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INSTRUMENTS

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How to prepare a PRAXIS Guideline of Good Practice to be published

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Abstract

Aim: To design a standardized format of the PRAXIS good practice guideline that facilitates its publication as a article in a scientific journal. Methodology: Based on a pilot guide prepared for academic purposes, Delphi technique was used in conjunction with a questionnaire to support experts´ agreement of the components that should be included in the article format and of the adequacy of its contents. Results: Twelve basics elements were obtained and grouped into three blocks: preliminary part, body of the article and final part. The extension of 5,500 words is proposed, with greater dedication on the practical contents. Expected utility: Knowledge synthesis technology achieved by the PRAXIS model is simple and acceptable for clinical practice, empowering health professionals. The uniqueness and illustrative nature of the cases guarantees the generation of knowledge and will make it possible to carry out qualitative meta-synthesis on complex health problems in shared-care settings.
Key words: Good practice guidelines. Clinical practice guidelines. Evidence based nursing. Nursing methodology. Scientific publication.

Introduction

It is increasingly debated whether nursing care should focus on competent practices that deliver safety to patients in the clinical act or adopt a holistic approach that considers complete satisfaction of the needs of patients and family members in their daily life. PRAXIS guidelines pose a challenge to the conventional model of clinical practice based on the charismatic knowledge of professionals, being founded on a harmonious approach more in accordance with nursing thinking, aimed at delivering care to individuals living health experiences in continuous interaction with their environment.

PRAXIS is an acronym of *Practical*, *Integral*, and *Safe,* while the term *praxis* itself refers to the process of putting learned theory and principles into practice. These guidelines are *Practical* because they are founded on expert knowledge;[1] *Integral* because they involve patients in their own care and take account of their environment; and *Safe* because they are based on scientific evidence. The Good Practice Guideline (GPG) model described here draws on Nursing-Based Evidence (NBE)[2] with participatory action research,[3]which places the patients at the center of the care process.

For the present purposes, *good practice* includes all authorized interventions that deliver positive outcomes in terms of the improvement or resolution of health problems in a given context and are expected to achieve similar results in comparable practice settings. According to this definition, we identified four characteristics of good practice: (a) it responds to the needs felt by citizens, regardless of the way in which these are manifested; (b) it is perceptible, *i.e.*, it produces a beneficial effect and therefore satisfaction in beneficiaries; (c) it serves as model for other professionals whose effectiveness is evidenced through investigation and the exchange of experiences; and (d) it is objectifiable, *i.e.,* it has proved to be effective and transferable to other practice settings.[4] Hence, guided by the PRAXIS model, a GPG can be defined as a set of recommendations whose efficacy has been demonstrated through research, which are applicable in specific practice settings, and which contemplate the committed participation of individuals involved in a situation/problem in accordance with their possibilities and available resources.

A large number of published clinical guidelines give pride of place to research evidence and at most incorporate certain recommendations or rather prescriptions for patients, always from a disciplinary perspective.[5]In contrast, the aim of the PRAXIS model is to strictly comply with EBN principles, incorporating quality research, giving weight to experience,

and considering patient preferences, all in a context of limited resources.[2]

PRAXIS guidelines are coherent with nursing thinking because they are sustained by a meeting between two epistemological currents, EBN[2] and Participatory Action Research.[3] They aim not only to accomplish the optimal health of individuals through delivery of the best care but also to consider the environment of individuals in promoting their self-care. Professional competence integrates the sharing of care know-how and skills withsubjects[6], resulting in a hybrid model that consolidates advanced nursing practices.

A PRAXIS guideline requires four duly linked components for implementation of this innovative view of care, as follows:

a) C*ase*. Everything starts with the description of a singular care situation observed during the care of an individual that raises new questions and prompts research to seek a personalized solution.[7]It may appear to be similar to a case report; however, besides a patient's history of signs and symptoms, it also contains a brief statement on their subjective experience, emphasizing the most sensitive aspects of the ways in which they cope and their need for care in their particular health-disease situation.[8,9] Therefore, it not only identifies a specific problem requiring intervention but also illustrates a complex care phenomenon.

b) Q*uestion*. The question arises from the problem identified in the case and is formulated in accordance with the evidenced-based approach, addressing the patient/clinical problem, proposed intervention, and expected outcome.[10] The question forms the basis for a review of the scientific literature to search for the best evidence to support good practice recommendations (GPRs).

c) *Good practice recommendations*. GPRs are nursing interventions based on sufficient scientific evidence to recommend their utilization in the absence of or instead of similar interventions for a given problem or situation. The above review process frequently gives rise to multiple recommendations. As well as identifying nursing interventions, GPRs set out criteria for their implementation and evaluation.

