

La strategia di Knowledge Translation di Cochrane

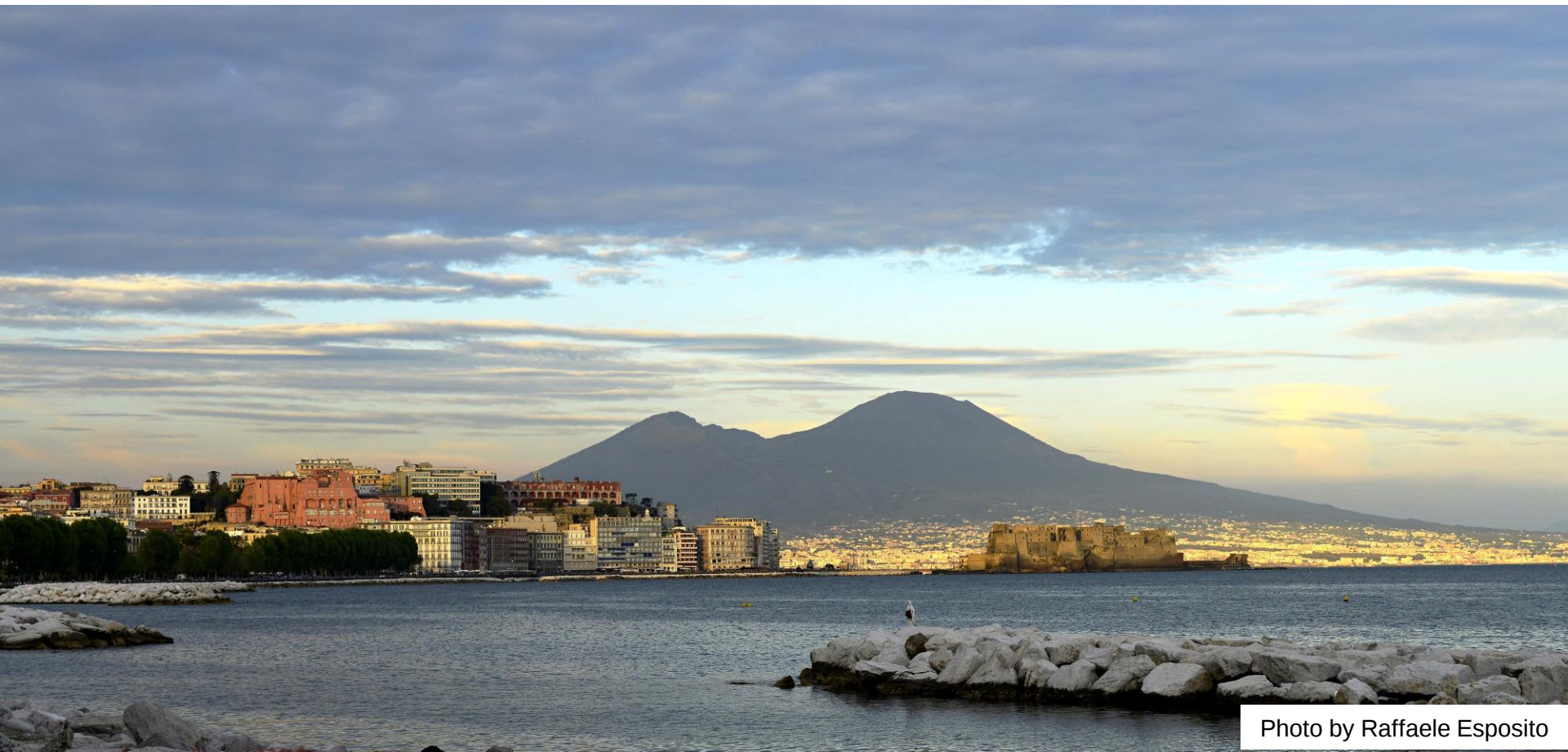
Francesca Gimigliano, MD PhD
Cochrane Rehabilitation
Communication Committee Chair
ISPRM Secretary
Associate Professor of PRM
University of Campania “Luigi Vanvitelli”

Trusted evidence.
Informed decisions.
Better health.



