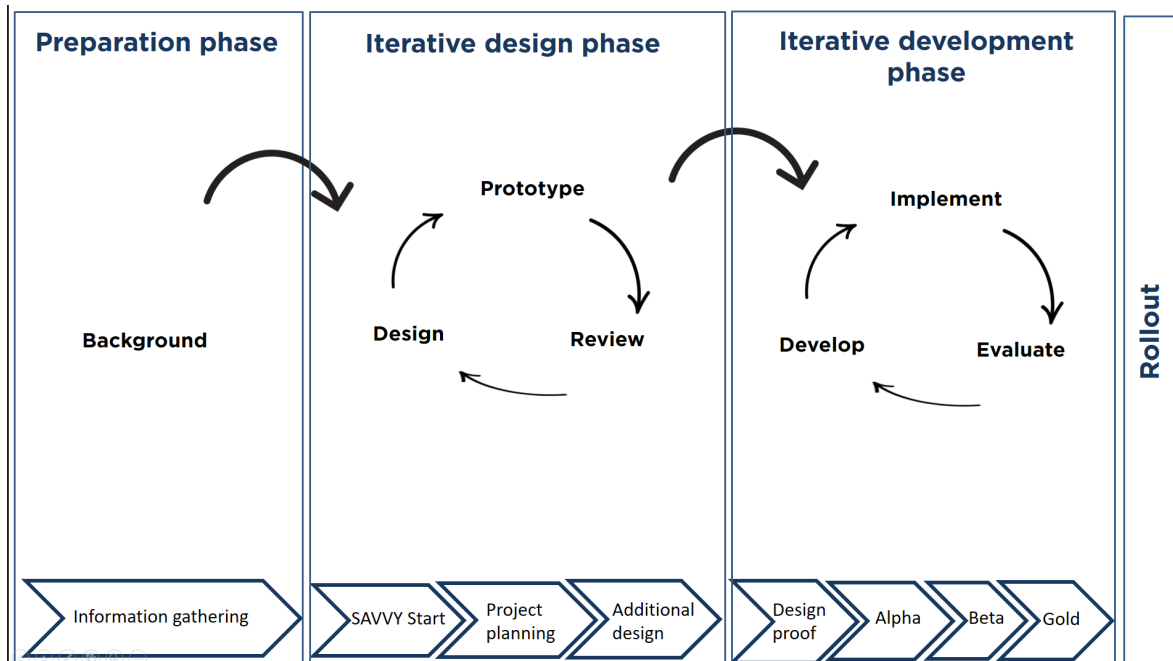
The project will aim to follow the ethos of a co-production approach to develop and optimise the learning materials, to ensure that the content and methods of delivery fully address the needs of healthcare consumers and health professionals. There are various models available to guide the development of online learning materials. We will use the Successive Approximations Model (SAM), which is aligned with the concept of co-production.<sup>(19-21)</sup> The model emphasises speed, flexibility, and collaboration to build effective online learning content. Throughout the process of online learning design and development, the model also draws on learners' experiences, engagement, and motivation.<sup>(19, 20)</sup> SAM comprises of three phases, as shown in Figure 2:

1. **Preparation:** The focus in this phase is on gathering all the relevant information and background knowledge needed for the project.
2. **Iterative design:** This phase is an iterative phase and consists of cycles of designing, prototyping, and evaluation. The phase starts with a Savvy Start or a brainstorming session to explore possibilities for the project.

**3. Iterative development:** This phase is also an iterative phase and it revolves through cycles of development, implementation, and evaluation. An initial draft of the product (“design proof”) is presented and tested by stakeholders, and then developed into a revised version called an “alpha version”. The alpha version receives feedback from stakeholders and is revised into a “beta version” before finally rolling out the “gold version”.<sup>(20, 21)</sup>

The development of online learning materials for the STAKEholder project will be based on the SAM approach, as it allows for active engagement with healthcare consumers and health professionals and has in-built opportunities to incorporate feedback from various groups. The SAM approach seems to align well with the co-production approach and adopting the model could improve the usability and applicability of the learning materials.

