



Core principles for dissemination:

a checklist for improving the quality of Cochrane's dissemination products

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**Trusted evidence.
Informed decisions.
Better health.**



Aim of webinar

- Introduce the standardized Checklist and Guidance for use across Cochrane when developing dissemination products
- Time for questions and comments



The Checklist: Background



Ideally, each dissemination product should:

1. Provide a **reasonable representation of the evidence**

- Information that is sufficiently *complete, nuanced and unbiased*

2. Provide a **good user experience**

- Information that is *easy to find and understand*
- Information that is *useful and credible*
- Information that is *desirable and non-alienating*

Cochrane dissemination products: lots of good stuff, but room for improvement

2018: KT in Cochrane call for more guidance

Aim: to improve quality and consistency of Cochrane's dissemination products

2019: Cochrane Norway begin work on Checklist/Guidance

Project aim: develop a checklist of core principles for dissemination...



...for people who
disseminate
Cochrane Reviews

The Checklist

- A tool for **anyone** preparing a dissemination product based on a Cochrane intervention review (e.g. review authors, editors, centre CRG, Field staff and multi-lingual teams.)
- Aims to improve the quality and consistency of dissemination products that **present the findings** of Cochrane intervention reviews
- Aims to improve communication with **non-experts** (i.e. people who are not familiar with systematic review methodology)

The checklist is designed for systematic reviews of effectiveness

But most of the checklist are relevant for other types of reviews and other types of research



Development in cycles

Starting point:

- Checklist article from *Centre for Informed Health Choices*

Methods:

- Literature review
- Advisory group
- User testing
- Example testing



Checklist and Guidance

For disseminating findings
from Cochrane intervention reviews

October 2019



Structure

The checklist: 1-page overview

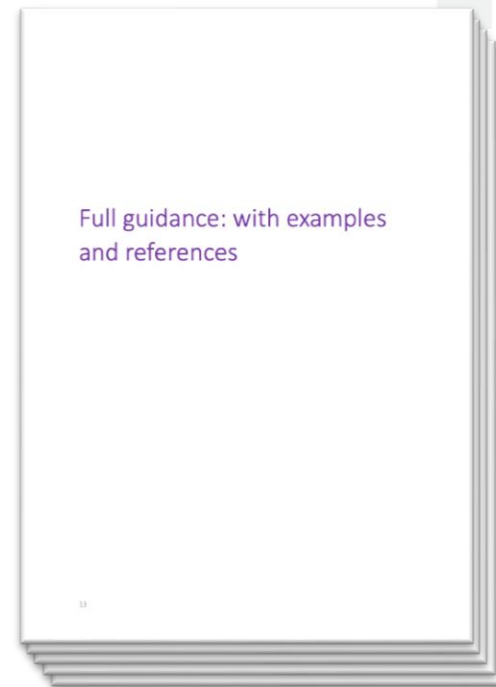
1. Have you **involved your target audience** or sought their feedback?
2. Have you used **plain language**?
3. Have you used words in your **title** that your target audience is likely to search for, recognise and find relevant?
4. Have you communicated to your target audience that this product is **relevant for them**?
5. Have you **structured the content** so people can find key messages, then access more detail if they want?
6. Have you made the content **easy for people to quickly scan and read**?
7. Have you showed that the evidence involves **real people**?
8. Have you specified the **populations, interventions, comparisons and outcomes**?
9. Have you stated that this information is from a **systematic review**?
10. Have you specified how **up-to-date** the review is?
11. Have you avoided **misleading** presentations and interpretations of the effects?
12. If you have used numbers to present the findings, have you used **absolute numbers**, and **labelled numbers** clearly?
13. Have you described the **certainty** of the evidence?
14. Have you presented the findings in **more than one way**?
15. Where the topic or findings may be **upsetting, controversial, or disappointing**, have you handled this sensitively?
16. Have you made it clear (a) that the review was prepared by **Cochrane** and (b) who **prepared** the dissemination product?
17. Is it easy for people to find information about who the **review authors** are, how they were **funded**, and any **conflicts of interest**?
18. Have you **avoided giving recommendations**?

