

(IQR 24-30) ( $p < 0.001$ ). Participants were able to identify and discuss a large number of theoretical and practical considerations in RTC ideation, design, conduct, interpretation and publication, and reached meaningful insights into generalizability of results, protocol violations, missing data, standardization of measurement instruments, concomitant medications, blinding, GCP, study monitoring, and others.

All trial participants enjoyed the simulation, and most (there were a few protocol violations) happily sipped their cup of coffee, with no adverse event. None was lost to follow up.

**Conclusions** Short-term learning goals were achieved in a rapid and entertaining way. Long-term utility of the teaching exercise will be measured by means of the number of future publications by the participants in high impact journals. The effects of coffee on cardiovascular outcomes will need a much larger sample size to be ascertained, but the effect on students' mood was striking, with no safety concerns.

### 11 INTERNATIONAL PEER REVIEW AND DECISION-MAKING PRACTICES, BIAS, AND BURDEN: THE FUNDERS' PERSPECTIVE

Katie Meadmore, Alex Recio-Saucedo, Kathryn Fackrell, Abby Bull, Amanda Blatch-Jones. National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC), Southampton, UK

10.1136/bmjebm-2019-EBMLive.19

**Objectives** Health research funding organisations are responsible for allocating funds for research in a fair, transparent and efficient way. Peer review, and often external peer review, is considered vital for the decision-making process. However, it is well established that peer review can be biased and burdensome for the applicant, peer reviewer and funding organisation. There is limited evidence to suggest which approaches have been considered by funding organisations and whether they have been evaluated to determine their applicability and generalisability. The purpose of this work is to contribute to the evidence gap around the value of alternative and/or innovative approaches to decision-making for grant fund allocation from the perspective of funders. The aim of this study was to identify and explore decision-making practices used by UK and international funding organisations for the allocation of funding for health-related research.

**Method** An online survey was distributed to UK and international health and health-related funding organisations (March/April 2019). The survey collected information about current, past and future approaches to decision-making for grant fund allocation. The survey was sent to 63 funders (targeted list collated by National Institute of Health Research [NIHR]). Social media coverage was used to attract additional funding organisations. The survey focused at the level of a research programme rather than the overall organisation. Therefore, an entry could be provided for every research programme in an organisation. The survey had 3 sections:<sup>1</sup> characteristics of the funding organisation;<sup>2</sup> decision-making approaches currently being used and those used in the past; and<sup>3</sup> approaches that may be considered in the future. Participants were encouraged to provide additional information on what worked well, any potential drawbacks and suggestions for improvements. The survey was active for six weeks (ending 17 April 2019).

**Results** Preliminary descriptive statistics and thematic analysis were conducted on the data available at 3 weeks. Data was

quality checked before analysis. From the initial analysis, 12 funding organisations responded to the survey providing coverage from charities and research councils in the health sector. The preliminary data shows that funders use triage, external peer review and face-to-face committee meetings. None reported use of open peer review, partial randomisation or sandpits. Key reported benefits of current systems included transparency and fairness, increased quality and relevance of applications, expert opinion, reduced burden through efficient processes, and consistency in assessment. The main drawbacks of current systems included the potential for bias, time and cost burden, and difficulty in securing external peer reviewers. The full analysis and results will be presented along with the recommendations from the study and its contribution to the wider portfolio of work under the NIHR Research on Research in-house programme.

**Conclusions** In the current research environment, funders have a responsibility to demonstrate fair, transparent and efficient decision-making practices, reducing bias and burden to the funder, peer reviewers and the applicant. There is a lack of understanding from the funder's perspective around what type of approaches work (or not) due to the lack of empirical evidence. This study aims to contribute to and further build on our understanding to provide robust evidence to enhance the decision-making process of grant allocation. Early findings indicate that funders are keen to explore alternative approaches to decision-making that facilitate the process (through reducing bias, time, monetary cost) whilst maintaining transparency, fairness and quality. The findings from this study will be important in the context of determining which approaches may be applicable and generalisable to use within organisations that fund health research.