**Figure 2 The Successive Approximation Model**



**Source: Allen Interactions Inc. (Adapted from source)**

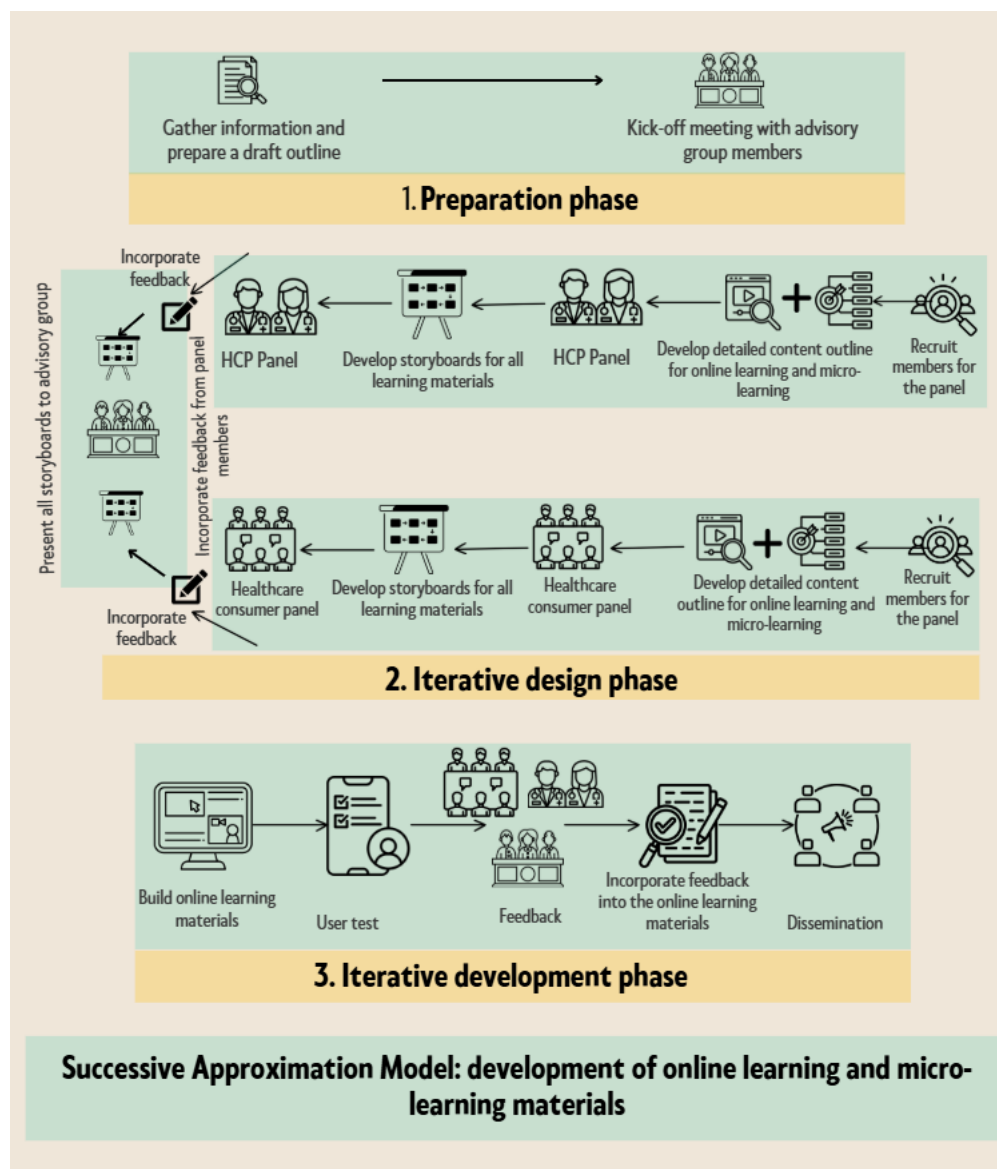
## 6 Proposed project activities

The section below describes the proposed project activities for the STAKEholder project and outlines the different steps of the project.

### 6.1 Development of online learning materials

The online learning courses and micro-learning videos will be developed following the Successive Approximation Model (SAM). The following steps will be undertaken for the development of learning materials as shown in Figure 3.

Figure 3 Development of online learning courses and micro-learning videos



### **6.1.1 Preparation phase (information gathering and first advisory group meeting)**

**Step 1: Information gathering:** The information-gathering phase began during the grant writing process, wherein healthcare consumers, health professionals, and subject matter experts collaborated in conceiving the project. Further scoping work needed for the project will also occur, such as:

- scoping relevant information on guideline development and learning theories
- exploring the needs and characteristics of the learners
- identifying tools necessary to develop the learning materials
- project management as required.

Based on the information gathered, the project activities and draft learning objectives may be refined.

**Step 2: First advisory group meeting:** The proposed project activities will be shared with the advisory group members ahead of the kick-off meeting. During the kick-off meeting, the project team will present the proposed project activities and draft content outline for the online learning and micro-learning materials for review by the advisory group members. Based on their feedback, the proposed project activities and content outline will be adjusted.