**Associate Professor of
Physical & Rehabilitation Medicine**

**Department of Mental and Physical
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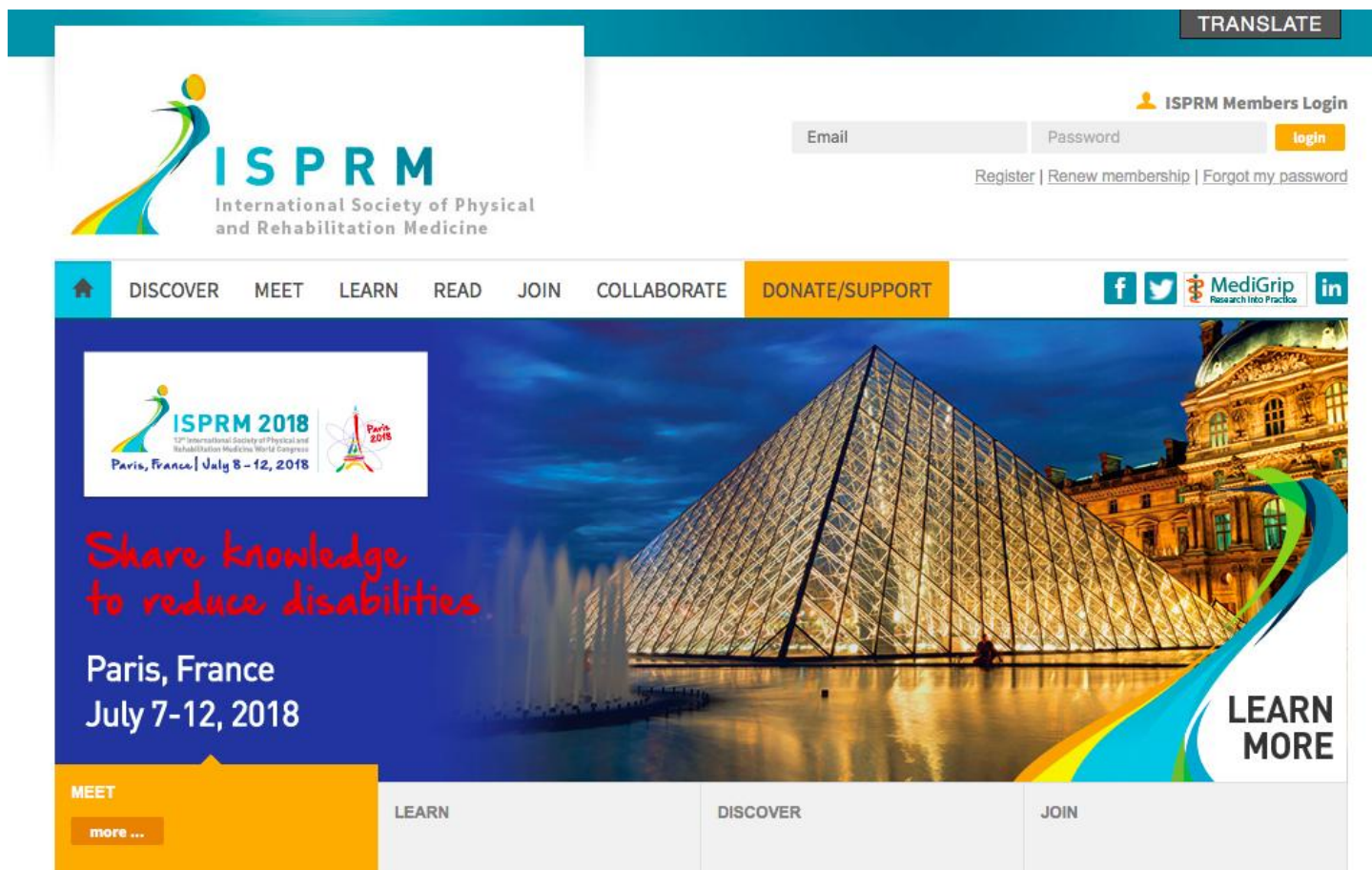
ISPRM – Secretary

Secretary of the International Society of
Physical and Rehabilitation Medicine

www.isprm.org

@ISPRM

ISPRMsecretary@gmail.com



The screenshot shows the ISPRM website homepage. At the top right is a 'TRANSLATE' button. Below the header is a navigation bar with links: DISCOVER, MEET, LEARN, READ, JOIN, COLLABORATE, and DONATE/SUPPORT. Social media icons for Facebook, Twitter, and LinkedIn are present, along with a 'MediGrip Research Into Practice' logo. The main banner features a large image of the Louvre Pyramid at night. Overlaid on the banner is the text 'Share knowledge to reduce disabilities' in red script, followed by 'Paris, France July 7-12, 2018'. A 'LEARN MORE' button is in the bottom right corner of the banner. Below the banner is a section with a 'MEET' button and a 'more ...' link, followed by 'LEARN', 'DISCOVER', and 'JOIN' buttons.

ISPRM
International Society of Physical
and Rehabilitation Medicine

ISPRM Members Login

Email Password login

Register | Renew membership | Forgot my password

DISCOVER MEET LEARN READ JOIN COLLABORATE DONATE/SUPPORT

f t MediGrip Research Into Practice in

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

Share knowledge
to reduce disabilities

Paris, France
July 7-12, 2018

LEARN MORE

MEET more ...

LEARN DISCOVER JOIN

Cochrane Rehabilitation

Communication Committee
Chair

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[About us](#)[Evidence](#)[Resources](#)[News & Events](#)[Get Involved](#)[Contact us](#)

Cochrane News

- ✦ The Cochrane Review on portion sizes - from publication to informing policy
- ✦ Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- ✦ Cochrane in the news: December 2016
- ✦ Cochrane seeks Junior Systems Administrator -



Keep Posted



Tweets by

Outline

EBM and EBCP

Knowledge Translation (KT)

Cochrane Strategy to KT

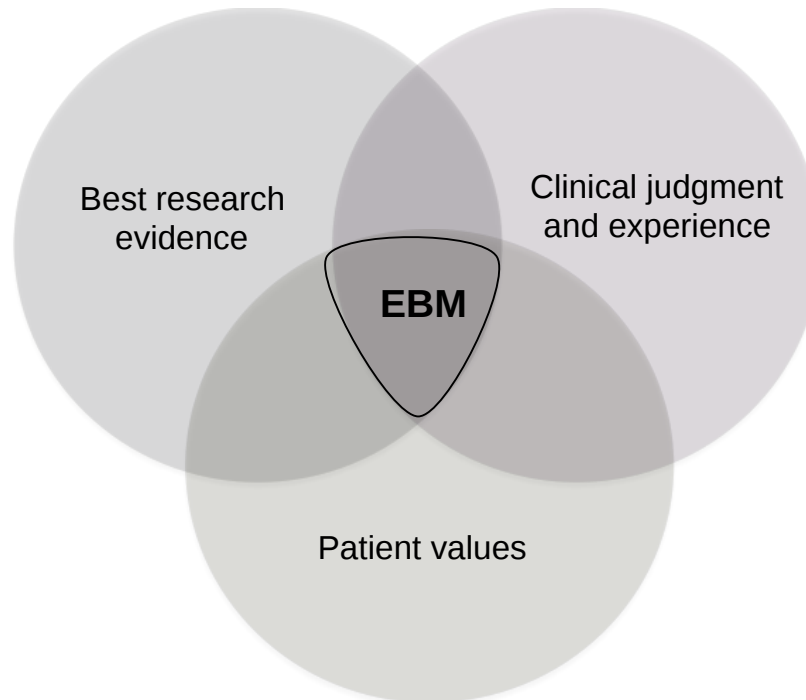
Cochrane Rehabilitation Strategy to KT



What is EBM?

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

Sackett, et al. BMJ 1996.



What is not EBM?

