

Recommendation 1a: Clinicians should use pneumatic otoscopy as the primary diagnostic method for OME. OME should be distinguished from AOM.

Criterion failed / Barrier	Specifics	Suggested Remedy
13) Cannot be carried out by current non-performers without substantial increases in provider time, staff, equipment, etc. (Effects on Process of Care)	Pneumatic otoscopy requires acquisition of new equipment for many providers	Approach equipment manufacturers to consider discount coupon for purchase of pneumatic otoscope heads

Recommendation 7. Children with persistent OME who are not at risk should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

Criterion failed / Barrier	Specifics	Suggested Remedy
11) The recommended action (what to do) is not stated specifically and unambiguously (Executability)	“3-6 month intervals” is ambiguous	Define situations when each interval in range is appropriate
22) The recommendation may not be compatible with existing attitudes and beliefs of the guideline’s intended users (Novelty/Innovation)	Surveillance without intervention may not be compatible with practitioner beliefs.	Include specific reference to this topic in continuing education offerings for coming year.
23) The recommendation may not be consistent with patient expectations (Novelty/Innovation)	Surveillance without intervention may not be compatible with patient expectations	Prepare leaflets/patient education materials/ press release that validate surveillance decision.