1-page overview

The checklist: with details

1. Have you **involved your target audience** or sought their feedback?
At a minimum:
 - **Decide who your target audience is**, even if it is "everybody". This will guide your choices about language and content
 - **When creating content for individual products**, consider whether it is possible to show the product in advance to a member of your target audience.
 - **When developing product templates** or for larger, ongoing products, carry out at least one cycle of user feedback from 3 or 4 people who represent your target audienceAlso, ideally, when developing product templates:
 - Carry out several small cycles of user feedback and development
2. Have you used **plain language**?
What constitutes "plain language" depends on your target audience. But at a minimum:
 - Use the active voice (e.g. "We included 12 studies", not "12 studies were included")
 - Keep sentences and paragraphs short
 - Avoid abbreviations - apart from ones that are in common use (e.g. HIV, ADHD) or explain them
 - Make sure that you use words and concepts that are familiar to your target audience
 - Avoid research jargon
 - Where you need to use medical terms or concepts, use them consistently and consider whether you need to explain them
3. Have you used words in your **title** that your target audience is likely to search for, recognise and find relevant?
At a minimum:
 - Use words that your target audience are likely to search for, recognise and find relevant, for instance terms for the treatment or condition that they are familiar with
 - Avoid very long titles

7 pages with details



Full guidance with examples and references

Before using the Checklist, know your target audience

- Topic/ findings of interest?
- Important, additional information?
- Time?
- Languages?
- Resources?
- Literacy and numeracy skills?
- Familiarity with medical terminology?
- Sources they regard as credible?
- Do they expect recommendations?



1. Have you involved your **target audience** or sought their feedback?



2. Have you used **plain language**?

What constitutes “plain language” **depends on your target audience.**

But at a minimum:

- Use the active voice
- Keep sentences and paragraphs short
- Avoid abbreviations or explain them
- Use words and concepts that are familiar to your target audience
- Avoid research jargon
- Where you need to use medical terms or concepts, use them consistently and consider whether you need to explain them

3. Have you used words in your title that your target audience is likely to **search for, recognize and find relevant?**



Cochrane UK Induction of labour **for suspected fetal macrosomia** Evidence for Everyday Midwifery

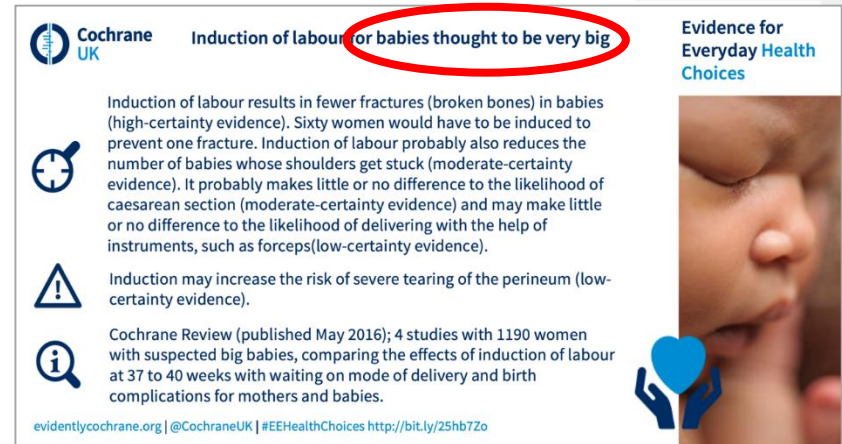
Induction of labour results in fewer fractures (high-certainty evidence) and probably fewer babies with shoulder dystocia (moderate-certainty evidence). It probably makes little or no difference to the likelihood of caesarean section (moderate-certainty evidence) and may make little or no difference to the likelihood of instrumental delivery (low-certainty evidence).

Induction may increase the risk of third- and fourth-degree tears (low certainty-evidence).

Cochrane Review (published May 2016); 4 studies with 1190 women with suspected fetal macrosomia, comparing the effects of induction of labour at 37 to 40 weeks with expectant management on mode of delivery and maternal or perinatal morbidity.

evidentlycochrane.org | @CochraneUK | #EEMidwifery <http://bit.ly/25hb7Zo>

The thumbnail shows a Cochrane review page with a red circle around the phrase "for suspected fetal macrosomia" in the title. The page includes a search icon, a warning icon, and an information icon. A vertical bar on the right side of the page indicates the level of evidence for different outcomes.



