

HOW TO WRITE A CLINICAL PATHWAY

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SEPTEMBER 29, 2025



OBJECTIVES



- DEFINE CLINICAL PATHWAYS AND THEIR SIGNIFICANCE
- UNDERSTAND KEY COMPONENTS OF A PUBLISHABLE PATHWAY
- STRUCTURE A MANUSCRIPT EFFECTIVELY
- APPLY BEST PRACTICES FOR CLARITY, EVIDENCE, AND REPRODUCIBILITY



WHAT IS A CLINICAL PATHWAY?

- STANDARDIZED, EVIDENCE-BASED, MULTIDISCIPLINARY CARE PLANS
- DESIGNED FOR SPECIFIC CLINICAL PROBLEMS OR PROCEDURES
- AIM TO IMPROVE OUTCOMES, REDUCE VARIATION, AND SUPPORT DECISION-MAKING
- ALSO KNOWN AS: CARE PATHWAYS, CRITICAL PATHWAYS, INTEGRATED CARE PATHWAYS



WHY PUBLISH CLINICAL PATHWAYS?



- SHARE INNOVATIONS AND IMPROVEMENTS IN CARE
- PROMOTE STANDARDIZATION ACROSS INSTITUTIONS
- SUPPORT HEALTH POLICY AND GUIDELINE DEVELOPMENT
- ADVANCE ACADEMIC AND PROFESSIONAL RECOGNITION



BEFORE YOU START WRITING

- IDENTIFY THE CLINICAL PROBLEM
- ENSURE MULTIDISCIPLINARY COLLABORATION
- PERFORM LITERATURE REVIEW
- DEFINE MEASURABLE OUTCOMES (E.G., LOS, READMISSIONS)
- OBTAIN ETHICAL APPROVALS IF NECESSARY



CORE COMPONENTS OF A CLINICAL PATHWAY MANUSCRIPT



- INTRODUCTION
- METHODS (DEVELOPMENT PROCESS)
- DESCRIPTION OF THE PATHWAY
- IMPLEMENTATION STRATEGY
- OUTCOMES/EVALUATION
- DISCUSSION & IMPLICATIONS
- CONCLUSION



1. INTRODUCTION

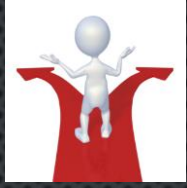


- DEFINE THE CLINICAL ISSUE
- PRESENT THE RATIONALE FOR THE PATHWAY
- CITE CURRENT GAPS IN PRACTICE OR EVIDENCE
- STATE THE OBJECTIVES OF THE PATHWAY



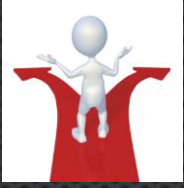
2. METHODS

- DEVELOPMENT METHODOLOGY (DELPHI, GRADE, CONSENSUS, ETC.)
- TEAM COMPOSITION (DISCIPLINES INVOLVED)
- EVIDENCE SOURCES (GUIDELINES, TRIALS, REGISTRIES)
- STAKEHOLDER INPUT
- PILOT TESTING OR FEASIBILITY STEPS



3. DESCRIPTION OF THE PATHWAY

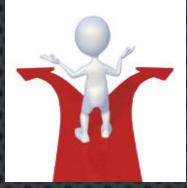
- VISUAL FLOWCHART OR ALGORITHM
- STEP-BY-STEP CARE PROCESSES
- TIMING, ROLES, INTERVENTIONS
- INCLUDE DECISION POINTS AND CONTINGENCIES
- EXAMPLE TOOLS OR FORMS USED



4. IMPLEMENTATION STRATEGY



- EDUCATION AND TRAINING
- INTEGRATION INTO EMR OR WORKFLOW
- BARRIERS AND FACILITATORS
- TIMELINE OF IMPLEMENTATION
- MONITORING ADHERENCE



5. EVALUATION OF OUTCOMES



- CLINICAL: MORBIDITY, MORTALITY, LOS
- PROCESS: COMPLIANCE, TIME TO TREATMENT
- ECONOMIC: COST-EFFECTIVENESS
- PATIENT-CENTERED: SATISFACTION, EXPERIENCE
- PRE/POST IMPLEMENTATION COMPARISON



6. DISCUSSION



- INTERPRET FINDINGS
- COMPARE WITH OTHER STUDIES/PATHWAYS
- LIMITATIONS (E.G., GENERALIZABILITY, SAMPLE SIZE)
- IMPLICATIONS FOR PRACTICE
- RECOMMENDATIONS FOR FURTHER STUDY








7. CONCLUSION



- SUMMARIZE KEY ACHIEVEMENTS
- EMPHASIZE PATIENT OR SYSTEM IMPACT
- REINFORCE REPLICABILITY AND EVIDENCE BASE



TIPS FOR SUCCESSFUL PUBLICATION

-  TARGET THE RIGHT JOURNAL (E.G., HEALTHCARE QUALITY, CLINICAL SPECIALTIES)
-  FOLLOW JOURNAL STRUCTURE AND WORD LIMITS
-  INCLUDE CLEAR VISUALS AND APPENDICES
-  USE REPORTING GUIDELINES (E.G., TIDIER, SQUIRE)
-  BE TRANSPARENT ABOUT LIMITATIONS AND CONFLICTS OF INTEREST



RESOURCES & TEMPLATES



- SQUIRE GUIDELINES
- TIDIER CHECKLIST
- JOURNAL EXAMPLES: BMJ OPEN, IMPLEMENTATION SCIENCE, BMC HEALTH SERVICES RESEARCH

A man with dark, curly hair and a mustache, wearing a dark jacket over a blue shirt and a white t-shirt, is looking directly at the camera with a wide-eyed, surprised expression. The background is a dark, blue-toned interior with a white door frame visible on the left.

Do you have any questions?