



Judging the Strength of a Recommendation

- Determine the strength of this recommendation by making a considered judgment on the dimensions listed below through a consensus process.
- Consider critically appraised evidence, clinical experience, patient/family values and preferences, and other factors (such as social determinants of health, care access, and health equity), when weighing how much each dimension influences the recommendation strength.

Care Recommendation Statement (#):

Dimensions for Judging the Strength of a Recommendation								
1. Benefit versus Harm	☐ Benefit outweighs Harm		☐ Balanced Benefit & Harm			☐ Harm outweighs Benefit		
2. Clinically Effective	☐ Effective		☐ Neutral Effect			☐ Ineffective		
3. Adherence Burden for staff and/or patient/family Access to care	☐ Low Burden of Adherence		☐ Moderate/Neutral Burden of Adherence			☐ High Burden of Adherence		
Cost Cost for organization and/or patient/family	☐ Cost-Effective		☐ Cost–Neutral			☐ Cost–Prohibitive		
5. Impact on Quality of Life, Morbidity, and Mortality	☐ Positive impact		☐ Moderate/Neutral impact		☐ Negative impact			
6. Directness of the Evidence	☐ Directly Related		☐ Somewhat Related		☐ Indirectly Related			
7. Grade of the Body of Evidence (BOE)	☐ High ☐ Mode ⊕⊕					/ery Low ☐ Conser		
 Reflect on your answers above to the dimensions and choose one of the sentences below to begin the recommendation statement. The recommendation strength and wording depend on the intensity or judgmen of each of the dimensions. 								
Recommendation Wording Guidance			Judgment of Strength					
☐ It is strongly recommended that			Recommendation Strength: Strong					
☐ It is recommended that			Recommendation Strength: Moderate					
☐ It is suggested that			Recommendation Strength: Weak					
☐ Consider			Recommendation Strength: Consensus					

• Describe the team's rationale for the choices made in the table above in the "Discussion/Synthesis of the Evidence" section of care recommendation documents.

Some of the concepts for this development based on **Guyatt:** Grading strength of recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians task force. Chest, 129(1): 174-81, 2006; **Harbour:** A new system for grading recommendations in evidence based guidelines. BMJ, 323(7308): 334-6, 2001; and **Steinberg:** Evidence based? Caveat emptor! Health Aff (Millwood), 24(1): 80-92, 2005.