d) *Self-care practices*. These are a set of care measures that patients and their relatives may carry out to improve their health status. They result from a consensus reached among a group of patients and citizens, who are asked: (a) to give their opinion on the feasibility and appropriateness of interventions proposed in GPRs and on the possibility of overcoming obstacles to their implementation or acceptance by beneficiaries; and (b) to suggest actions that beneficiaries and their environment can adopt to increase GPR effectiveness. It is of special interest to work with expert patients, i.e., individuals whose experience of disease produces a commitment to others undergoing similar situations (they often collaborate in patient schools and associations. Working together with three or four people is more effective, using group techniques to stimulate experience sharing, generate ideas, and consensualize proposals.[11]

Another challenge for clinical practice guidelines is provide concise information in a document of easy use and diffusion. Currently, professional documents are most widely circulated in scientific journals, from which they can be retrieved using bibliographic databases and different search engines. Therefore, the objective of this study was to provide PRAXIS guidelines with a content structure that facilitates their publication as an article in a scientific journal.

Methodology

The GPG PRAXIS model design is included in a review of instruments emanating from the EBN movement, which was initiated by the Index Foundation in 2000[2]and has led to proposals of other publication models, e.g., for critical reviews of published articles[12] or recommendation guidelines for patients.[13] The approach to PRAXIS modeling is based on five years of cooperative work in the setting of the Master's degree of advanced nursing practice in the care of people with ostomies promoted by the ICS Index University Chair (http://www.fundacionindex.com/catedra/master-epa-ostomias/). Two methodological strategies were adopted: (a) analysis of the variability of ostomized patients by obtaining their biographical accounts;[14] and (b) exploration of participative methods that empower clinical nurses in the management of scientific evidence.[15] A pilot guideline resulted from this phase and served as reference for its introduction as a modality in an academic context, but its expansive style hampered the possibilities of subsequent publication.

The next phase was to design a publication format as a journal article, using a panel of six experts from three countries who were selected for their association with distinct intellectual trends in the discipline of nursing. Three of the experts are characterized by constructivist thinking, supporting the production of qualitative materials because of their descriptive capacity and the possibility of an understanding that goes beyond the discipline. The other three experts shared a more rationalist perspective, supporting the categorization and use of standardized instruments in the discipline. Three of the experts hold academic positions and three are accredited clinical professionals. The openness of all experts to the alternative way of thinking gave rise to a duality of proposals that had to be integrated in order to obtain the hybrid product sought.

Based on the pilot guideline, a 12-item questionnaire was prepared on the components that should be reflected in a journal article and on the adequacy of their contents. The Delphi technique was used to question the experts on three occasions, and the result served to refine the model and obtain a first published PRAXIS guideline[16] based on the methodology described in the present article.

GPG structure

Twelve essential elements that shape the contents of a GPG were obtained following the PRAXIS model; they were grouped into three blocks: preliminary part, with indexable metadata; body of the article, with the basic contents of the GPG; and final part, with bibliographic and complementary materials (see Table 1). The ideal size of the resulting document should not exceed 5,500 words, slightly longer than a conventional journal article and similar in length to a secondary research paper. The synthesizing process especially affects methodological aspects but also favors application of the contents to practice in a specific, clear, and consistent structure.

1. *Title*. It is recommended to base the title on the documentary question that inspired the guideline, thereby ensuring that it contains the key identifying terms.

Table 1. Structure of Good Practice Guideline according to the PRAXIS model

Preliminary	1. Title 2. Authors 3. Abstract 4. Key words
Body	5. Introduction 6. Narration of the case 7. Evidence search: a) Documentary question b) Search of the literature(databases, search terms, years, languages, critical reading guidelines, nº documents selected) c) Nº Good Practice Recommendations identified d) Citizen validation (nº of participants and nº of self-care practices identified) e) Results valuation f) Research lines 8. Good Practice Recommendations 9. Self-care practices
Final	10. References 11. Guide to resources 12. Annexes

2. *Authorship*. The GPG is a cooperative work in which professionals and citizens participate, and all participants should therefore be credited, acknowledging the role that each has played. For the purposes of the article itself, promoters of the guideline must decide whether they should all be considered equally as authors or whether authors and collaborators should be differentiated, in which case the latter should be named in an acknowledgements section at the end of the body of the article.

3. *Abstract*. In 150 words, the main contents of the guideline should be described in a concise and structured manner: Case, Objective, Methodology, GPRs, and Self-Care practices.

4. *Key words*. Key words comprise three to six descriptors that facilitate their retrieval in databases and search engines. Key words used in the bibliographic search for the GPG can serve as guidance. An English translation of the title, abstract, and key words should be provided.

5. *Introduction*. This has a length of around 300 words and explains the importance of creating a GPG for the problem raised by the case, supported by the citation of bibliographic references and structured as follows: (a) Establishing the *general problem* addressed by the guideline, i.e., the main matter to be addressed such as the complications of an ostomy, the socio-cultural setting of patients and their support networks, etc.; (b) Highlighting the importance of the selected case, describing in detail the *specific problem* of the individual described in the narration (e.g.: ineffectual coping, knowledge deficit, self-care limitations, effects of the environment, etc.; and (c) Identifying as an *objective* the interventions to be considered and the outcomes to be achieved with the GPG.

6. *Case narration*. A non-structured text of fewer than 500 words that narrates the story of the individual selected as a case in order to illustrate the guideline. A distinctly descriptive style can be used, presenting the data in a meticulous, rigorous, and exact manner and using standardized language, or a more literary, *Storytelling* style[17]can be adopted to enrich the narration, employing a diversity of language styles. At any rate, the text should address the following questions:

-*Who is it*? Describing key features of the selected individual in terms of the impact of their situation and the particular way in which they cope with it, without revealing their identity. Invented names can be used rather than abbreviations in order to humanize the case.

-*What happened to them?* Specifying the clinical or other circumstances that gave rise to the problem addressed by the GPG.

-*How did they face the situation?* Including references to their personal circumstances in relation to their immediate environment; e.g., hospital stay, home, family, support networks, community, etc.

-*What phenomenon-problem illustrates the case?* Clearly specifying the problem addressed and explored by the GPG.

7. *Search for evidence*. Describing the contribution of research results to the problem identified in the narration of the case. This should be done in a concise and structured manner[18], including the following elements:

a) Documentary question, presenting the question used for the search of the literature. Standardized formats can be used, such as PICO, SPICE, or PIPOH, etc, with no comparison interventions.[10,19]

b) Search of the literature, specifying the databases used, the search terms, the years covered, the languages, the critical reading guidelines used to establish the quality of articles in terms of their design and the usefulness of their results and, finally, reporting the number of documents selected.

c) Number of GPRs identified from interventions reported in the retrieved articles (including their description in the table of results). Each GPR, which can be supported by one or various articles, should be formulated in a sentence that describes the action clearly (easy to understand) and concisely (minimum number of words).

Figure 1. Model of table to display results of the evidence search

Table. Good practice recommendations in response to the question [include the question]							
Nº	**Recommendation**	**Source articles**					**Self-care practices**
		Authors (year)	*Design*	*Participants/setting (country)*	*Intervention or method*	*Result*	

Nº Column: GPR number in the order established.
Recommendation Column: Naming of the GPR in a sentence that includes a specific action supported by corresponding references.
Source articles Column: Articles selected as sources of evidence, including information on authors, study design, participants, intervention/ method used, and main results.
Self-care practices Column including the codes for self-care practices associated with each GPR.

d) Citizen validation, including the number of participants and the number of self-care practices identified during the cooperative work with patients or citizens (see section 9).

e) Results evaluation, briefly commenting on the findings of the document search and selection process and on the self-care practices identified, addressing the following questions: (a) whether the results provide GPRs that adequately respond to the question; (b) whether the selected documents have sufficient recommendation strength; and (c) whether the self-care practices described in section 9 can complement the implementation of identified GPRs.

f) Research lines. The search for evidence to establish GPRs often exposes gaps in knowledge (*i.e.,* important issues for clinical practice that are not adequately supported by evidence) or identifies interventions that are poorly supported and require further research or higher-quality evidence. Research lines required to strengthen the GPG should be summarized in a concise manner.

g) Table of Results. As an illustration of this section, this table should include all of the material resulting from the evidence search and cited in the text, preferably in the results evaluation section (see Figure 1).

8. *Good Practice Recommendations*. This section describes each GPR in the guideline, following the same order as in the results table. Each GPR should be described in 300 words or less with the following structure: (a) name of GPR as given in the table; (b) the intervention(s) that must be carried out to give content to and implement the GPR, with citation of the corresponding references (at least those providing evidence to support the recommendation); and (c) a separate paragraph that sets out the criteria for evaluating success in achieving the desired effect of proposed interventions.

