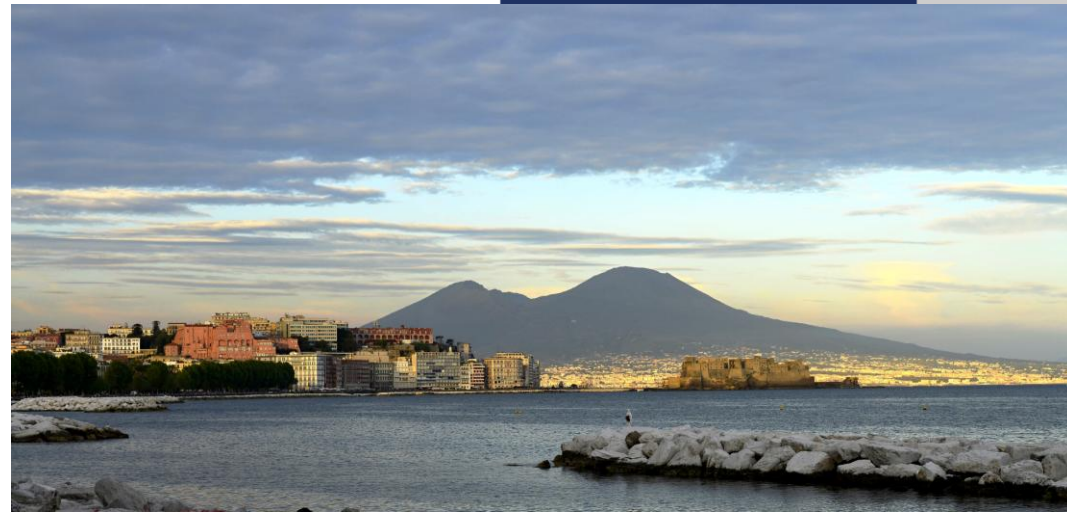


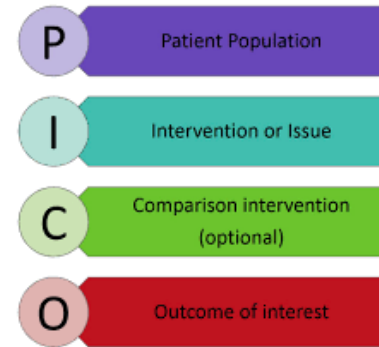
Cochrane Rehabilitation The Communication Strategy

Francesca Gimigliano, MD PhD
Cochrane Rehabilitation
Communication Committee Chair
ISPRM Secretary
Associate Professor of PRM
University of Campania “Luigi Vanvitelli”

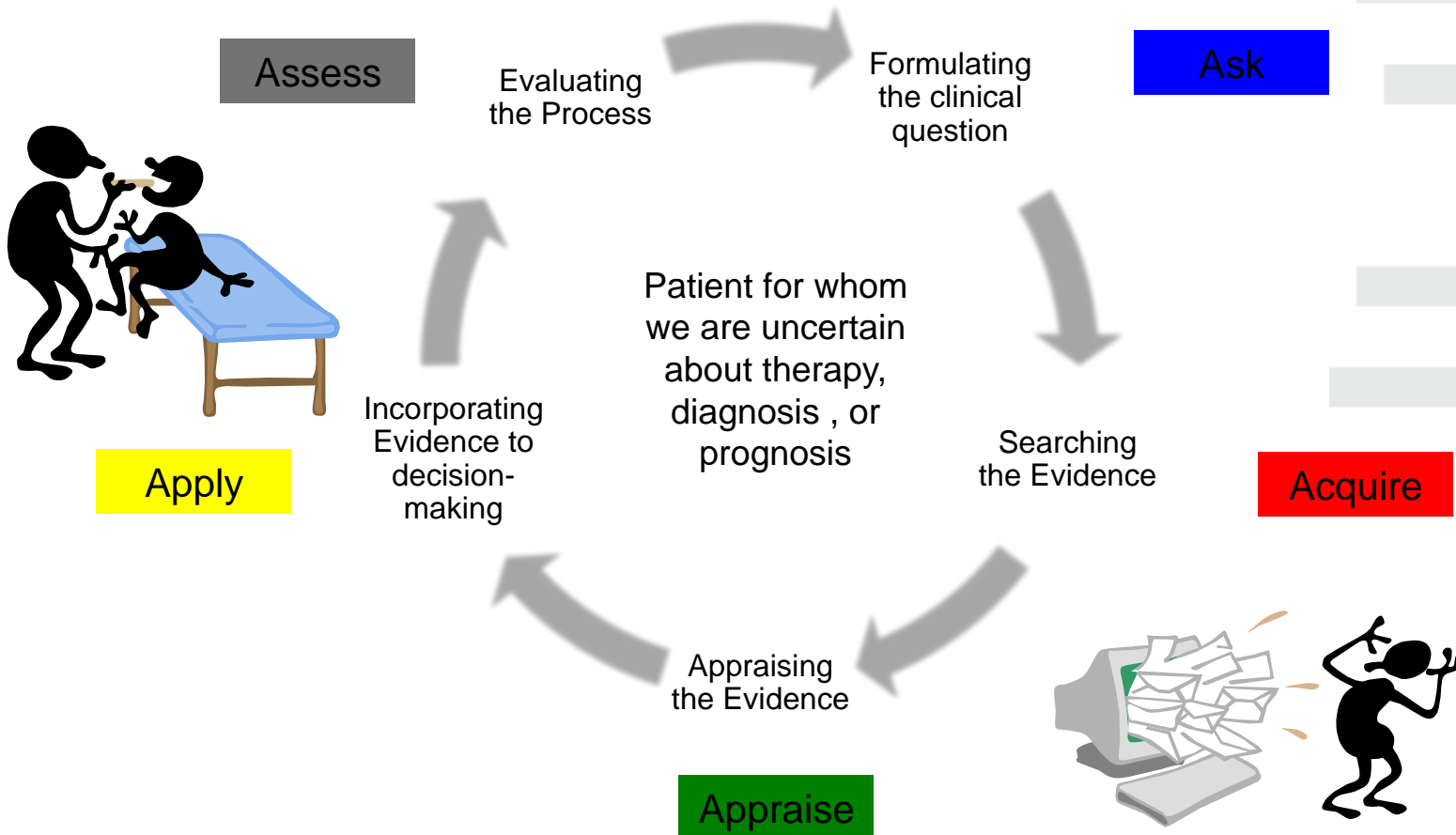


Trusted evidence.
Informed decisions.
Better health.