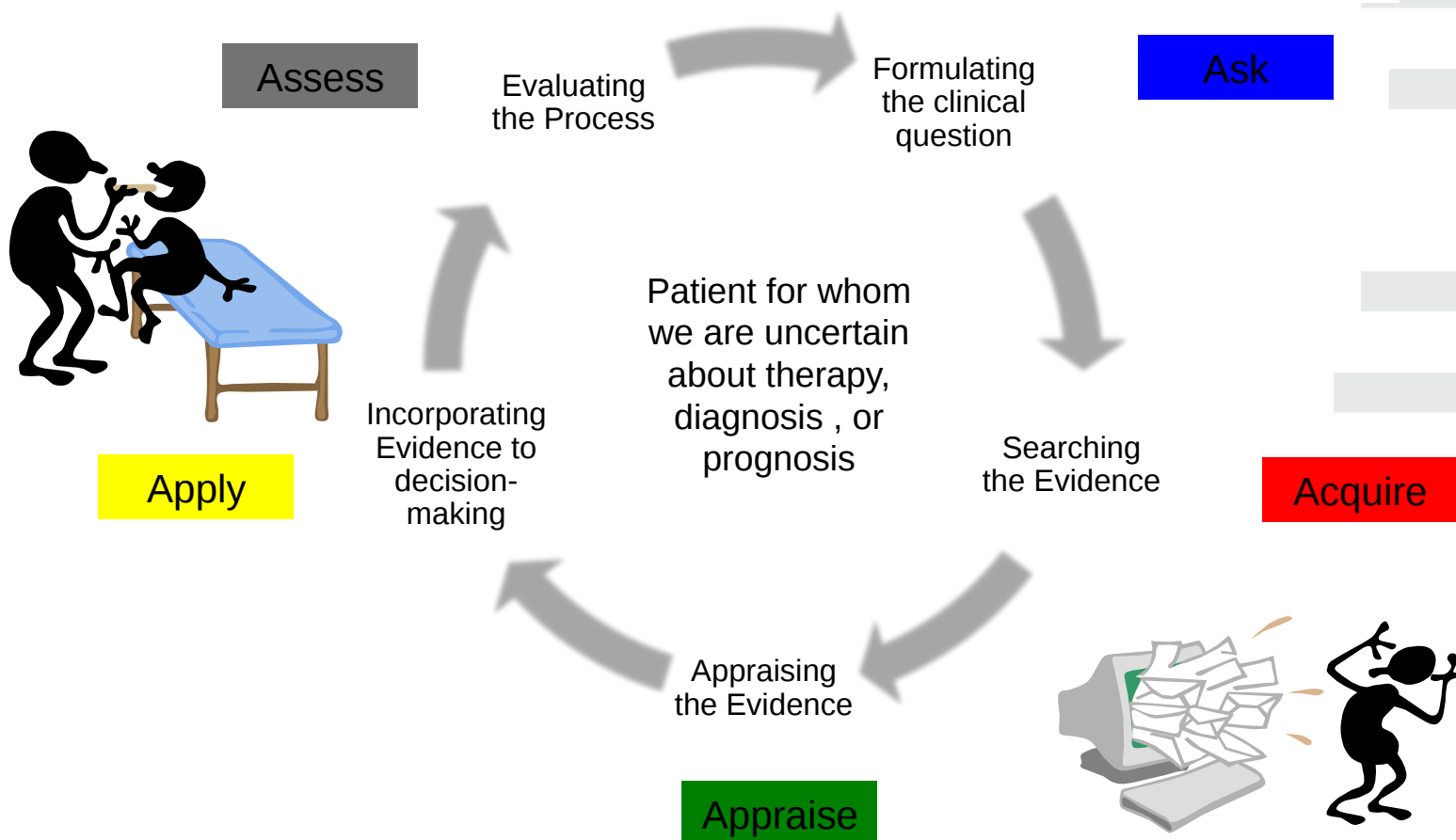
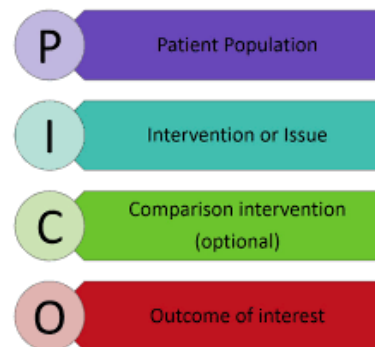
- What we have always done
- “Cookbook medicine”
- Only a cost-cutting trick
- Only randomized trials

Sackett, et al. BMJ 1996.