9. *Self-care practices*. As noted in the Introduction, GPRs are validated by populations affected by the problem addressed in the guideline, preferably expert patients, who are also asked to identify self-care practices that assist the implementation of recommendations. This section briefly describes the process of cooperative work with groups of informants and reports on the resulting content, considering self-care practices in relation to the following: (a) what patients and the subjects in their environment should *know* (knowledge that helps them to understand their situation and favors autonomous decision-making); (b) what they should *know how to do*(skills they should develop to facilitate their autonomy); and (c) the *attitudes* they should adopt to promote the effectiveness of interventions (expected behaviors).

The description of these practices must be concise and highly didactic, following an ordered and coded list (e.g.: 1Kfor knowledge, 1Sfor skills, and 1A for attitudes). These codes are included in the results table. This section can be completed with an illustration that summarizes the recommendations for patients/citizens. Illustrations can be in flyer, diptych, triptych, poster, or computer graphics form, as long as they are designed in an attractive and didactic manner.

10. *References*. All studies cited throughout the GPG are listed, preferably in accordance with the Vancouver style. Only published material should be included.

11. *Resource guideline.* This comprises a list of the materials considered relevant to support the GPRs and described in the guideline. It can include the following: (a) institution websites, scientific societies, patient associations, etc.; (b) webs, blogs, apps, and other digital resources of special informational value for recommendation to both professionals and patients; (c) printed or digital informational texts (taking special caution when recommending resources provided by companies with a commercial purpose, although these should not be excluded); and (d) directories of research centers and other organizations.

12. *Annexes*. It may occasionally be necessary to provide certain materials unsuitable for incorporation in the corresponding part of the text in an annex section, such as bibliographic search algorithms, tests/questionnaires, or educational materials in the form of illustrations, computer graphics, or posters, etc. Materials in the annex should be referred to in the text, and sources should be cited when they are externally obtained.

Expected usefulness

The construction of a PRAXIS guideline begins and ends with the perspective of the individual, which therefore becomes the central axis to guide and determine the exchange of knowledge produced during its development. The GPG ultimately emerges as a publishable document that results from a process in which research efforts and the experience of professionals and expert patients all serve the same objective, i.e., the resolution of health problems with a shared-care approach. Besides placing the individual at the center of the process, the PRAXIS guideline proposes the use of a simple knowledge synthesis technology that is feasible in clinical practice and can empower professionals, although it may be incomplete from a radical evidentialist perspective. Its implementation is facilitated by considering real practice settings rather than the more abstract perspective of conventional guidelines, which it complements and explores in greater detail.

Conventional clinical guidelines are based on standardization, whereas PRAXIS guidelines give weight to the subjective view and address more fully the diversity of situations that underlie the complex realities of health problems. Without being restricted to the particular and the local (the GPG is not a personalized care plan but may favor its preparation), the singularity and illustrative value of cases guarantees the creation of knowledge.[7] Clinical guidelines need to be constantly updated to preserved their effectiveness and, in the same way, PRAXIS guidelines are continuously updated with the contribution of new cases. This methodological approach favors the synthesis of knowledge with the development of qualitative metasyntheses based on published GPGs.

PRAXIS guidelines constitute a professional tool that is open to the knowledge of citizens and is concerned about the transfer of the best scientific evidence to clinical practice, including self-care actions. They give weight to citizen participation processes and strive to employ language that is understandable, but they should not be considered as products aimed at citizens, although materials can be annexed for this purpose.

Finally, although certain differences between conventional clinical guidelines and PRAXIS guidelines are highlighted (see Table 2), there is no intention to create opposition or conflict between these models but rather to demonstrate their complementarity. PRAXIS guidelines represent an opportunity for deeper understanding by bringing together different sources of knowledge, adapting to a time that favors greater

citizen participation in scientific processes and that encourages the diversification of perspectives and methods, in line with emerging trends in the management of knowledge.

Table 2. Some differences and complementarities between conventional clinical guidelines and PRAXIS guidelines

Criterion	Conventional clinical guidelines	PRAXIS guidelines
Epistemological current	Evidence-Based Nursing	Evidence-Based Nursing and Participatory Action Research
Knowledge base	Expert knowledge	Expert knowledge and patient preferences
Nature of practice	Search for uniformity of criteria	Search for case diversity
Place of subject	The patient is a set of expected behaviors	Each patient is a differentiated universe
Object	Standardized careas opposed tothe variability of clinical practice	Personalized carein the face of different possible situations
Source of verification	Scientific evidence	Scientific evidence and opinion of expert patients
Update and research production	Systematic reviews	Case studies and qualitative metasyntheses
Self-care indication	Prescription from expert knowledge	Consensus with citizen knowledge