EBCP process



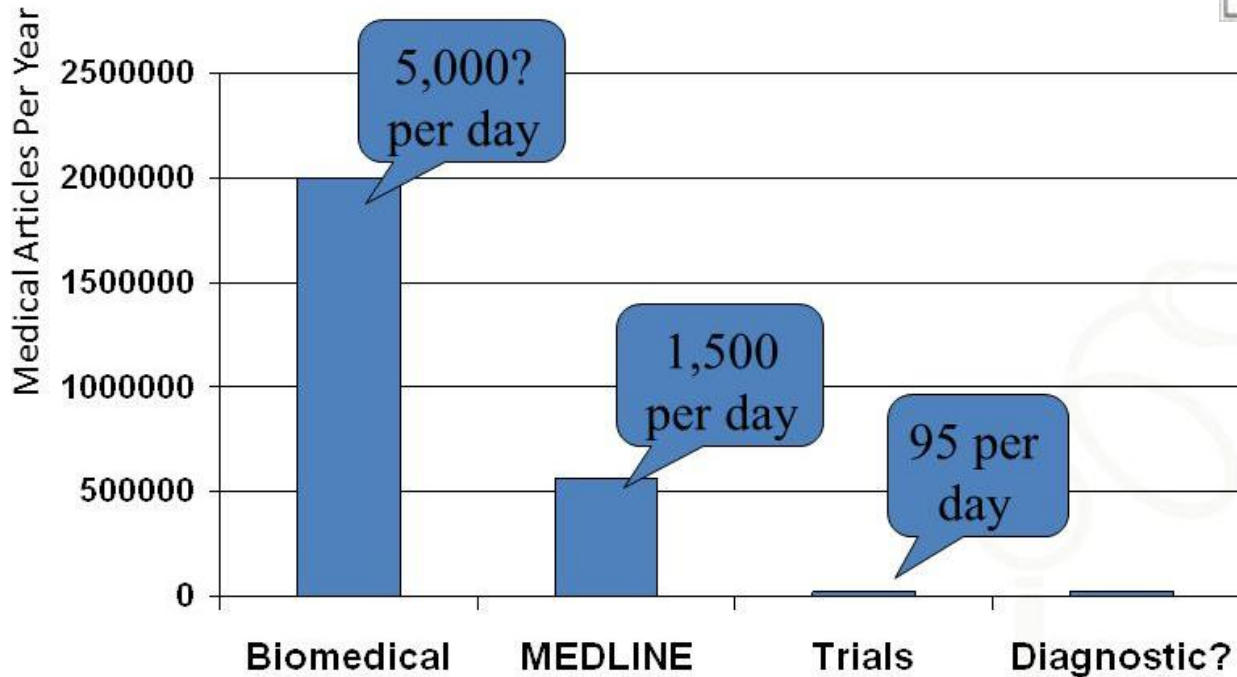
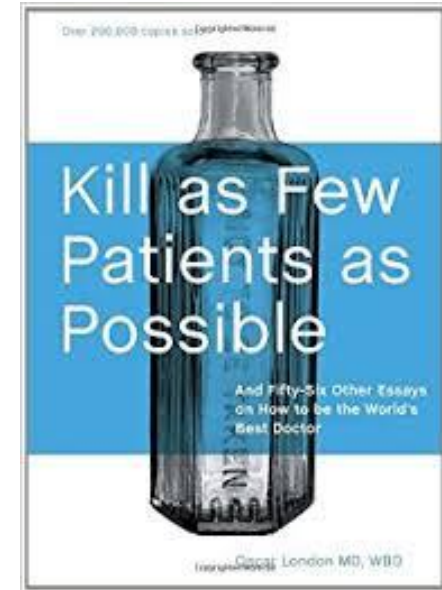
Evidence Based Medicine

A 21st century clinician who cannot critically read a study is as unprepared as one who cannot take a blood pressure or examine the cardiovascular system.

Glasziou P, et al. EBM and the Medical Curriculum. BMJ 2008.



Rule 31: Review the world literature fortnightly

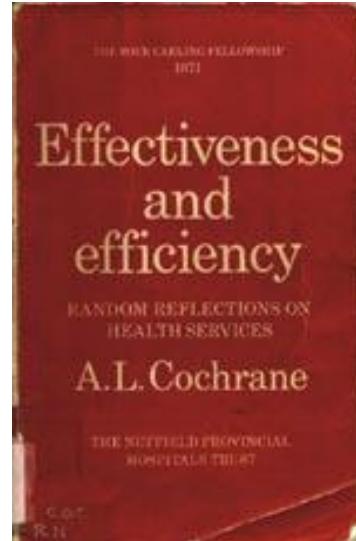
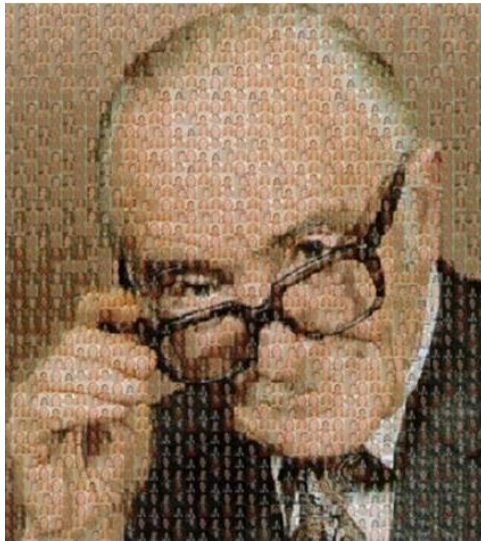




Trusted evidence.
Informed decisions.
Better health.

"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials."

Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909-1988) (as depicted by a composite of hundreds of photos of Cochrane contributors)



The Know-Do Gap

“All breakthrough, no follow through”

High quality evidence is not consistently applied in practice¹

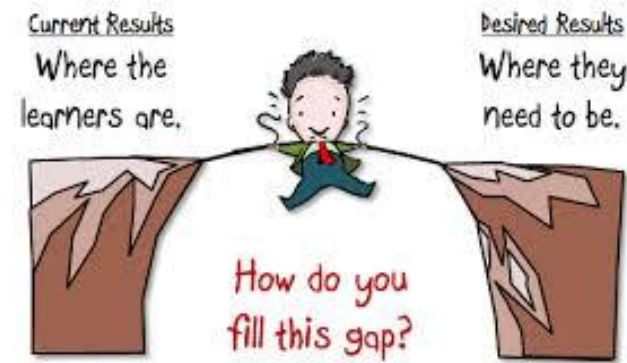
Examples in clinical practice:

- Statins decrease mortality and morbidity in post-stroke, but they are underprescribed²
- Antibiotics are overprescribed in children with upper respiratory tract symptoms³

Examples in health system policies:

- Evidence was not frequently used by WHO⁴ (not true for last rehabilitation guidelines)
- Out of 8 policymaking processes in Canada⁵
 - Only 1 was fully based on research
 - Other 3 were partially based on research

1. Majumdar SR et al. *J Am Coll Cardiol.* 2004. 2. LaRosa JC et al. *JAMA.* 1999. 3. Arnold S et al. *Cochrane Database Syst Rev.* 2005;. 4. Oxman A et al. *Lancet.* 2007. 5. Lavis J et al. *Milbank Q.* 2002.



Why there is the Know-Do Gap?

Evidence not focused on the end-users¹:

- Epidemiologically and methodologically focused
- Missing details on interventions and settings

Lack of knowledge management skills and infrastructure²

- Macro-level: health care system and organization (finance and equipments)
- Meso-level: health care teams (standards of care)
- Micro-level: Individual health care professionals
 - Volume of, and access to research evidence
 - Time to read
 - Skills to appraise, understand and apply research evidence

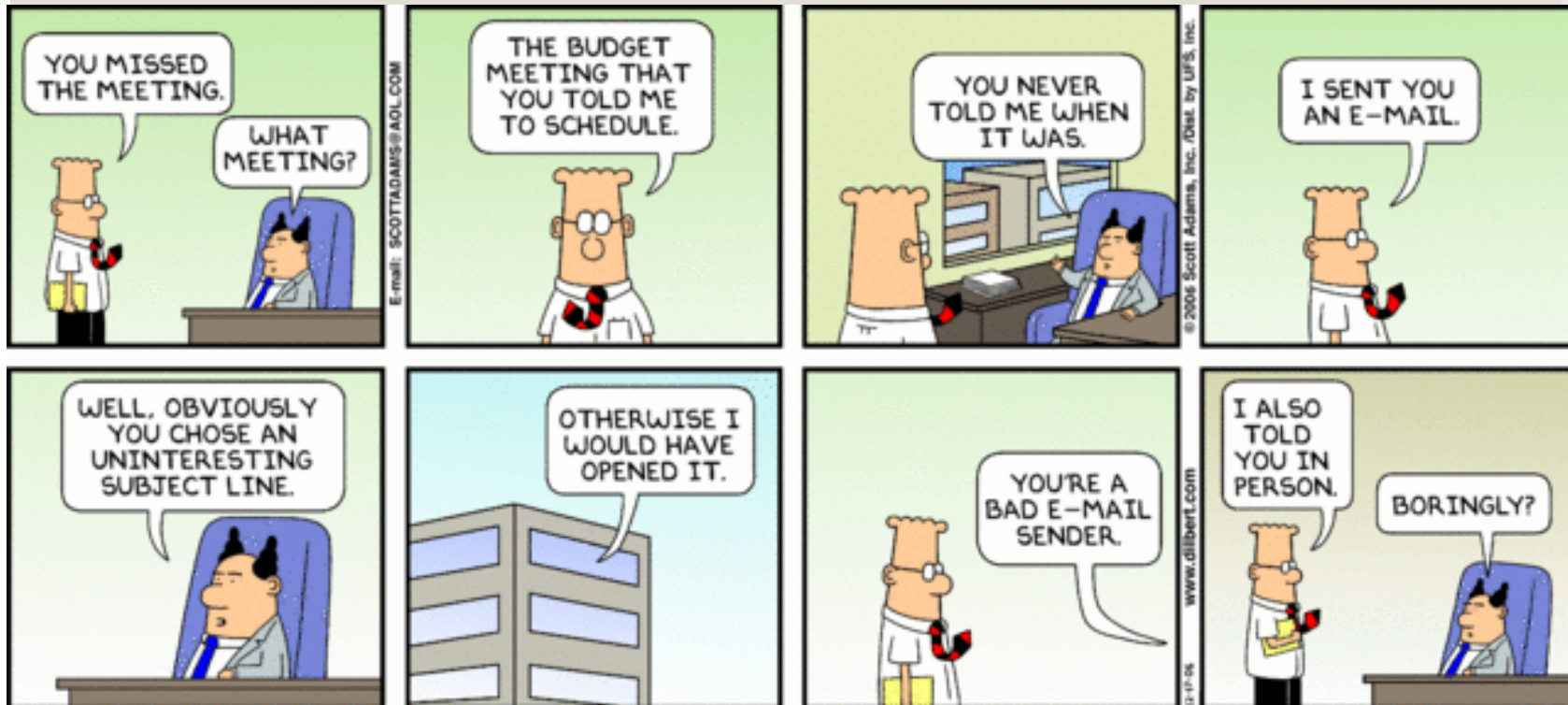
1. Glenton C et al. *J Clin Epidemiol* 2006. 2. Grimshaw JM et al. *J Contin Educ Health Prof.* 2002.

Judging the benefits and harms of medicines

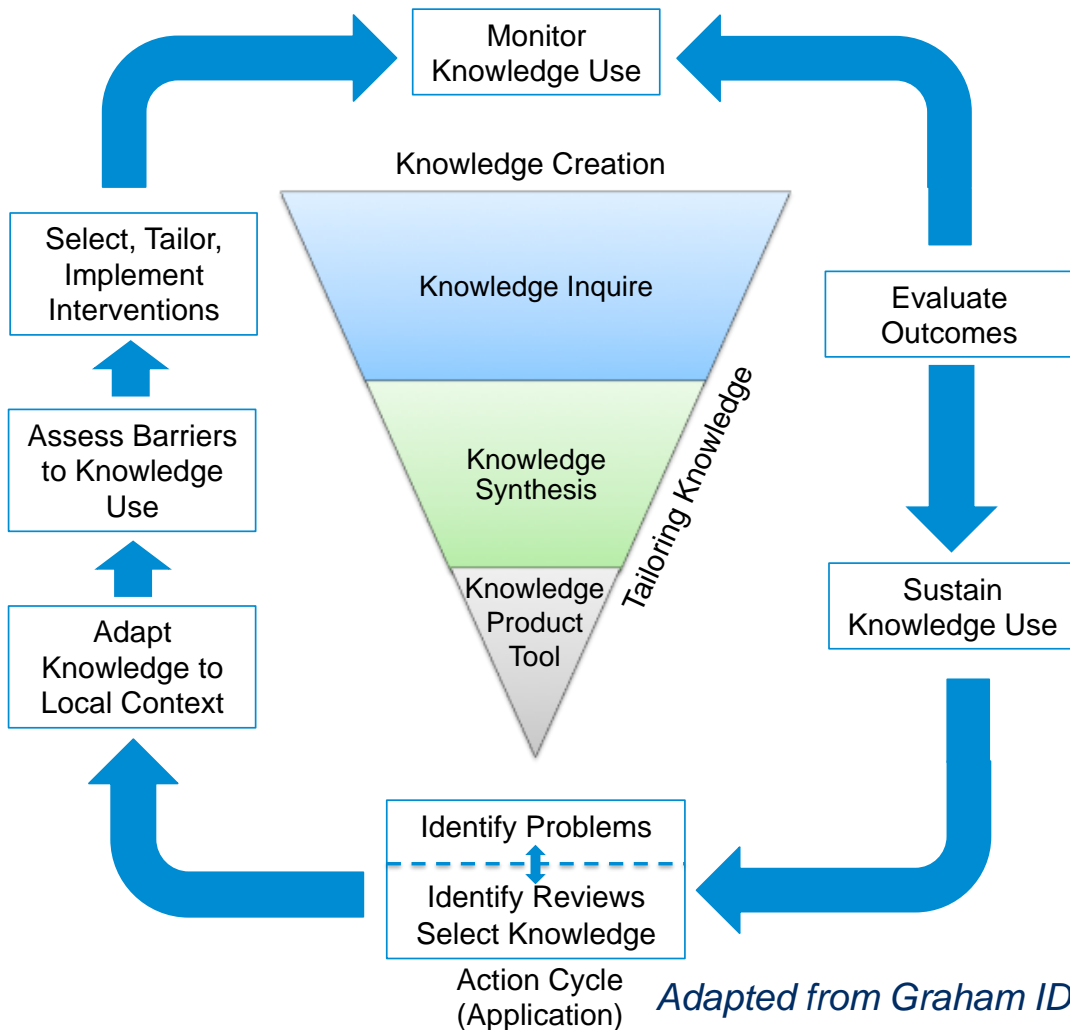
Only trustworthy evidence will earn the public's trust

Joe Freer *editorial registrar, The BMJ*, Fiona Godlee *editor in chief, The BMJ*

Box 1: Academy of Medical Science's 12 recommendations



Knowledge to action process



Adapted from Graham ID et al. J Contin Ed Health Prof. 2006.

Strategy to 2020

- | | | |
|---|---|---|
| 1 | Collaboration | by fostering global co-operation, teamwork, and open and transparent communication and decision making. |
| 2 | Building on the enthusiasm of individuals | by involving, supporting and training people of different skills and backgrounds. |
| 3 | Avoiding duplication of effort | by good management, co-ordination and effective internal communications to maximize economy of effort. |



The main aims of the Strategy to 2020 are:

1. Make it simpler, quicker and more efficient to produce Cochrane Reviews and other synthesized research evidence.
2. Increase the number of people worldwide accessing and using this evidence in their decision making.

- | | | |
|----|-----------------------------|--|
| 7 | Promoting access | by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide. |
| 8 | Ensuring quality | by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism. |
| 9 | Continuity | by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed. |
| 10 | Enabling wide participation | in our work by reducing barriers to contributing and by encouraging diversity. |



Knowledge Translation

“A dynamic and interactive process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” *Canadian Institutes of Health Research*¹

Alternative terms² are:

- dissemination and implementation,
- implementation science,
- research use,
- knowledge transfer
- uptake/exchange



1. Mc Kibbin KA et al. *Impl Sci*. 2010. 2. www.cihr-irsc.gc.ca/e/29418.html.

Knowledge Translation

It is about ensuring that:

- stakeholders are aware of and use research evidence to inform their decision making
- research is informed by current available evidence and the experiences and information needs of stakeholders

What should be transferred?

To whom should research knowledge be transferred?

By whom should research knowledge be transferred?

How should research knowledge be transferred?

With what effect should research knowledge be transferred?

Purpose of KT

KT is the vital 'other half' to Cochrane's investment in producing systematic reviews.

We have to take responsibility for getting our knowledge used (there are currently Cochrane reviews published, that then 'fall off a cliff', never to be heard from again).

Only through a serious investment in KT can we achieve Cochrane's vision of *'a world of improved health where decisions about health and health care are informed by high quality, relevant and up to date synthesized research evidence'*



Audiences



Consumers and the public

Those seeking
health care, their
families and carers,
and the public



Practitioners

of health care
including clinicians
and public health
practitioners



Policy-makers & healthcare managers

making decisions
about health policy
within all levels of
management



Researchers & Research Funders

who need
information
regarding important
gaps in the evidence





Cochrane & WHO

Cochrane has been in **official relations** with the World Health Organization (WHO) **since 2011**.

This collaboration includes:

To **appoint a representative** to participate in WHO's meetings, including **at the World Health Assembly**

To **provide input on the way research evidence is identified, synthesized, assessed and used** by WHO

To **provide reliable summaries of health information** which can be used to inform recommendations and policies

To promote **intersectoral collaboration** and high-quality research between our two organizations **to produce** the necessary **evidence to ensure policies** in all sectors contribute to improving health and health equity



Cochrane and Wikipedia

Articles relating to medicine are viewed more than 180 million times per month on Wikipedia, yet less than 1 per cent of these have passed a formal peer review process.

This opens up a unique opportunity for Cochrane to work with Wikipedia medical editors to transform the quality and content of health evidence available online.

The partnership, formalized in 2014, supports the **inclusion of relevant evidence within all Wikipedia medical articles**, as well as processes to help ensure that medical information included in Wikipedia is of the highest quality and as accurate as possible.

Trusted, evidence-based research can help people to make informed decisions about their own health care.

Cochrane Rehabilitation Field

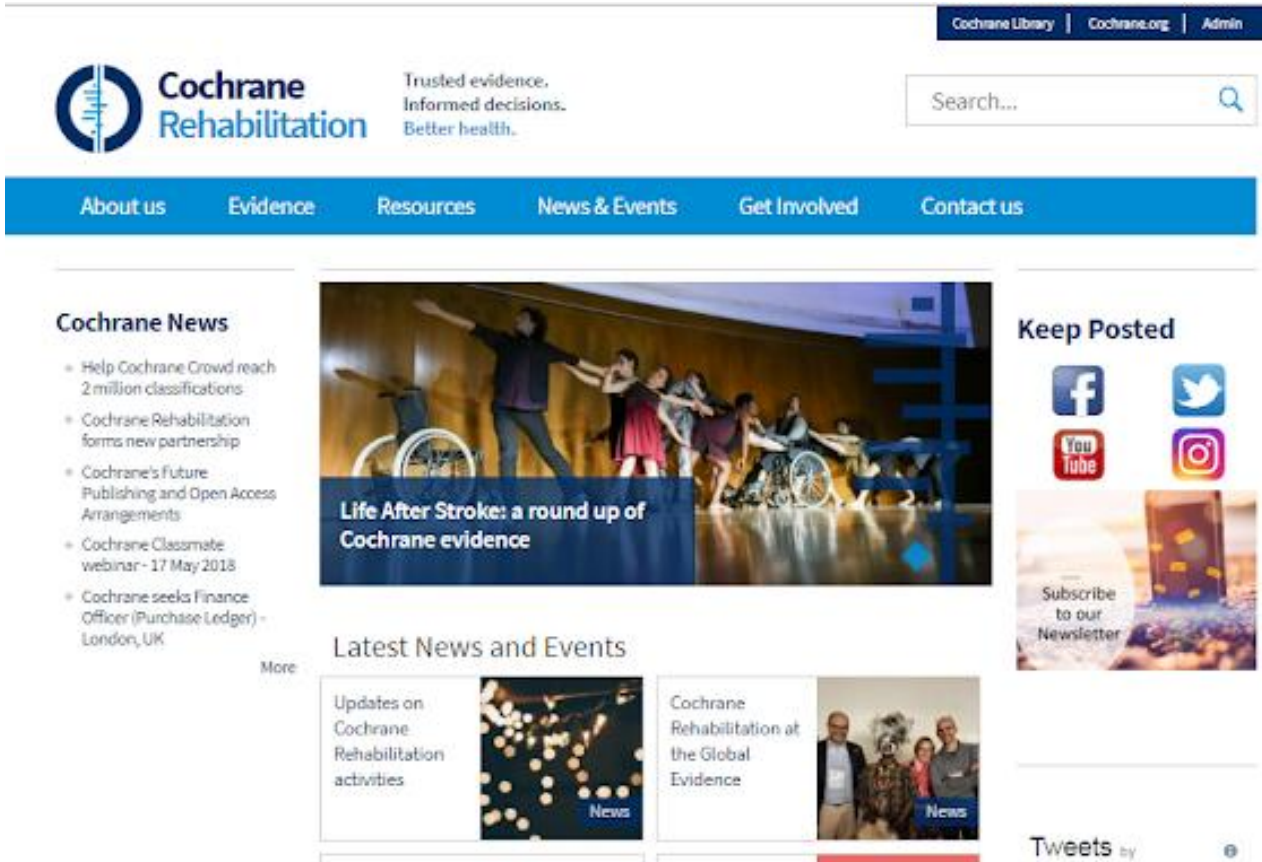
- Facilitate the work of Cochrane Review Groups
- **Ensure that Cochrane reviews are both relevant and accessible to their fellow specialists and consumers**

**Rehabilitation
stakeholders**

Cochrane Groups



Website



The screenshot shows the homepage of the Cochrane Rehabilitation website. At the top right, there are links for 'Cochrane Library', 'Cochrane.org', and 'Admin'. The main header features the Cochrane Rehabilitation logo and the tagline 'Trusted evidence. Informed decisions. Better health.' To the right is a search bar. Below the header is a blue navigation bar with links for 'About us', 'Evidence', 'Resources', 'News & Events', 'Get Involved', and 'Contact us'. The main content area is divided into several sections: 'Cochrane News' with a list of updates, a large featured article titled 'Life After Stroke: a round up of Cochrane evidence' with an image of people in a gym, 'Latest News and Events' with two smaller news items, 'Keep Posted' with social media icons for Facebook, Twitter, YouTube, and Instagram, and a 'Subscribe to our Newsletter' button. At the bottom right, there is a 'Tweets by' section.

<http://rehabilitation.cochrane.org>

Facebook

- 1,528 likes & 1,595 follows (May 3, 2018)
- ~80 posts shared (December 2016-May 2018)




The screenshot shows the Facebook profile of Cochrane Rehabilitation. The page header includes the name "Cochrane Rehabilitation" and a search bar. Below the header are navigation tabs for "Page", "Inbox", "Notifications", "Insights", and "Publishing Tools". The profile picture is a large blue circular logo with a white stylized figure. The page name is "Cochrane Rehabilitation" with the handle "@CochraneRehab". A left-hand navigation menu lists "Home", "About", "Events", "Photos", "Videos", "Community", "Groups", "Reviews", "Posts", and "Promote". The main content area features a post from June 16, 2017, by Joel Pollet. The post text reads: "The first issue of Cochrane Rehabilitation Newsletter has been sent! Take a look at it and subscribe to get the next issues." Below the text is a large group photograph of many people. The post is titled "Cochrane Rehabilitation Newsletter issue 1 | June 2017" and includes the URL "MAILCHI.MP". A red circle highlights the text "3,672 people reached" in the post's reach information. At the bottom of the post are buttons for "Like", "Comment", "Share", and "Boost Post". Below the post, the names of users who interacted are visible: "Veronica Matassa, Sheikh Noman Sadiq and 63 others".