Other operational aspects such as circulation of documents, frequency of meetings, and preferred modes of communication will also be discussed. Adopting the ethos of a co-production approach, the advisory group will also be given the opportunity to communicate their most suitable means of providing feedback, for example: through survey, email, phone-call, online meeting or annotations in the document. Based on the feedback from the advisory group, a detailed course outline will be prepared and taken forward into the iterative design phase.

### **6.1.2 Iterative design phase (finalising content outline, developing and finalising storyboards)**

The iterative design phase will involve two to three online working meetings with each of the panels reviewing and refining a detailed course outline and visual storyboards, and deciding

on the finalised versions. In the language of the SAM model, by the end of this phase, we will have final design proofs in the form of in-depth visual storyboards.

**Step 3: Finalising detailed course outlines with the panels:** In the first panel meeting, the learning objectives and the detailed course content outline for the relevant target group (healthcare consumers and health professionals) will be presented for discussion. Each panel will have the opportunity to provide input on the respective course content and shape the direction of the learning materials. Preferred ways to provide feedback will also be discussed and implemented for the next steps. Based on the feedback of the panel, the content outline will be revised and the revised version will be circulated by email to the respective panel members. Any feedback on the revised version of the content outline will be collected by email, or a short call or online meeting, and a finalised version of the content outline will be prepared. Based on the finalised content outline, the first drafts of the storyboards will be prepared.

**Step 4: Developing storyboards with the panels:** Storyboarding is the process of designing a document that stipulates the details of the content and behaviour of each element for each screen of a given lesson.<sup>(22)</sup> The elements include text, images and other media, animations, tests, and other interactive features.<sup>(22)</sup> The drafted storyboards will be reviewed by the panels in a second round of panel meetings. The materials for storyboards for the relevant target group (healthcare consumers and health professionals) will be circulated prior to the meeting, to allow the panel members to review them in detail. In the meeting, panel members will discuss the storyboards further and their recommendations will be collected and prioritised as a group. The feedback from the panels will be incorporated and revised storyboards will be developed and circulated for review and feedback. A short meeting will be organised where the panel members can opt in for the meeting and provide further feedback on the finalised version.

**Step 5: Finalising storyboards with the advisory group:** The revised storyboards will be circulated to the advisory group prior to the second advisory group meeting, and members will have the opportunity to suggest edits beforehand. Further discussions will be undertaken at the meeting about all four of the online learning materials. Once all the feedback has been

integrated and storyboards finalised, the building of the first (alpha) versions of the online learning course and micro-learning videos will commence.

### **6.1.3 Iterative development phase (Alpha version and beta version)**

**Step 6: User testing of alpha version:** The online learning courses will be built using Articulate® and the micro-learning videos will be built in Canva®. The alpha versions of the online learning courses and micro-learning videos will then be user-tested by members of the project team for accuracy and functionality. The usability of the online learning courses will be measured using a suitable usability survey such as the system usability survey,<sup>(23)</sup> or the e-learning usability evaluation questionnaire.<sup>(24)</sup> The type of survey used will depend on the nature of the product developed. Based on any feedback from internal user testing, the materials will be revised to produce a beta version.

**Step 7: Final feedback on beta version:** The revised beta versions will be circulated to the advisory group and all the panel members for feedback and revision. Because of the time required to review the materials and the potential nuance of the edits, it is likely that this round of feedback will be asynchronous, with feedback being shared by email, survey, an online meeting or phone call depending on collaborators' preferences. Any additional feedback will be used to optimise the materials into "gold" versions. The final tests and checks will be done by the internal team, followed by final technical quality assurance. The quality assurance will be done by an external organisation, such as Aurion, with expertise in developing online learning materials, to ensure that the online learning materials meet the standards required for hosting by HSELand. Pending final tests, checks, and quality assurance, the "gold" versions of the online learning materials will be disseminated through various channels as described in section 7.2.

## **6.2 Dissemination of online learning materials**

The two online learning courses will be published on the HIQA website and HSELand and the micro-learning materials will be circulated through YouTube and other social media video platforms. These materials will be free to access. They will also be shared with the NCEC and other relevant entities for dissemination to all active and prospective national guideline

development group members in Ireland. Additionally, for wider reach, the project team will work with HIQA Communications, a communications expert collaborator, and healthcare consumer experts from the advisory group to draft a brief for patient organisations and patients about the online learning course and micro-learning video. This brief will be shared with approximately 100 patient organisations in Ireland via the HIQA communications contact list. For circulation of online learning materials to health professionals, the project team will work with HIQA Communications, the communications collaborator, and implementation scientists to draft a brief for health professional organisations, announcing the availability and purpose of the health professional online learning course and micro-learning video. This brief will be disseminated to approximately 25 health professional organisations across Ireland. The materials will also be disseminated through HIQA's social media and newsletters, as well as the CICER homepage.