Cochrane UK Induction of labour **for babies thought to be very big** Evidence for Everyday Health Choices

Induction of labour results in fewer fractures (broken bones) in babies (high-certainty evidence). Sixty women would have to be induced to prevent one fracture. Induction of labour probably also reduces the number of babies whose shoulders get stuck (moderate-certainty evidence). It probably makes little or no difference to the likelihood of caesarean section (moderate-certainty evidence) and may make little or no difference to the likelihood of delivering with the help of instruments, such as forceps (low-certainty evidence).

Induction may increase the risk of severe tearing of the perineum (low-certainty evidence).

Cochrane Review (published May 2016); 4 studies with 1190 women with suspected big babies, comparing the effects of induction of labour at 37 to 40 weeks with waiting on mode of delivery and birth complications for mothers and babies.

evidentlycochrane.org | @CochraneUK | #EEHealthChoices <http://bit.ly/25hb7Zo>

The thumbnail shows a Cochrane review page with a red circle around the phrase "for babies thought to be very big" in the title. The page includes a search icon, a warning icon, and an information icon. A blue heart icon is visible in the bottom right corner.

4. Have you communicated to your target audience that this product is **relevant** for them?

26 April 2012
An Evidence Brief for Policy

Improving Access to Skilled Attendance at Delivery

Executive Summary

+ **Included:**

- Description of a health system problem
- Viable options for addressing this problem
- Strategies for implementing these options

× **Not included: recommendations**
This policy brief does not make recommendations regarding which policy option to choose


Who is this evidence brief for?
Policymakers, their support staff, and other stakeholders with an interest in the problem addressed by this evidence brief

Why was this evidence brief prepared?
To inform deliberations about health policies and programmes by summarizing the best available evidence about the problem and viable solutions

What is an evidence brief for policy?
Evidence briefs for policy bring together global research evidence (from systematic reviews*) and local evidence to inform deliberations about health policies and programmes

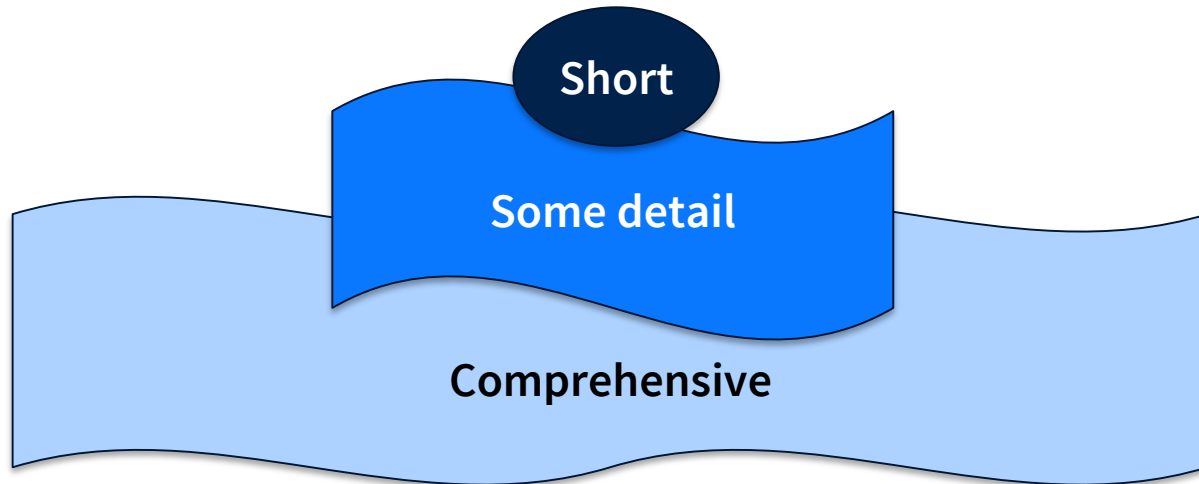
***Systematic Review:** A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from this research

Full Report
The evidence summarised in this Executive Summary is described in more detail in the [Full Report](#)



This evidence brief was prepared by the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative

5. Have you **structured the content** so people can find key messages, then access more detail if they want?



6. Have you made the content easy for people to quickly scan and read?

RESULTS

When considering the effect of patient care by pharmacists or other health professionals, pharmacist services increased patient appointment keeping. However, there was no significant reduction in service utilisation, and a trend towards worse systolic control in pharmacist led care. There was no difference in other patient outcomes, and costs were not reported.