Twitter

- 940 followers (May 3, 2018)
- 478 tweets (December 2016-May 2018)



 **@CochraneRehab** @CochraneRehab · 16 giu 2017
Cochrane Rehabilitation Newsletter issue 1 | June 2017:
mailchi.mp/9e1678238e93/c...
Traduci dalla lingua originale: inglese

12 replies 10 likes

Visualizzazioni

23.583

Interazioni totali

148

Clic sul link

64

Espansioni dettagli

44

Clic sul profilo

16

Retweet

12

Mi piace

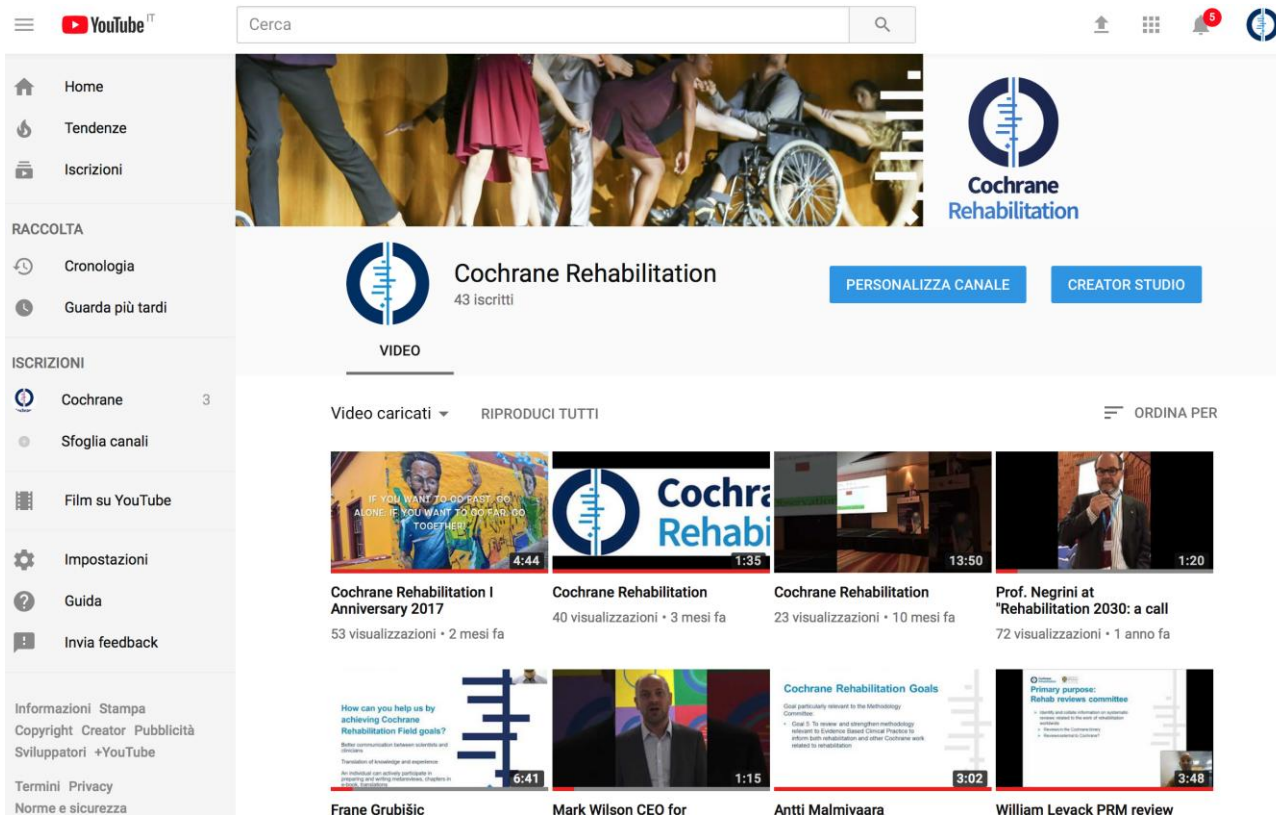
10

Nuovi follower

2

YouTube

- 28 video shared with a mean of 61 visualizations



The screenshot shows the YouTube channel page for Cochrane Rehabilitation. The channel has 43 subscribers and is categorized as a video channel. The page displays a grid of 8 video thumbnails with their respective titles and view counts:

Video Title	Views	Time
Cochrane Rehabilitation I Anniversary 2017	53 visualizzazioni	4:44
Cochrane Rehabilitation	40 visualizzazioni	1:35
Cochrane Rehabilitation	23 visualizzazioni	13:50
Prof. Negrini at "Rehabilitation 2030: a call	72 visualizzazioni	1:20
How can you help us by achieving Cochrane Rehabilitation Field goals?	6:41	6:41
Mark Wilson CEO for	1:15	1:15
Cochrane Rehabilitation Goals	3:02	3:02
William Levack PRM review	3:48	3:48

The channel name is **Cochrane Rehabilitation** with 43 iscritti. Navigation options include Home, Tendenze, Iscrizioni, Cronologia, Guarda più tardi, and Iscrizioni (Cochrane, Sfoglia canali, Film su YouTube, Impostazioni, Guida, Invia feedback). The page also includes a search bar, a notification bell with 5 alerts, and a share icon.

Newsletter



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

Issue 1 | June 2017

Cochrane Rehabilitation was formally approved on October 22nd, 2016 and officially launched on December 16th, 2017.



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

Issue 2 | September 2017

Cochrane Rehabilitation serves as a bridge between all the stakeholders in Rehabilitation and Cochrane.

The Global Evidence Summit 2017



My experience as a PhD student at the Global Evidence Summit 2017

An African proverb says: "If you want to go fast, go alone, if you want to go far, go together".



Blogshots



Yoga for stroke rehabilitation



We are uncertain whether yoga improves quality of life, balance, gait, depression, anxiety and disability in stroke survivors. Whether or not yoga has any adverse effects is also uncertain.



Cochrane Review; two studies with 72 people comparing yoga vs waiting-list control in adults with stroke.

Cochrane Review by: Cochrane Stroke Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2BR580B>

Fitness training for cardiorespiratory conditioning after traumatic brain injury



Cardiorespiratory exercise programmes may improve cardiorespiratory fitness in people after traumatic brain injury. It is uncertain whether they improve depression, cognition or fatigue or whether there are any adverse effects.



Cochrane Review; 8 studies with 399 people with traumatic brain injury of any age or severity, comparing cardiorespiratory exercise prescribed alone vs usual care, a non-exercise intervention or no intervention.

Cochrane Review by: Cochrane Injuries

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Ezi2CQ>

Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries



We are uncertain whether vocational rehabilitation improves workers' ability to return to work after traumatic upper limb injuries. Effects on functional status and quality of life are also uncertain. **EVIDENCE GAP.**



Cochrane Review; no eligible studies found.

Cochrane Review by: Cochrane Work Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2kQwJM8>

Treatment of fatigue in amyotrophic lateral sclerosis/motor neuron disease



It is uncertain whether modafinil, breathing exercises, exercises with weights, or magnetic brain stimulation are safe and effective at improving fatigue in people with amyotrophic lateral sclerosis (also known as motor neuron disease). **EVIDENCE GAP**



Cochrane Review; 4 studies with 86 people with amyotrophic lateral sclerosis, comparing pharmacological and non-pharmacological treatments vs placebo.

Cochrane Review by: Cochrane Neuromuscular

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Dmf14k>



Blogshots translations

**Cochrane
Rehabilitation**

脳卒中リハビリテーションのためのヨガ



ヨガが脳卒中サバイバーの生活の質、バランス、歩行、うつ、不安、そして能力障害を改善するかどうかは不明である。ヨガが引き起こす有害事象の存在についても不明である。



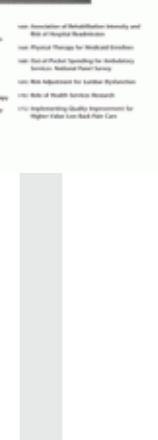
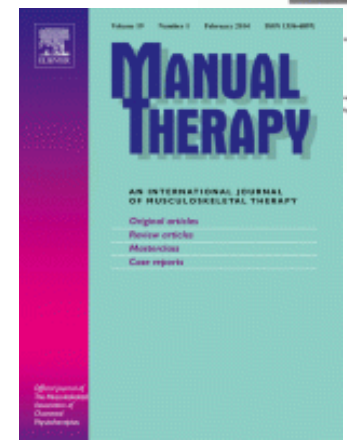
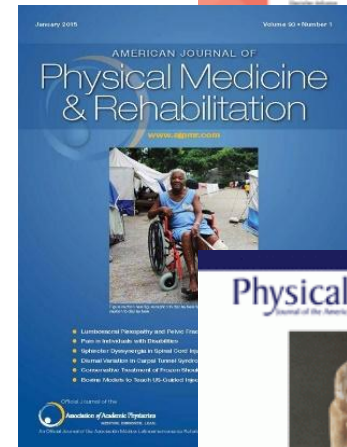
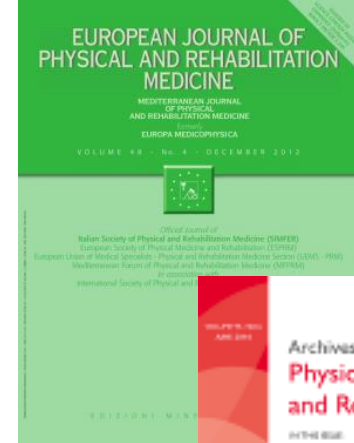
Cochrane Review; 成人脳卒中患者72名を有する2つの研究、ヨガを実施した群と実施しなかった群との比較。

Cochrane Review by: Cochrane Stroke Group



Publications

1. Negrini S, Kiekens C, Meerpohl JJ, Thomson D, Zampolini M, Christodoulou N, Delarque A, Gutenbrunner C, Michail X. Contributing to the growth of Physical and Rehabilitation Medicine (PRM): call for a Cochrane Field in PRM. *Eur J Phys Rehabil Med.* 2015 Jun;51(3):239-43.
2. Kiekens C, Negrini S, Thomson D, Frontera W. Cochrane Physical and Rehabilitation Medicine: Current State of Development and Next Steps. *Am J Phys Med Rehabil.* 2016 Apr;95(4):235-8.
3. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane physical and rehabilitation medicine: a new field to bridge between best evidence and the specific needs of our field of competence. *Eur J Phys Rehabil Med.* 2016 Jun;52(3):417-8.
4. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane Physical and Rehabilitation Medicine: A New Field to Bridge Between Best Evidence and the Specific Needs of Our Field of Competence. *Phys Ther.* 2016 Jul;96(7):1109-10.
5. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane Physical and Rehabilitation Medicine: A New Field to Bridge Between Best Evidence and the Specific Needs of Our Field. *Arch Phys Med Rehabil.* 2016 Aug;97(8):1226-7.
6. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane physical and rehabilitation medicine: A new field to bridge between best evidence and the specific needs of our field of competence. *Man Ther.* 2016 Dec;26:vii-viii.
7. Negrini S, Kiekens C. Cochrane Rehabilitation Corners in the European Journal of Physical and Rehabilitation Medicine. *Eur J Phys Rehabil Med.* 2017 Oct;53(5):812–3.
8. Levack WM, Meyer T, Negrini S, Malmivaara A. Cochrane Rehabilitation Methodology Committee: an international survey of priorities for future work. *Eur J Phys Rehabil Med.* 2017 Oct;53(5):814–7.
9. Negrini S, Arienti C, Gimigliano F, Grubišić F, Howe T, Ilieva E, Levack W, Malmivaara A, Meyer T, Patrick Engkasan J, Rathore FA, Kiekens C. Cochrane Rehabilitation: Organization and Functioning. *Am J Phys Med Rehabil.* 2018 Jan;97(1):68-71.
10. Negrini S, Gimigliano F, Arienti C, Kiekens C. Knowledge Translation: The Bridging Function of Cochrane Rehabilitation. *Arch Phys Med Rehabil.* 2017 Dec 12. [Epub ahead of print].



Rehabilitation

key for health in the 21st century

- Rehabilitation is essential in addressing the full scope of health needs of a population: ensure healthy lives and promote well-being for all at all ages.
- Health systems need to be equipped to provide services that optimize functioning in light of impairments, injuries or health conditions, acute or chronic.
- The benefits of rehabilitation are realized beyond the health sector.
- Rehabilitation must be integrated into national health plans and budgets. Current epidemiological trends, demographic shifts and expanded access to health care make scaling up rehabilitation services imperative for health systems in the 21st century.



World Health
Organization



Cochrane Rehabilitation at ISPRM2017

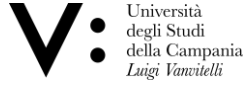


Global Evidence Summit 2017

The Global Evidence Summit 2017 was a unique event. It was the first time that Cochrane, the Campbell Collaboration, the Guidelines International Network, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute joined together to create this premiere event in evidence-based policy.

“If you want to go fast, go alone, if you want to go far, go together”.





Cochrane Rehabilitation E-book



Photo by [Christin Hume](#) on [Unsplash](#)

Trusted evidence.
Informed decisions.
Better health.

Cochrane Rehabilitation Audiences



Clinicians



Students



Politicians



Consumers



**Consumers
and the public**

Those seeking
health care, their
families and carers,
and the public



Practitioners

of health care
including clinicians
and public health
practitioners



**Policy-makers
& healthcare
managers**

making decisions
about health policy
within all levels of
management



**Researchers &
Research
Funders**

who need
information
regarding important
gaps in the evidence

Data extraction Form

Title	
Cochrane Review Group	
Cochrane Review Code	
Population (age and gender if relevant)	
Intervention(s)	
Control(s)	
Aim(s)	
Study design and other characteristics	
Bias and limits	
Outcome(s)	
Result(s)	
International and National recommendation and guidelines including the intervention	
Quality of evidence (GRADE)	
Blogshot(s)	
Cochrane Indexed Terms	



Clinical Summary

Target audience:

- All clinicians

Guideline on the content:

- Evidence gap
- Description of the Outcome
- Description of the Intervention
- Description of the Control
- Description of the Study
- Results
- GRADE



Educational Summary

Target audience:

- Medical or other health professional students

Guideline on the content:

- Description of the disease/syndrome (what is the problem?)
- What is the investigated treatment?
- Brief summary of the results as described in the plain language summary
- Comment on how and if the evidence could change in the future (the quality of evidence says that...)

NOTE: The statement should be very simple and easy to understand. Basic concepts should be reinforced.



Political Summary

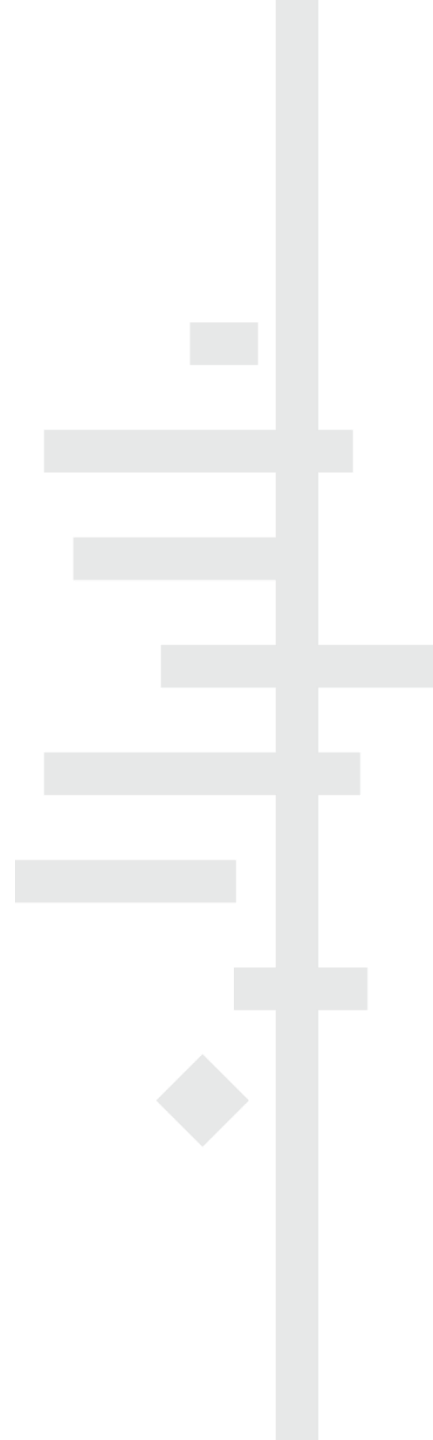
Target audience:

- Policy decision makers
- Rehabilitation administrators

Guideline on the content:

- Title (Slogan): a journalistic title attracting the attention to what is reported below.
- Epidemiology reporting disease data in terms of 1/100.000 or 1/1.000.000 people in the population
- Costs of the disease and of treatment
- Description of the standard treatment and how the investigated treatment is part of it. Including International or National guidelines, if appropriate.
- Results of the review
- Conclusion about PRM

NOTE: The text should be very concise and simple to understand.



Consumer Summary

Target audience:

- Rehabilitation patients and caregivers

Guideline on the content:

- Summary of the plain language summary. It should be written in a clear and simple language as to explain to a patient his pathology, functioning and possible treatments. Focused on rehabilitation patients.





Cochrane Colloquium Edinburgh 2018

A patients included health
research conference





ISPRM 2018
12th International Society of Physical and
Rehabilitation Medicine World Congress
Paris, France | July 8 - 12, 2018



SOCIÉTÉ ROYALE BELGE DE MÉDECINE PHYSIQUE
ET DE RÉADAPTATION A.S.B.L.

KONINKLIJKE BELGISCHE VERENIGING VOOR
FYSISCHE GENESKUNDE EN REVALIDATIE v.z.w.



*Share knowledge
to reduce disabilities*

12TH INTERNATIONAL SOCIETY OF PHYSICAL & REHABILITATION MEDICINE (ISPRM) WORLD CONGRESS

Paris, France
July 8-12, 2018



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6053, 1211 Geneva 6 Switzerland
Tel: + 41 22 908 0488
Fax: + 41 22 906 9140

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ISPRM2018

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