### **6.3 Conference**

The conference will be co-designed with healthcare consumers, health professionals, subject matter experts in evidence synthesis, HTA, and clinical guideline development and will be held in Q4 of 2025. The conference will focus on the ecosystem of health decision-making in Ireland and role of stakeholders, and will aim to facilitate knowledge exchange among healthcare consumers, health professionals, and the research team around involvement in HTA and clinical guideline development. In addition, we will promote our new online learning materials on National Clinical Guideline development. The conference is intended to:

- present and discuss the ecosystem of healthcare decision-making in Ireland
- create an opportunity and space for healthcare consumers, the public, and health professionals to share their experiences of involvement in HTA and the clinical guideline development process
- increase involvement of healthcare consumers, the public, and health professionals in both HTA and the clinical guideline development process
- present and promote the online learning materials.

The conference will be delivered collaboratively with researchers from RCSI University of Medicine and Health Sciences who are conducting research on the design and conduct of

rapid HTA). The proposed content and format of the conference will be decided in collaboration with the panel members and advisory group.

The conference will be organised in a non-academic venue, with facilitation by the research team and collaborators. The event will feature as keynote speakers, a person with lived experience who has been involved in clinical guideline development, and a methodologist with expertise in evidence synthesis, HTA, and or clinical guideline development. The presentations will be followed by interactive discussions on topics such as stakeholder identification, communication, involvement, collaboration, and dissemination. The event will be informed by principles of “liberating structures” to enhance trust, empowerment, and creativity.<sup>(25)</sup>

The event will be promoted via HIQA’s social media, CICER webpage, HTA Evidence Synthesis Bulletin, patient and health professional organisations, and a press release. Efforts will be made to promote the event through IPPOSI, PPI Ignite, and HRB-Trials Methodology Research. The conference will result in an action plan on broader dissemination possibilities for the online learning materials, as well as additional ideas and collaborations for future knowledge translation.

## 7 Evaluation/ Performance Indicators

A number of indicators for the project will be measured throughout the project lifecycle. A list of potential options is provided in Table 2.

**Table 2 Potential performance indicators**

| Potential indicators   | Means of verification   |
|--|---|
| User testing of online materials   | Internal usability survey   |
| Knowledge level before and after reviewing the online learning materials                                       | Pre- and post-course survey   |
| Satisfaction with the online learning materials and intention to participate in clinical guideline development | Post-course survey  |
| Reach of online learning materials   | Number of people enrolling for the online learning course<br>Number of people completing the course |
| Reach of micro-learning videos   | Number of views, shares and likes of micro-learning videos  |
| Trust in clinical guidelines   | Open-ended question on pre- and post-course survey  |

|  |  |
|--|--|
| Number of representatives from different stakeholder groups at the conference                          | Conference registration  |
| Proportion of healthcare consumers as a proportion of all delegates at the conference                  | Conference registration  |
| Satisfaction with the conference   | Post-conference survey   |
| Participation in National Clinical Guideline development   | Numbers of patient representatives involved in National Clinical Guideline development groups  |
| Satisfaction with the National Clinical Guideline development process                                  | Close-out survey about experience with CICER   |
| Media and social media engagement  | Number of stories in traditional media<br>Number of views and impressions in social media such as likes, shares and reposts of STAKEholder project-related posts |
| Experience of healthcare consumers and health professionals co-producing the online learning materials | Survey   |

A final report summarising the project activities and performance indicators will be submitted to HRB in Q1 of 2026.

## 8 Quality assurance

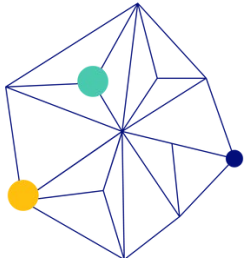
The project will be led by an experienced member of the team and will apply the HTA directorate’s Quality Assurance Framework where applicable. Project deliverables will be reviewed by members of the HTA directorate senior management team, CICER Director and Clinical Lead, and by relevant members of the advisory group, and members of the healthcare consumers and health professionals panels, to ensure processes are followed and quality is maintained. Additionally, technical quality assurance of the learning materials will be conducted by an external organisation with expertise in development of online learning materials.

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