When comparing pharmacist led care with no care, some reduction could be seen in health services utilisation, unplanned admission or physician/emergency services visits. The use of drugs in general and undesirable drugs decreased. Patients also used more appropriate medication. No clear evidence was provided about cost increase or decrease – costs were seen as decrease of 20% and an increase of 225% of drug costs. Ten of the studies reported improvements in target conditions, there were no significant differences in adverse effects and 3 of 6 studies reported an increase in compliance.

When comparing pharmacist delivered intervention to health professionals versus interventions delivered by other health professionals, it seemed that pharmacist services increased inappropriate drug prescribing. On the other hand, when comparing a pharmacist delivered intervention to health professionals versus no intervention, there seemed to be an increase in prescribing appropriate medication and a decrease in prescribing. However, no clear findings were reported of cost savings; two reported savings, and one loss. However, the studies had reported a consistent decrease in the cost of drugs. There seemed to be no difference in quality of life.

Results LMIC According to the summary of findings table, all the results are applicable to LMIC. However considering that none of the studies were conducted in such settings this is probably an over-optimistic assumption. The strategies need to be evaluated in LMIC settings as well.

APPLICABILITY: Need availability of pharmacies and pharmacy linkages with physicians. Different [low income](#) contexts may have differences in pharmacist training, in their distribution and availability.

EQUITY: This intervention may be more difficult to implement in rural and other low-income areas where there are fewer pharmacists. Potentially this intervention could reduce health inequities as pharmacists could provide much needed services.

SCALING UP: The interventions seem low in complexity, but increased

BEFORE

Summary of findings

The review included 69 studies involving more than 15,000 health professionals. Most studies (36) were done in Europe, North America (23), and Australia (8). Three studies were conducted in middle-income countries in Asia.

1) Educational outreach compared to no intervention

There were 37 trials that reported changes in professional performance. The 12 studies that reported patient outcomes were largely inconclusive, even when improvements in health professional practice were found, most likely because of insufficient power to detect important differences in patient outcomes.

- There is high quality evidence that educational outreach can improve appropriate prescribing.
- There is moderate quality evidence that educational outreach can improve other practices.

2) Educational outreach compared to another intervention

Eight trials compared interventions that included educational outreach to another type of intervention (such as audit and feedback or reminders) to improve health professional practices such as better documentation of care, preventive cardiovascular care or prostate specific antigen testing in primary care. Interventions that included outreach visits appeared to be more effective than audit and feedback alone. The differences tended to be small, similar to the differences between outreach visits and no intervention. One trial found a large improvement (39%) in the care of patients with cardiovascular risk factors with outreach visits and a prevention coordinator compared to outreach visits alone. One trial measured patient outcomes. It found an increase in the percentage of patients achieving blood pressure control after clinicians received an educational outreach visit that included audit and feedback as well as a reminder.

- There is low quality evidence that educational outreach can improve health professional practices compared to audit and feedback.
- Organisational changes, such as introducing a prevention coordinator, may be more effective than outreach visits alone.

About quality of evidence (GRADE)

⊕⊕⊕⊕ High: Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕ Moderate: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕ Low: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕ Low: We are very uncertain about the estimate.

⊖ Very low: We are very uncertain about the estimate.

For more information, see last page.

