

THE ECOSYSTEM OF EVIDENCE

Navigating the future
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Artificial intelligence and digital transformation
in research and healthcare

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Using a role-play simulation approach

to teach people about evidence-informed guideline processes

Claire Glenton
Western Norway University of Applied Sciences

We regularly run simulations of guideline meetings

Driven by our experiences as guideline methodologists:

- meetings often dominated by few while are others passive
- poor understanding of evidence-based guideline processes among panel members but also guideline organisers

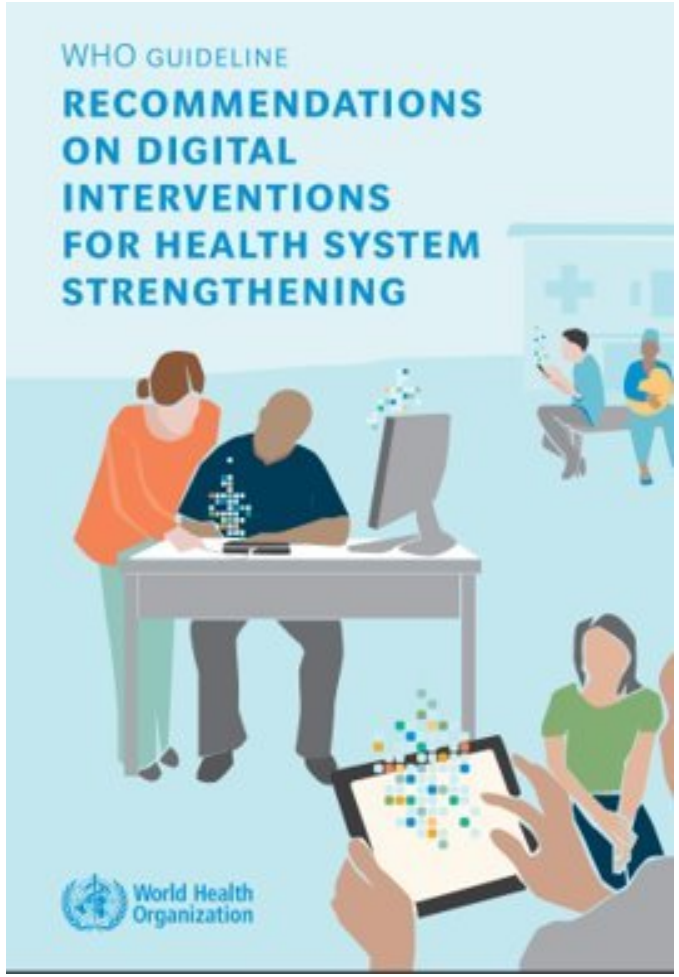


Aim and audience:

- To improve people's familiarity and skills with evidence-based guideline processes

We choose topics that:

- are **easy to understand** for many target groups
    1. telemedicine
    2. vaccine communication
- **already have guidelines that have used the GRADE EtD Framework** so we can re-use materials *(particularly important as it is time-consuming to prepare each simulation!)*



We run the simulation exactly as a real meeting

- **One-hour online preparatory meeting –** we explain the ETD framework, GRADE and the guideline meeting process
- **One-day face-to-face guideline meeting -** we follow a typical meeting process (conflicts of interest, evidence assessments, discussions and final recommendation)

Participants get role descriptions before the meeting:

- Information about their background and attitudes to the topic
- Participants play members of guideline development group
- Facilitators play chair, methodologist, and guideline



You are Miguel Álvarez

You are a Senior Health Systems Advisor for the GHO PAHO Regional office

You are Maria Gonzales

You work as the manager of a department within the Ministry of Public Health (Ministerio de Salud Pública) in Havana, Cuba.

You are Julia Namubiru

You are head of the Ugandan Nursing Association

No conflict of interest

Photo by Peopleimages.com on Colourbox

Background

- Age: 69 years.
- Place of residence: Kampala, Uganda
- You have lived in the UK for many years and trained as a nurse there in the 1970s.
- You are well-respected in Uganda for your work in addressing society's attitudes to people living with HIV and campaigning for better health services for this group. You are also engaged in improving access to health services for refugee populations from South Sudan.
- You participate regularly in health policy-related meetings in Uganda and abroad and have also participated in several guideline processes.
- You are friendly and constructive in meetings but also like to play the role of "devil's advocate' by asking questions and challenging assumptions. This is often a useful counterbalance to 'group think'.

Your attitude towards the intervention

- You are ambivalent about the intervention.
- You are passionate about the value of vaccines and are generally positive about making more information available to patients and the public. However, you are also concerned not to overwhelm them with details. When working as a nurse, you made sure to keep your health messages, short, clear and only added more information in response to questions.
- You are aware of the efforts Uganda has made to improve vaccination in children and know that communication is an essential part of any strategies to maintain and improve the coverage the country has achieved.
- However, you know that many of the remaining barriers to vaccination in countries like Uganda are systemic and cultural. You are not sure that in-person communication towards parents specifically is the best approach to address these.
- You do see a value in in-person, 1-on-1 communication targeting parents in highly marginalised or vulnerable groups like refugees. In these cases, outreach community health workers could provide culturally-sensitive information and the vaccination itself when visiting these families.

Immunization profile – Uganda

Our experiences so far

Ten simulations in Norway and at WHO:

- WHO staff
- Government directorates
- Universities
- Public health institute
- Local municipalities
- Patient organisations

- **Evaluation form** and debrief after each simulation
- **Positive feedback** – participants describe the sim as '*useful*', '*interesting*', '*educational*', and '*enjoyable*'
- Guideline organisers have increased understanding of **how panels experience the process**
- Role of **chairs** highlighted

Future work:

- Increasing interest from **government directorates**
- Our sims mimic global guidelines - calls for **national** and 'non-health' examples

For more information:
Glenton et al, J Clin Epidem 2025