Procedures for the Development and Approval of RESNA Position Papers on Clinical Practice

Approved by the RESNA Board of Directors on June 5, 2012

I. Definition of a RESNA Position Paper on Clinical Practice

A RESNA Position Paper on Clinical Practice is an official statement by the organization that, based on the consensus of experts and evidence, summarizes current research and best-practice trends in relevant areas of Assistive Technology. These Position Papers on Clinical Practice, issued by the international professional organization, declare the necessity (medical and/or functional) of specific assistive technology devices and services under appropriate circumstances, and guide practitioners in decision making.

II. The importance of the RESNA Position Papers on Clinical Practice

1. Comprehensive summary of related scientific evidence currently available
2. Adds evidence for preparing justification
3. Comprehensively reviews all benefits and disadvantages of these technologies based on a consensus of experts.
4. Consolidates scientific and other evidence into one document
5. May contribute to a professional standard of practice

III. Use of a Position Paper

1. As a guide to practitioners in the development and provision of interventions
2. As a teaching tool in colleges and universities
3. As a teaching tool in the clinical setting, whether to help educate other team members or the client
4. As support material to help obtain funding
5. As evidence in organized educational efforts for policy change

IV. Development of a RESNA Position Paper

1. Development efforts are usually coordinated by the appropriate SIG, however, ideas for a paper topic may come from elsewhere.
2. The SIG chair appoints a point person (SIG member), who will take the lead on developing the paper (Group Leader - GL).
3. The GL submits a brief (1-2 paragraphs) proposal to the SIG Committee Chairperson and RESNA Board of Directors that would outline (a) the need for the document, (b) the plan for creating the document (who would participate, expected tasks, resources needed, etc.), and (c) the impact of the position paper.
4. The GL assembles a task force of individuals with relevant expertise. This may consist of clinicians, researchers, manufacturers and end users, who have thorough experience in the relevant field and are willing to significantly contribute to the project. Recommended number of participants is at least 3, preferably no more than 8.
5. The GL manages the development efforts, and reports to the appropriate SIG Chair quarterly on the status of the Paper.
6. Appropriate SIG or RESNA forums (such as listserves) or direct solicitation of non-member

experts may be used to gather additional feedback and review at any point in the process.
7. Whenever a draft is circulated, it must be clearly marked with red as "Draft" on all pages including the front cover. All drafts must be circulated in accessible PDF format.
8. Drafts of Position Papers on Clinical Practice are encouraged to be presented at an appropriate national level conference such as the annual RESNA conference. (RESNA will make every effort to provide a forum for public review of the papers such as a dedicated session or SIG meeting. Initially review sessions should be submitted as a workshop proposal.)
9. Position Paper is posted to the membership for 30 days on the RESNA website for comment. The membership is notified as this comment period is opened.
10. Subsequent to presentations of drafts and membership comment, the task force makes recommended changes and finalizes the document.
11. Submission and approval process starts (see below).
12. After BOD review, the task force makes any requested changes, and resubmits for final approval and publication via appropriate channels (see below).

