

OSUWMC Evidence-Based Clinical Practice Guideline Revision Form

Guideline Title: _____

Reviewer Name: _____

Date: _____

Instructions

- Please use one feedback form per guideline.
- If there are no changes, please check the box on the bottom of this page indicating you “Agree with the guideline as written”.
- Once complete, please return to the form to megan.sidner@osumc.edu

I agree with the guideline as written

I DO NOT agree with the guideline as written (proceed to page 2)

After reviewing the guideline, please complete the table to rate the guideline on each of the below attributes.

Attribute	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Up to date <i>Guideline includes the most up to date recommendations.</i>					
Accurate <i>Guideline does not include any incorrect information.</i>					
Thorough <i>The guideline is complete and discusses all issues of importance when treating the patient population of interest.</i>					
Useful <i>The guideline is relevant, providing medical professionals with valuable information and recommendations.</i>					
Organized <i>The guideline is well structure in a way that helps the reader understand the clinical course of action.</i>					
Comprehensible/ Succinct <i>The guideline is clear without any ambiguity or redundancy.</i>					
Internally Consistent <i>No part of the guideline contradicts another. The guideline does not contradict any other OSUWMC guidelines or policies.</i>					

Comments: