How to approach writing a background section

**Trusted evidence.
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How would you describe your attitude to background sections?

Not enough people read them to make me want to invest energy in them

A necessary evil

Quite like putting them together

Can't get enough of them

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Session overview

What a good background section does

What you need to do write one

How to take ideas you develop forward into the review

A good background section

Describes current state of knowledge

Explains rationale for question (how & why)

Backs these up with current references

Sets up design choices

It's not just 'background'

Expressing contextual knowledge helps establish scope

Like any other piece of research, SRs need solid justification

Investing effort here helps users to understand/contest your approach better

Writing it

Define most important aspects of **condition** & **intervention**

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Description of condition

→ Population, diagnosis, prognosis/prevalence/impact of condition

Description of intervention

→ Principal characteristics (class of medicine, components of complex Rx), place with other current approaches – e.g. new, established or variation on current standard of care?

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First aid training fo

✉ **Irvin Kendall, Vere Borra, Jorie...** ...**De Buck**   Authors' declarations of interest

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https://doi.org/10.1002/14651858.CD0...

Title Abstract Ke

First aid training for laypeople

✉ Irvin Kendall, Vere Borra, Jorien Laermans, Michael McCaul, Bert Aertgeerts, Emmy De Buck   Authors' declarations of interest

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Description of the intervention

In this systematic review, we will use the definitions of the International Federation of Red Cross and Red Crescent Societies (IFRC). First aid is "the immediate assistance provided to an ill or injured person until professional medical care is available. First aid interventions seek to preserve life, to alleviate suffering, to prevent further illness or injury, and to promote recovery". First aid provider should be understood as "someone trained in first aid who is able to recognize, assess and prioritize the need for first aid, provide care using appropriate competencies, and seek additional care when necessary" (IFRC 2020). First aid training refers to a formal learning

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Cochrane Database of Systematic Reviews | Protocol - Intervention

First aid training for laypeople

✉ **Irvin Kendall, Vere Borra, Jorien Laermans, Michael McCaul, Bert Aertgeerts, Emmy De Buck**   Authors' declarations of interest

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using appropriate competencies, and seek additional care when necessary" (IFRC 2020). First aid training refers to a formal learning activity, such as a training course or programme, with learning goals defined in terms of improving knowledge, skills, or attitudes pertaining to first aid provision (Van de Velde 2009). Laypeople are members of the general public who do not have any formal healthcare education.

In general, a first aid training curriculum covers a set of instructions needed to help someone recover or keep someone alive until further professional help is available, such as performing cardiopulmonary resuscitation (CPR), or dealing with choking or severe bleeding (He 2014). Its content may be adapted to the target audience (e.g. children, adults, commercial drivers). The training

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goals defined in terms of improving knowledge, skills, or attitudes pertaining to first aid provision (Van de Velde 2009). Laypeople are members of the general public who do not have any formal healthcare education.

Writing it

Define most important aspects of **condition** & **intervention**

Explain how intervention thought to change outcome

Justify a systematic review

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How intervention might work ————————➤ Mechanism of action; logic model

Why it's important to do the review ————➤ Uncertainties, priority setting disagreement/conflicting approaches, debate, controversy

How the intervention might work

It is generally assumed that first aid training improves both the acquisition and retention of first aid-related knowledge and skills in laypeople (Mock 2002; Tiska 2004), and may improve the quality of care given by the first aid provider (Katona 2015; Merchant 2015). Accordingly, the IFRC states that first aid is a pivotal primary step for providing effective and rapid interventions to reduce serious injuries and increase the chances of survival, and hence should be an integral part of a wider developmental approach to build

Why it is important to do this review

First aid is a vital part of the prehospital care system, playing an important role in preserving life, preventing further harm, and promoting recovery of ill and injured persons. The provision of appropriate, high-quality first aid is therefore a concern of first aid guideline developers, first aid training organizers, and public health policy-makers worldwide.

Cochrane First Aid (CFA) advocates for the use of scientific evidence within the field of first aid. It highlighted that the currently available Cochrane Reviews relevant to first aid primarily focus on the effectiveness of interventions that are feasible to be performed by laypeople (Avau 2018; Zhan 2017), and less on the effectiveness of providing training to laypeople to perform first aid interventions. Moreover, their recent priority exercise revealed that the question of highest interest to their stakeholders, including lay first aid providers and first aid guideline developers, is whether first aid training for laypeople is effective (CFA 2021).

Gap in existing reviews

Value of question to stakeholders

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Writing it

Link title to **condition** & **intervention**

Explain how intervention thought to change outcome

Justify a systematic review

Make it easier to write rest of protocol

Methods

Population/comparisons of interest become basis for deciding on study eligibility, useful to add in exclusions
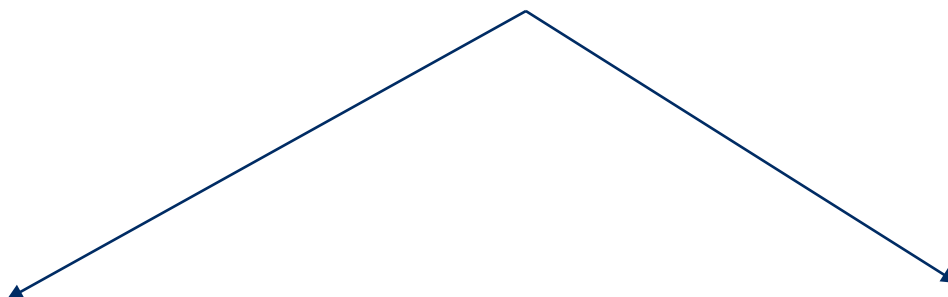
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Useful specification added in relating to definition of target population and intended intervention already outlined in Background

As a consequence, we will exclude formally trained healthcare graduates or professionals as well as law enforcement officers, emergency services personnel (e.g. firefighters, search and rescue personnel), and military personnel. We will also exclude trainee healthcare professionals and trainees in related professions (e.g. clinical psychology, social work).

We will exclude training on advanced life support as this includes invasive interventions, such as inserting needles or other devices and administering medication. In addition, we will exclude the effects of informal learning activities, i.e. activities without intentional learning goals, such as mass media awareness campaigns and online forums.

Methods

Population/comparisons of interest become basis for deciding on study eligibility, useful to add in exclusions

Outcomes follow on from mechanism of action, but more definition needed

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How the intervention might work

It is generally assumed that first aid training improves both the acquisition and retention of first aid-related knowledge and skills in laypeople (Mock 2002; Tiska 2004), and may improve the quality of care given by the first aid provider (Katona 2015; Merchant 2015). Accordingly, the IFRC states that first aid is a pivotal primary step for providing effective and rapid interventions to reduce serious injuries and increase the chances of survival, and hence should be an integral part of a wider developmental approach to build

Primary outcomes

1. Helping behaviour (i.e. providing help in an emergency situation or not)
2. Quality of first aid provided (i.e. adequately provided or not)
3. Health outcomes of the people receiving first aid (e.g. complications, morbidity, mortality, hospitalizations)

Secondary outcomes

1. First aid-related knowledge (assessed by e.g. oral or written test or multiple choice questionnaire)
2. First aid-related skills (assessed with e.g. observation checklist)
3. Self-efficacy/confidence in providing first aid (assessed with e.g. 5-point Likert-scale)
4. Willingness to help (assessed with e.g. 5-point Likert scale)

Methods

Population/comparisons of interest become basis for deciding on study eligibility, useful to add in exclusions

Outcomes should build on mechanism of action, but specify more (timepoint, definition)

Decisions around analysis can be informed by uncertainties written into background e.g. subgroups

Antidepressants for pain management in adults with chronic pain: a network meta-analysis (Protocol)

Birkinshaw H, Friedrich C, Cole P, Eccleston C, Serfaty M, Stewart G, White S, Moore RA, Pincus T

There is evidence that people with chronic pain may be experiencing pain-related distress rather than clinical depression, although both conditions can present with similar symptoms (Rusu 2016). The distinction between pain-related distress and depression is particularly important as primary care practitioners are often given contradictory guidance: they are encouraged to better detect depression (Mitchell 2009; Nuyen 2005), whilst avoiding over-medicalisation of distress and thus over-treatment (Dowrick 2013; Mulder 2008). This is important as antidepressants can be prescribed for both the management of pain and mood (e.g. clinical depression) in people with chronic pain. This review will seek to clarify this guidance as, unlike previous reviews in this area, we will investigate whether there any differences dependent upon whether the antidepressants were prescribed to primarily treat mood or pain.

Subgroup analysis and investigation of heterogeneity

We will perform subgroup analyses for the following factors.

- Class of antidepressant (SSRI, SNRI, TCA, MAOI, etc.).
- Dosage of antidepressant (high, standard, low).
- Type of pain (according to IASP pain categories).
- Aim of the trial (i.e. whether the intervention is aimed at pain or mood).

Some last thoughts

Assume short attention spans:

- Shorten gap between title, background & methods

- Don't just acknowledge points of contention, find ways to address them in the review

- Be concise & reference wisely

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Even more last thoughts

Re-read Background before submitting review – definitions still fresh?

Re-read Background before **updating** review – **anything** still fresh?

Thank you