References

1. Pérez-Fuillerat N, Solano-Ruiz MC, Amezcua M. Conocimiento tácito: características en la práctica enfermera. Gac Sanit. 2019; 33(2):191-196. Doi: 10.1016/j.gaceta.2017.11.002.
2. Gálvez Toro, Alberto. Enfermería Basada en la Evidencia. Cómo incorporar la Investigación a la práctica de los Cuidados. Granada: Fundación Index, 2001.
3. Abad Corpa, Eva; Delgado Hito, Pilar; Cabrero García, Julio. La investigación-acción-participativa. Una forma de investigar en la práctica enfermera. Investigación y Educación en Enfermería 2010; 28(3):464-474.
4. Osorio, Lyda. Lo que todos debemos saber de las buenas prácticas clínicas. Rev. Biomédica. 2015; 35 (2). Doi: http://dx.doi.org/10.7705/biomedica.v35i2.2404.
5. Grupo de trabajo para la actualización del Manual de Elaboración de GPC. Elaboración de Guías de Práctica Clínica en el Sistema Nacional de Salud. Actualización del Manual Metodológico. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad - IACS; 2016. Avaiable in: https://portal.guiasalud.es/wp-content/uploads/2019/01/manual_gpc_completo.pdf [accessed: 9/07/2020].
6. Romero B., María Nubia. De la Competencia a la Compartencia en los cuidados transculturales. Index de Enfermería 2010; 19(2-3): 157-161.
7. Orkaizagirre Gómara, Aintzane; Amezcua, Manuel; Huércanos Esparza, Isabel; Arroyo Rodríguez, Almudena. El Estudio de casos, un instrumento de aprendizaje en la Relación de Cuidado. Index de Enfermería 2014; 23(4):244-249. Doi: http://dx.doi.org/10.4321/S1132-12962014000300011.
8. Gálvez Toro Alberto. Relato biográfico y narrativa clínica: fuentes de evidencias para la práctica. Archivos de la Memoria 2006; 3(3). Avaiable in: http://www.index-f.com/memoria//3/ed30600.php [accessed: 14/07/2020].
9. Amezcua, Manuel. Investigación cualitativa, métodos biográficos e historia oral en el contexto de la salud. Archivos de la Memoria 2004, 1. Avaiable in: http://www.index-f.com/memoria/anuario1/a0409.php [accessed: 14/07/2020].
10. Booth, Andrew. Clear and present questions: formulating questions for evidence based practice. Library Hi Tech 2006; 24 (3): 355-368. Doi: 10.1108/07378830610692127.
11. Amezcua, Manuel. La Entrevista en Grupo. Características, tipos y utilidades en Investigación Cualitativa. Enfermería Clínica 2003; 13(2):111-16.
12. López Alonso, Sergio R; De Pedro Gómez, Joan; Marques Andrés, Susana. Comentario crítico de un estudio científico para una publicación. Index de Enfermería 2009; 18(1):52-6.
13. Hernández Zambrano, Sandra Milena; Amezcua, Manuel; Gómez Urquiza, José Luis; Hueso Montoro, César. Cómo elaborar Guías de Recomendaciones de Autocuidado para Pacientes y Cuidadores (GRAPYC). Index de Enfermería 2015; 24(4):245-249.
14. Amezcua, Manuel; Herrera Justicia, Sonia; Sánchez Crisol, Inmaculada; Hueso Montoro, César. En primera persona. Narrativas de pacientes con ostomía. Granada: Fundación Index, 2018.
15. López Alonso SR, Hueso Montoro C, Rodríguez Gómez S, Gala Fernández B, Amezcua M, Pérez Hernández RM. La Investigación Acción Participativa. Rev ROL Enf 2010; 33(3):178-185.
16. Herrera Justicia, Sonia; López Moreno, Vicente Antonio; Martínez Muñoz, María del Carmen; Hermoso Quintana, Antonio; Amezcua, Manuel. Intervenciones para normalizar las actividades de la vida cotidiana en pacientes a los que se ha practicado una reciente ostomía. Index de Enfermería 2020; 29(3):176-182.
17. Sadowsky, John; Roche, Loïck. Las siete reglas del Storytelling. Granica, 2014.
18. Amezcua, Manuel. La Búsqueda Bibliográfica en diez pasos. Index de Enfermería 2015; 24(1-2): 14-14. Doi: http://dx.doi.org/10.4321/S11 32-129620 15000100028.
19. Te ADAPTE Collaboration. Te ADAPTE Process: Resource Toolkit for Guideline Adaptation. Version 2.0, 2009. Avaiable in: https://g-i-n.net/ [accessed: 18/07/2020].