V. Submission and approval procedures

1. Finalized Position Paper is submitted by the GL to the appropriate SIG Chair.
2. SIG Chair submits the paper to the SIG Committee Chair.
3. Within five (5) business days of receiving the finalized position paper, the SIG Committee Chair transmits the Draft to the RESNA Secretary for dissemination to all Board of Directors (BOD) members, requesting approval at the next BOD meeting.
4. When submitted to the BOD, Position Paper is accompanied by a chronology of the development steps, feedback acquired, and responses to key points, including ongoing substantial disagreements or protests about the content of the paper.
5. At this next meeting, the BOD considers the Position Paper. The Board can request changes or vote to approve, as appropriate.
6. SIG Committee Chair forwards BOD change requests or decisions to the responsible SIG Chair.
7. SIG Chair forwards these requests and/or approval to GL, who shares it with the task force.
8. Modifications, submission and approval process repeats until the BOD vote is favorable.
9. Upon final approval, GL makes necessary formatting changes to the Position Paper on Clinical Practice (adds approval date, removes "Draft").
10. Group leader resubmits final version to SIG Chair, who forwards this to the SIG Committee Chair.
11. SIG Committee Chair is to arrange with RESNA the publication of document on the RESNA website. Recommended location is under Position Papers on the RESNA website.
12. RESNA to make every effort to post the new Position Paper on Clinical Practice within 2 weeks of submission on its website.
13. The GL and co-authors submit the new Position Paper on Clinical Practice to the editor of the Assistive Technology Journal. The AT Journal is to make every effort to publish these Position Papers on Clinical Practice within a reasonable time frame.
14. RESNA Position Papers are valid for 5 years from BOD approval date. Any updates to the document must undergo the same procedure as listed above. After 5 years, if no updates and BOD review has been done, the Position Paper on Clinical Practice is void.
15. SIG Chairs are responsible to keep track of Position Papers on Clinical Practice from their respective SIG and to assign a review GL for each paper needing re-evaluation during their tenure.
16. RESNA office is to keep a portfolio of the original electronic documents of the Position Papers

on Clinical Practice. This is necessary to allow for the 5 year review, if the original authors are no longer available.

17. On an annual basis, the SIG Committee Chair will coordinate a review of this *Procedure Guide for RESNA Position Papers on Clinical Practice*. Findings from the review will be submitted to the BOD.

VI. Guide to content and language of a RESNA Position Paper

1. A RESNA Position Paper should reference all major relevant research in the given topic, whether the research supports the intervention or not.
2. Clinical evidence (clinical opinion based on extensive experience) can and should be added wherever relevant, based on a consensus of experts.
3. The Position Paper should examine the benefits as well as the risks related to the specific technology. Precautions should be incorporated whenever appropriate.
4. The following disclaimer is to be included with the introduction of every Position Paper: "The purpose of this document is to share typical clinical applications as well as provide evidence from the literature supporting the application of this Assistive Technology intervention, to assist practitioners in decision making and justification. It is not intended to replace clinical judgment related to specific client needs."

VII. Formatting:

(Note: The RESNA Office should be consulted to confirm any new formatting standards for RESNA documents.)

1. Position Paper title to be repeated on the footer, centered on every page
2. Page numbers to be placed on bottom right of each page.
3. Use 12 point Times New Roman font throughout document, single spaced.
4. Place RESNA logo on top of the front page.
5. Center title on front page, 16 point, underlined, bold
6. Write RESNA's name, address and telephone number underneath the title
7. Mark BOD approval date in italics on bottom of front page.
8. First page: Repeat the title centered, underlined, bold, 14 point
9. Introduction (summary), disclaimer
10. Definition of the specific Assistive Technology device
11. Chapter headlines all left oriented, 12 point, bold
12. RESNA logo repeated in header, Right hand side on every page except front page
13. Provide Summary at the end
14. Case studies; 2-3 case studies of anonymous clients, preferably of a wide age and diagnosis range who use and have benefited from the specific AT intervention
15. Reference citations will be consistent with the CHECKLIST FOR PREPARATION OF MANUSCRIPTS AND ILLUSTRATIONS for the *Assistive Technology Journal* that can be found at www.resna.org under Publications
16. Authors in Italics
17. Description of RESNA at the end of the Paper (Note: The RESNA Office should be consulted to confirm the most current description.): "RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, is the premier professional organization dedicated to promoting the health and well-being of people with disabilities through increasing access to technology solutions. RESNA advances the field by offering

certification, continuing education, and professional development; developing assistive technology standards; promoting research and public policy; and sponsoring forums for the exchange of information and ideas to meet the needs of our multidisciplinary constituency. Find out more at www.resna.org."

18. If not otherwise mentioned, refer to previously published Position Papers on Clinical Practice for guidance.

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