**Analysis and Application of Clinical Practice Guidelines**

Clinical practice guidelines (CPGs) are essential in the promotion of evidence-based medical care in the health sector. Produced through a systematic review of existing literature and contribution of experts in a particular medical field, clinical-based medical care aids clinicians and patients to make appropriate decisions about their health. In cases where the medical practitioners face the problem of information insufficiency of particular medical conditions, they rely on their professional judgment to decide on the best treatment option for their patients (Herdman & Clendaniel, 2014).  However, the development of guidelines regarding the clinical practice help to resolve these challenges, and they provide a deeper insight into a disease and suggest the best treatment methods. Due to the high number of CPGs, it is critical to analyze and critique CPGs to establish their reliability and the validity of their representations. The focus will be on the *Clinical Practice Guideline: Tinnitus* by Tunkel, et al., (2014). The evaluation will include identification of the scope and purpose of the CPG, stakeholder involvement, and rigor of development, clarity, presentation, applicability, and editorial independence.

**Scope and Purpose of Clinical Practice Guideline**

Primarily, it is critical to define the primary objective of the CPG, and the target audience. According to Tunkel, et al., (2014), the focus of the CPG is to avail a framework that can be used by various medical professionals to manage tinnitus in patients. Despite the high prevalence of the condition among many Americans, the authors point out the absence of a guideline to help clinicians offer assistance to patients. Moreover, variations in the impact, duration, and invalids suffering from the disease make it harder for researchers to develop a harmonized treatment plan. Since this is the first CPG on tinnitus, it provides essential advice to health sector workers regarding the evaluation, diagnosis, specialty interventions, and monitoring techniques of the condition. The authors identify the key discussion points in the purpose statement. It is quite specific about the type of information to be discussed, hence helps the readers to establish what they expect to learn from the guideline before they can go through the rest of the paper.

Besides, the CPG has a very clear scope as seen in various ways. First of all, Tunkel, et al., (2014) identify that the guideline’s primary focus is on patients with the age of 18 years and above. They move forward to specify that the individuals should have primary tinnitus, which is a chronic condition that is persistent and bothersome to people. Since they had explicitly stated that tinnitus would be considered to be persistent if it lasts for more than six months, the reader gets a clear picture of the type of patients covered by the guideline. Besides, the writers identify that there are three topics used to write the guidance including assessment, education, and interventions of the disease. By providing precise information about the patients and areas covered, the health experts will have an easier time to establish the importance of the guideline.

Additionally, the CPG answers several research questions. Firstly, what is the best assessment procedure for tinnitus? Secondly, what types of interventions are available for the disease? Thirdly, what is the role of clinician and health experts in the management of the condition? Lastly, how is education used to help the patients manage the illness?

**Stakeholder Involvement**

The CPG has been developed in collaboration with all relevant stakeholders. They refer to different parties that have a vested interest in a particular subject, which in this case is the treatment of chronic tinnitus among adults. Firstly, there is a high involvement of various medical professionals that have a great awareness of the condition including otolaryngologists, neurologists, audiologist, radiologist, nursing practitioner, psychiatric, psycho- acoustician, and a resident physician. By taking into perspective their opinion about the condition from their personal experience with patients, the authors designed an efficient treatment program of tinnitus among adults.

Besides, the authors also sought the opinion of patients through the involvement of a consumer advocate in the team. The role of a consumer advocate is the protection of the interest of costumers within a market (Herdman & Clendaniel, 2014). In this case, the consumer advocate was responsible for safeguarding the interests of patients suffering from tinnitus. Since he maintains close contact with individuals with the disease, he is aware of their needs, and the effect of various treatment plans. Moreover, he also understands the cost of therapy and the affordability of different courses of action. Consequently, he offers advice about the best assessment, intervention, and education methods of tinnitus in the adult population.

**Rigor of Development**

There is a rigor in the elaboration of the CPG, which is evidenced by several elements in the paper. The rigor of development refers to all the procedures used to create a CPG including the systematic search for evidence and development of guideline, levels of evidence, preparation of recommendations, and the presence of a clear link between the evidence and suggestions (Montano & Spitzer, 2014). First of all, the writers undertook a comprehensive systematic research review of existing research. They searched through multiple databases using several keywords, and their search yielded 621 systematic reviews and 321 guidelines. Through a careful sorting of the documents, the authors led to the eliminated irrelevant materials leaving only 29 systematic reviews for the study. Moreover, the CPG used 271 RCTs to provide sufficient data on the medical condition. Due to the active search of the information, Tunkel, et al. were well informed about the current practices in the industry, hence the development of better techniques to handle tinnitus patients. Moreover, they literature used in the study was of the highest quality.

Another important aspect in the evaluation of rigor of development is the levels of evidence presented in a clinical guideline. It refers to the plan of understanding, whose value is dependent on the information provided in research. The CPG has Level 1 evidence, which entails the synthesized data from the systematic research reviews. The authors also provide Level 2 attested that was obtained from the RCTs used to inform the research process. Lastly, there is Level VI evidence from the authors, who contributed their personal experience, and expertise in the creation of the CPG.

**Recommendations**

The authors provide clear and practical recommendations that can be used by clinicians to manage tinnitus. Several important suggestions advocate for better treatment of tinnitus in the adult population. First of all, medical practitioners should seek to understand the history of each patient. Secondly, they should conduct an audiological examination to establish the duration of the persistence of tinnitus. The third step is the separation of patients based on the established threshold of six months, as the proposed guidelines apply to tinnitus that lasts for more than six months. Fourthly, the practitioners should educate the patients, and recommend the treatment for the most affected patients.  It is noteworthy that the CPG states that antidepressants are not considered to be a treatment and management criteria of tinnitus.

One of the most remarkable aspects of the CPG is the presentation of recommendations. The authors first note the proposition and highlight the information in bold. Secondly, they also provide the source of the recommendation in italic letters. Action statement profile and text support follow. Therefore, it is possible to establish the validity of each proposal. In fact, clinicians can easily get clarification about the recommendations by consulting the availed text.

**Application**

However, several factors limit the implementation of some of the recommendations developed in the CPG. First of all, the costs of conducting the tests are prohibitive to patients. Although a significant percentage of Americans suffer from tinnitus, access to treatment is limited by their financial conditions (Schow & Nerbonne, 2013). Therefore, it is expected that audiology tests will increase the costs further. As a result, the recommendation is only possible to the financially able patients. Additionally, it is essential to monitor and audit the application of CPG continuously. The primary purpose of the guidelines is to help clinicians obtain more information about tinnitus, hence cannot be used as a standard for development of treatment (Baguley & Fagelson, 2016). Therefore, the only way to gauge its effect in the health industry is to identify the discussions among health experts about the guideline, and the reliability placed on the CPG.

**Editorial Independence**

Like other CPG developments, the authors also faced conflicts of interests, which were adequately addressed by the study. Noteworthy, the researchers held a discussion in a panel, where they disclosed any sources of conflict. Secondly, they continuously reminded their colleagues about their conflict before a discussion. Moreover, they were required to stay out when requested by the other parties in some discussions. As a result, the CPG was free from bias and fulfilled the interest of all the parties.

**Summary**

In conclusion, it is evident that the CPG adequately answers clinical questions on tinnitus and its application among nurses. The recommendations describe the assessment process, they advise on the use of various tests and separation of patients using the condition’s duration. Secondly, the guidelines provide the best interventions for the disease, which include therapy and staying away from antidepressants. Lastly, the types of educational materials are described in length.

**References**

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