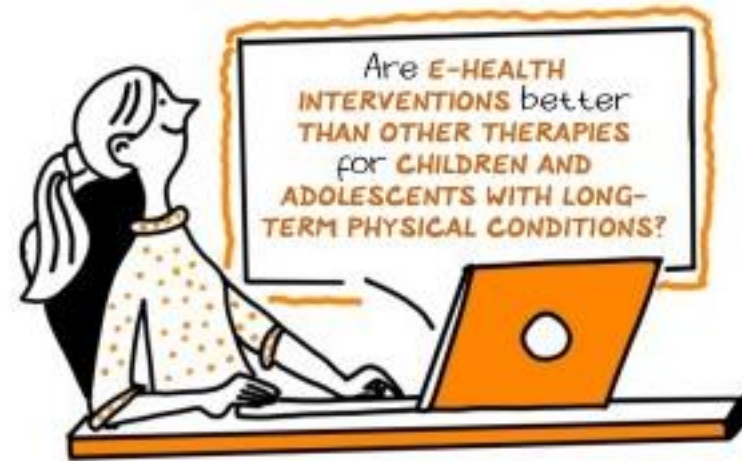
AFTER

7. Have you shown that the evidence involves **real people**?

“I think it's a typical research site, lifeless, there's no warmth.”



8. Have you indicated the type of **populations**, **interventions**, **comparisons** and **main outcomes** that the review looked at?



9. Have you stated that this information is from a **systematic review**?

“...Cochrane Reviews are based on systematic and robust selection of relevant studies. We included 24 studies in this review...”

10. Have you specified **how up-to-date** the review is?

“The review authors searched for studies published up to January 2015.”

11. Have you avoided **misleading** presentations and interpretations of the effects?

At a minimum:

- Report the most important benefits and harms, including ones for which no evidence was found
- Report all benefits and harms in the same way, where possible, using the same types of words, numbers or symbols
- Decide whether it is important to specify the time point when the outcomes were measured
- Focus on important rather than “statistically significant” differences
- Do not confuse “a lack of evidence of effect” with “no effect”

12. If you have used numbers to present the findings, have you used **absolute numbers**, and **labelled numbers** clearly?

Mobile phone message reminders compared to no reminders

People: Patients with healthcare appointments

Settings: All settings (primary, hospital, community, outpatient)

Intervention: Mobile phone text message reminders

Comparison: No reminders

Outcome	<i>Without reminder</i>	<i>With mobile phone reminder</i>
Attendance at healthcare appointments	678 out of 1000 patients	773 out of 1000 patients (698 to 854 patients)

13. Have you described the **certainty** of the evidence?



What is the best way to use nicotine replacement therapy (NRT) to quit smoking?

Evidence for Everyday Health Choices



There is high-certainty evidence that using combination NRT (fast-acting form + patch) rather than a single form of NRT increases the chances of successfully quitting smoking, whether that single form is a patch or a fast-acting version (e.g. gum). Higher-dose nicotine gum works better than lower-dose gum (high-certainty evidence) and higher dose nicotine skin patches probably work better than lower dose patches (moderate-certainty evidence). Starting NRT before quit day is probably better than starting it at the same time as giving up smoking (moderate-certainty evidence).



There is only low- and very low-certainty evidence on safety of NRT, which was not looked at in most of the studies. Where studies did look at safety, very few people experienced negative effects of NRT and they were mild effects such as skin irritation from patches.



14. Have you presented the findings in **more than one way?**

Can patients influence clinical practice?

This Cochrane review shows that patient-mediated strategies, such as patient information, patient education or when patients give information about themselves, can help improve clinical practice.

What does the research tell us?

In systematic reviews, available research is collected and critically appraised. The research question in this systematic Cochrane review was: What is the effect of patient-mediated strategies on clinical practice? Patient-mediated strategies were compared to no intervention or usual care. Findings from four types of patient-mediated strategies are presented below.

Results

- Patient-reported health information probably improves clinical practice
- Patient information may improve clinical practice
- Patient education probably improves clinical practice
- Patient decision aids may make little or no difference to clinical practice



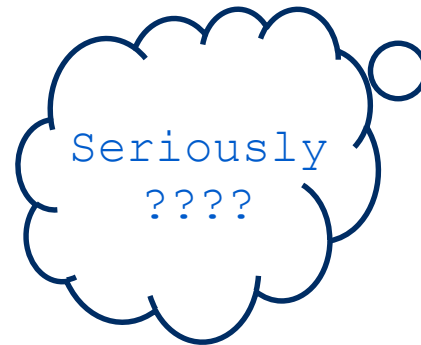
Effectiveness of different patient-mediated strategies on clinical practice²