### 12 'WALKING THE TALK' A REAL-WORLD EXPERIENCE DEVELOPING A CLINICAL PRACTICE GUIDELINE FOR BAHRAIN

<sup>1,2</sup>Julie Sprakel, <sup>2</sup>Helio Carrara, <sup>3</sup>Brian Alper, <sup>4</sup>Zbys Fedorowicz. <sup>1</sup>Think Pink: Bahrain Breast Cancer Society, Manama, Bahrain; <sup>2</sup>Gynecology and Obstetrics Department – Ribeirão Preto Medical School – University of São Paulo, Ribeirão Preto, Brazil; <sup>3</sup>EBSCO Health, Boston, USA; <sup>4</sup>Veritas Health Sciences Consultancy, London, UK

10.1136/bmjebm-2019-EBMLive.20

**Objectives** To provide a high-quality, up-to-date, evidence-based resource with recommendations based on the GRADE approach and clinical algorithms to enable shared clinical decisions. Building on existing clinical practice guidelines (Bahrain, 2010) the completed work provides a local voice via the strategic championship of a mostly local multidisciplinary team which includes consumer advocates and patients. The overall effort changed the perception of a role of a Non-Governmental Organisation (NGO) and highlighted a governmental/non-governmental partnership could fill the gaps and better support the community. This comprehensive and contemporary resource can be used across the continuum of breast cancer care for both healthcare providers and patients, to better navigate the clinical pathways and provide best practice recommendations for informed and shared decision making.

**Method** The RAPADAPTE method provided rapid adaptation of guidelines and evidence resources and minimized unnecessary repetition, rather than developing the guideline de novo. RAPADAPTE builds on the well-established ADAPTE method and had been used to develop a similar breast cancer

guideline for Costa Rica. This inclusive and innovative method involved a peer review process using tools such as AGREE II, Lenzer's Red Flags and the Institute of Medicine (IOM) criteria. This gave international credibility and up-to-date best practices to the first line professionals in health centres across the Kingdom, in relation to breast cancer diagnosis, screening and treatment. It was also designed to be readily accessible to the community in the format of patient pathways and algorithms.

**Results** We established the first interactive patient-centered, multidisciplinary approach to guideline development for breast cancer treatment, screening and diagnosis in Bahrain. This locally flavoured, evidenced based guideline not only used sharing of resources but was developed with little direct cost. Over 18 months the multidisciplinary team supported the development of 35 clinical scenarios relevant to the gamut of supporters along with treatment algorithms. Having an inclusive process and clear methodology meant that the multidisciplinary team championed the process and results, reducing some of the challenges. Whilst the guidelines provide an underpinning for future policy making and management of breast cancer in Bahrain the innovation is the identification of eight clinical scenarios in which shared decision making is recommended, thus empowering the end-user.

**Conclusions** This hands-on initiative at grass roots level addressed pertinent issues related across a multidisciplinary team, when supporting a patient through their treatment pathway is key. Singing all from the same 'hymn sheet' is vital to better support and optimise and improve health outcomes. Reducing the confusion of what evidence based best practice is, whilst producing a locally flavoured document, showed that NGOs can be used as a resource in relation to Public Private Partnerships (PPP). This international peer reviewed guideline for Bahrain will ensure that there will be a joint clinician and patient focus, whilst recognising that the keys to success, adoption, implementation and sustainability lies with the government itself. Moving forward, the NGO is supporting the development of three of the eight shared decision-making aids the backing of international publishers of evidence-based clinical references (EBSCO).