What happens?	WITHOUT patient-mediated strategies	WITH patient-mediated strategies	Certainty of evidence ¹
Patient-reported health information Patient-reported health information probably improves clinical practice ²	17 per 100 patients	26 per 100 patients (23 to 30)*	⊕⊕⊕○ Moderate
Patient information Patient information may improve clinical practice ²	20 per 100 patients	32 per 100 patients (24 to 42)*	⊕⊕○○ Low
Patient education Patient education probably improves clinical practice ²	35 per 100 patients	46 per 100 patients (39 to 54)*	⊕⊕⊕○ Moderate
Patient decision aid Patient decision aids may make little or no difference to clinical practice ²	37 per 100 patients	32 per 100 patients (24 to 43)*	⊕⊕○○ Low

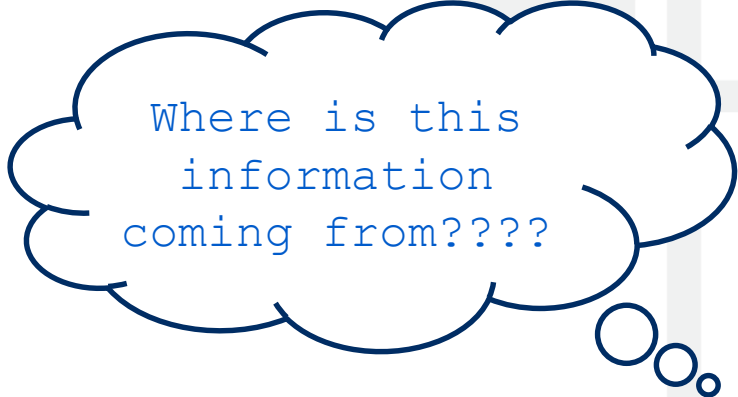
* The confidence interval (95% CI) reflects the extent to which the size of change may be responsible for an effect estimate from a study. ¹ Indicates the extent to which one can be confident that an estimate of effect is correct. ² Clinical practice is defined as healthcare professionals following recommended clinical practice (following clinical guidelines and recommendations).

15. Where the topic or findings may be **upsetting, controversial, or disappointing**; have you handled this sensitively?

"...quality of life was not one of our outcomes of interest."



16. Have you made it clear (a) that the review was prepared by **Cochrane** and (b) **who prepared** the dissemination product?



Where is this
information
coming from????

17. Is it easy for people to find information about who the **review authors** are, how they were **funded**, and any **conflicts of interest**?



18. Have you avoided giving recommendations?

August 2008 - SUPPORT Summary of a systematic review

Do lay health workers in primary and community health care improve maternal and child health?

Lay health workers have no formal professional education, but they are usually provided with job-related training. They can be involved in either paid or voluntary care. They perform diverse functions related to health care delivery and a range of terms are used to describe them including village health workers, community volunteers and peer counsellors among others.

Key messages

- The use of lay health workers in maternal and child health programmes shows promising benefits compared to usual care or no intervention is:
 - increasing the uptake of immunization in children;
 - promoting breastfeeding;
 - reducing mortality in children under five years;
 - reducing morbidity from common childhood illnesses.
- Little evidence is available regarding the effectiveness of substituting health professionals for lay health workers or the effectiveness of alternative strategies for training, supporting and sustaining lay health workers.
- Factors that need to be considered to assess whether the intervention effects are likely to be transferable to other settings include:
 - financial support for lay health worker programmes;
 - the availability of routine data on who might benefit from the intervention (e.g. children whose immunization is not up-to-date);
 - resources to provide clinical and managerial support for lay health workers;
 - the availability of drugs.

Who is this summary for?
Primary health workers in low- and middle-income countries

! This summary includes:

- Key findings from research based on a systematic review
- Considerations about the relevance of the research for low and middle-income countries

X Not included:

- Additional evidence not included in the systematic review
- Recommendations or their implementation

This summary is based on the following systematic review:
Lay health workers in primary and community health care: A systematic review of trials, 2008. www.cochrane.org/trials/2008

What is a systematic review?
A summary of studies addressing a clearly formulated question that uses scientific methods to identify, select, and critically appraise the relevant research, and to analyse and synthesize data from the included studies.