## Oral Presentations

### 13 BETTER EVIDENCE FOR BETTER HEALTHCARE FOR ALL CREATURES GREAT AND SMALL

<sup>1</sup>Rachel Dean, <sup>1,2</sup>Jonny Duncan, <sup>1</sup>Jo Malone, <sup>1,3</sup>David Rendle, <sup>1,4</sup>Caroline Scobie, <sup>1</sup>Tim Shearman. <sup>1</sup>VetPartners, York, UK; <sup>2</sup>Willows Farm Animal Veterinary Practice, Cheshire, UK; <sup>3</sup>Rainbow Equine Hospital, Malton, UK; <sup>4</sup>Westway Veterinary Group, Newcastle, UK

10.1136/bmjebm-2019-EBMLive.21

**Objectives** The evidence base for the commonly asked questions by veterinary clinicians or animal owners is poor. The research produced by academia and the pharmaceutical industry is often wasted as it can't be applied to practice.

VetPartners, one of the fastest growing corporates in the UK, has established a clinical board structure to deliver their clinical excellence strategy. This structure must encompass the challenge of wide geographical distribution and clinical diversity across the network of practices as well as the differences between small animal, equine and production animal settings.

It is vital that we deliver high quality evidence-based healthcare to our patients, as a large group of connected healthcare providers we are potentially better placed to do this than independent small practices.

**Method** A process has been established to ensure common clinical uncertainties are identified from the clinical teams within the business through several routes. Groups of employees with skills, expertise, experience and interest in certain clinical areas have been formed. These groups supported by 3 strategic species-based clinical boards prioritise the uncertainties and develop evidence-based decision-making resources e.g. guidance, protocols, checklists. Where evidence is lacking, the opinion and experience of the clinical workforce are gathered using evidence-based techniques and the ability to undertake our own research is being established. As well as clinically relevant quality improvement cycles we intend to measure the effect of the activities of the vetPartners clinical board on outcomes for our patients, business and clinicians.

**Results** The challenges to date will be discussed including communication, IT, training, a lack of evidence and how to prioritise the activities in busy clinical and business environments. The benefits of providing this structure is already clear as this group wide activity provides a common purpose for members of staff, improves morale and provides individuals with new opportunities for clinical leadership and developing their EBM skills.

**Conclusions** The principles behind the EBM manifesto to provide better evidence for better healthcare apply to all clinical settings whatever the species involved. Sharing experiences across the professions provides new opportunities to learn from each other and apply new methods of undertaking evidence-based practice to benefit our patients

### 14 UNDERSTANDING PATIENTS' PERSPECTIVES OF SPIRITUALITY TO INFORM CARE AT THE END OF LIFE: A QUALITATIVE SYSTEMATIC REVIEW

<sup>1,2</sup>Barbara Clyne, <sup>1</sup>Sinead M O'Neill, <sup>1</sup>Michelle O'Neill, <sup>2</sup>James Larkin, <sup>1</sup>Mairin Ryan, <sup>1,2</sup>Susan M Smith. <sup>1</sup>Health Research Board – Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER), Health Information and Quality Authority (HIQA), Dublin, Ireland; <sup>2</sup>Health Research Board Centre for Primary Care Research, Royal College of Surgeons in Ireland, Dublin, Ireland

10.1136/bmjebm-2019-EBMLive.22

**Objectives** Caring for a patient's spiritual needs is well recognised as an important facet of patient care, particularly in the provision of end of life care. Understanding patient perceptions of their spiritual needs when approaching the end of life is essential to support the delivery of patient-centred care. The aim of this study was to conduct a systematic review of qualitative literature on spirituality and spiritual care needs at the end of life from the patients' perspective to inform the development of a National Clinical Effectiveness Committee (NCEC) national clinical guideline for care of the dying adult in the Republic of Ireland.

**Method** A systematic search of five databases (including Medline and Applied Social Science Index and Abstracts) was conducted from inception until January 2019 using a comprehensive search strategy. Studies were included where they were primary qualitative studies exploring spirituality (defined as a search for meaning and purpose, which may or may not include reference to the divine) in patients with a life expectancy of 12 months or less in any setting. Two