SUPPORT is an international collaboration funded by the UK and France and the Programme Manager, the use of publicly relevant reviews, and trials to better understand, measure and child health in low and middle income countries.

Summary of terms used in this report:
WHO defines:
LMI: low and middle income countries
NMA: network meta-analysis
NNT: number needed to treat
See back page


! This summary includes:

- Key findings from research based on a systematic review
- Considerations about the relevance of this research for low and middle-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

Using the checklist in very brief products

<p>1. Target audience involved?</p> <p><input checked="" type="checkbox"/> Partly. The target audience has been involved in the development of the template, but haven't given feedback on this specific blogshot.</p>	<p>2. Plain language?</p> <p><input type="checkbox"/> Maybe. The target audience is undefined. The language is likely to be suitable for health professionals. But for a lay audience, we would probably not use words like 'medication adherence' and 'exacerbation'</p>	<p>3. Appropriate title?</p> <p><input type="checkbox"/> Maybe. They use key terms that people are likely to search for. But if this is for a lay audience, we would probably not use the term "adolescent".</p>	<p>4. Communicated relevance?</p> <p><input type="checkbox"/> No. They haven't defined their audience</p>	
<p>18. Recommendations avoided?</p> <p><input checked="" type="checkbox"/> Yes</p>			<p>5. Content structure?</p> <p><input checked="" type="checkbox"/> Yes, key messages clear and they've provided a link to the full review.</p>	
<p>17. Information about funding etc?</p> <p><input checked="" type="checkbox"/> Yes, through a link to the full review</p>			<p>6. Quickly scan and read?</p> <p><input checked="" type="checkbox"/> Yes. It's organised into clear sections.</p>	
<p>16. Cochrane?</p> <p><input checked="" type="checkbox"/> Yes, Cochrane logo and link to Cochrane.uk</p>	<p>7. Real people?</p> <p><input checked="" type="checkbox"/> Yes, they refer to adults in the text. They also chose a picture because it looked authentic, was the right age group and depicts the intervention</p>			
<p>15. Topic handled sensitively?</p> <p><input checked="" type="checkbox"/> Yes. They chose the image because it's respectful and emotionally neutral (rather than the head-in hands type image).</p>	<p>8. PICO specified?</p> <p><input checked="" type="checkbox"/> Yes, and they use the actual names for these rather than 'intervention' etc</p> <p>9. Systematic review?</p> <p><input checked="" type="checkbox"/> Yes, they say it's a Cochrane review and mention the number of studies.</p>			
<p>14. Presented in more than one way?</p> <p><input checked="" type="checkbox"/> Not in this product, but they have a link to the full review</p>	<p>13. Certainty of the evidence</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>12. If using numbers</p> <p>Not applicable</p>	<p>11. Avoid misleading?</p> <p><input checked="" type="checkbox"/> Yes, and they use standard plain language statements</p>	<p>10. Date specified?</p> <p><input checked="" type="checkbox"/> Yes</p>

How to use the checklist

- Remember the checklist is a set of principles rather than a solutions.
- Familiarize yourself with levels 2 and 3. Level 1 is only a reminder.
- Some items are easy to apply and check off, or are things you are already doing well.
- Use the checklist as a starting point for your professional development: focus on the items that are less familiar to you, maybe one at a time

Questions and comments



Resources to use the Checklist

- Checklist, guidance document, and other resources available on Cochrane Training site: <https://training.cochrane.org/online-learning/knowledge-translation>
- KT products webinar programme in 2020 focussed on:
 - how to apply items (or groups of items) within the Checklist,
 - different types of dissemination products,
 - dissemination products for different target audiences

Resources to use the Checklist

- Further development of online resources:
 - online learning /interactive version of Checklist and guidance
 - increased support for individual dissemination products (e.g. ‘dissemination kits’)
 - case-studies of innovative and/or successful dissemination products
- Regional training sessions to apply the checklist to your dissemination products, and 1:1 support from peers trained in applying the checklist