Photo by [Dan Gold on Unsplash](#)

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.



The Know-Do Gap

“All breakthrough, no follow through”

High quality evidence is not consistently applied in practice¹

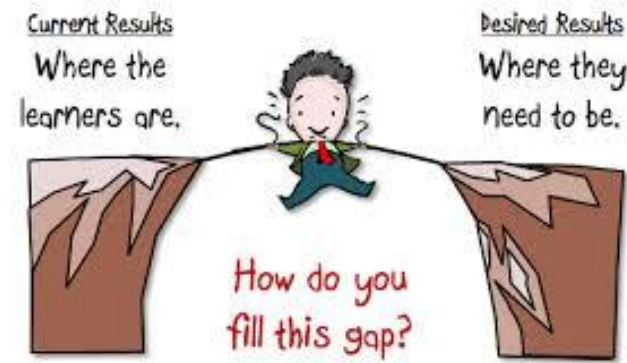
Examples in clinical practice:

- 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.



Evidence in the management of LBP

- 68% of PTs used interventions with strong or mod evidence of effectiveness
- 90% used interventions with limited evidence of effectiveness
- 96% used interventions with absence of evidence of effectiveness



Mikhail C et al. Phys Ther. 2005

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.

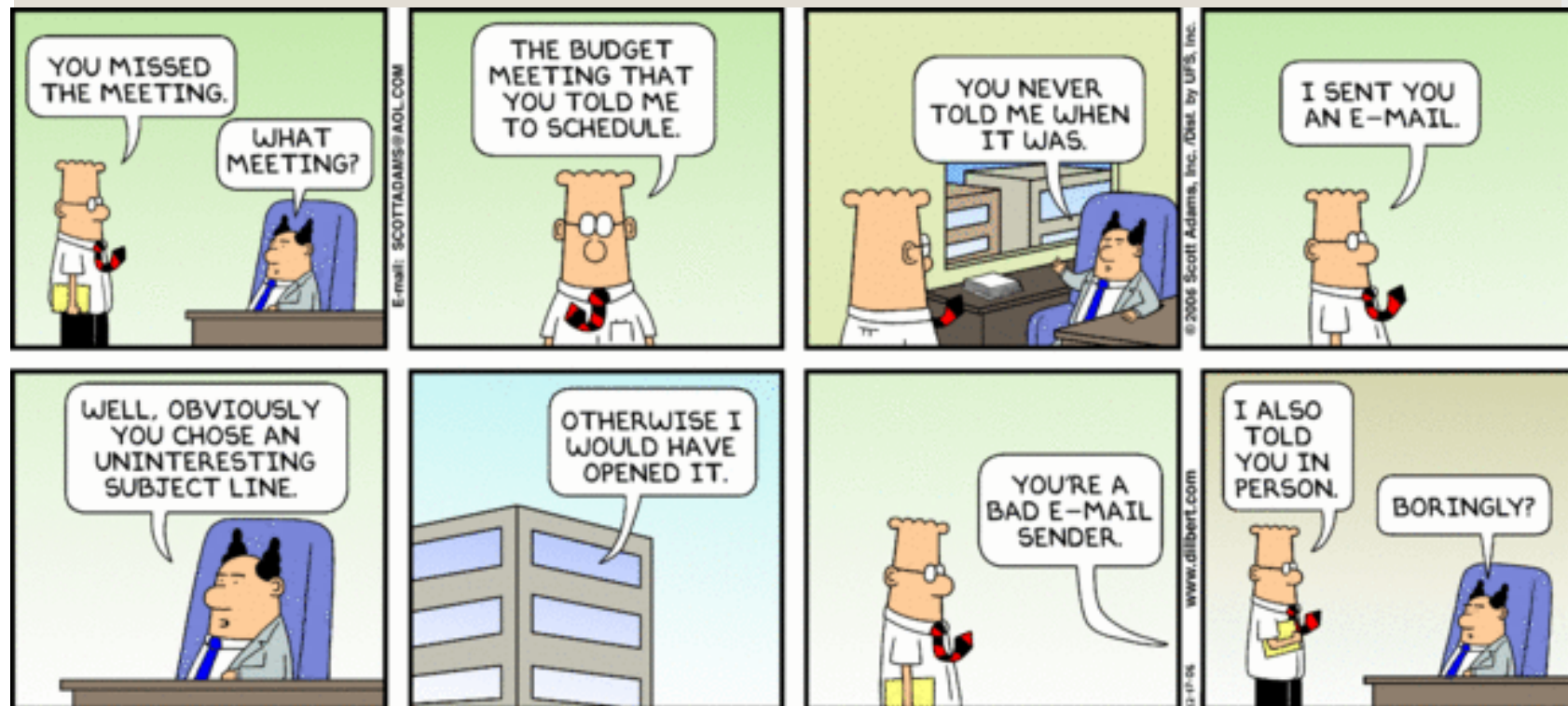
Courtesy of Stefano Negrini

Judging the benefits and harms of medicines

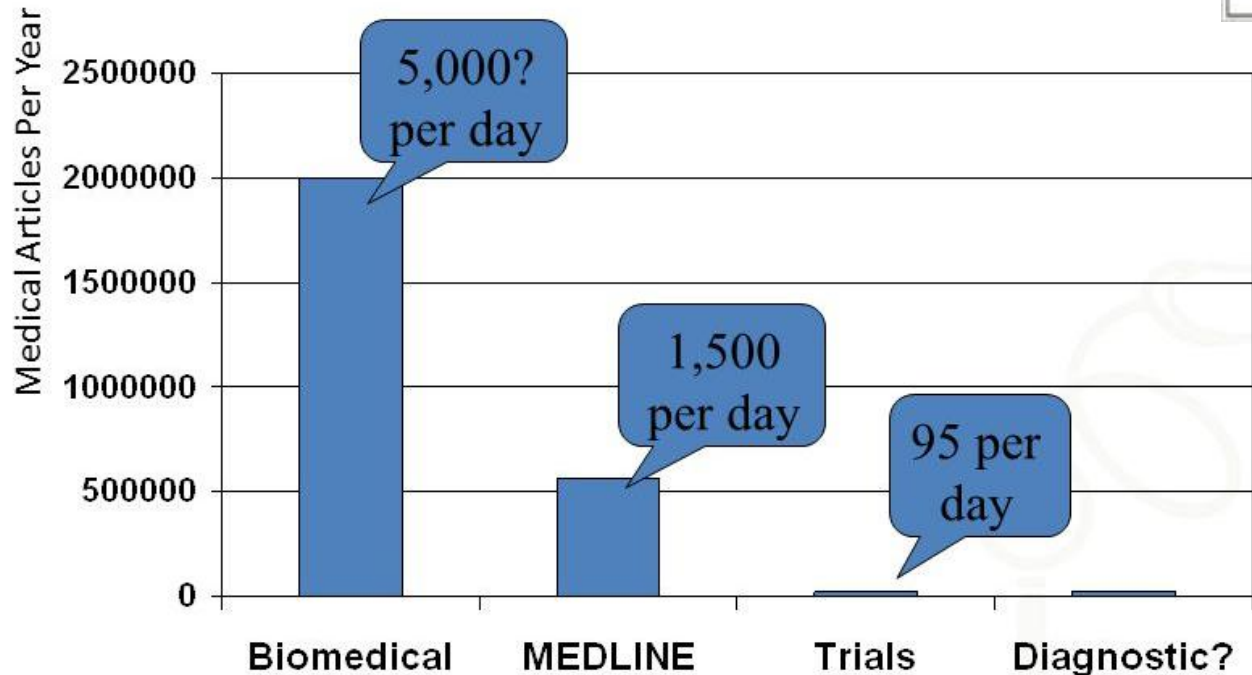
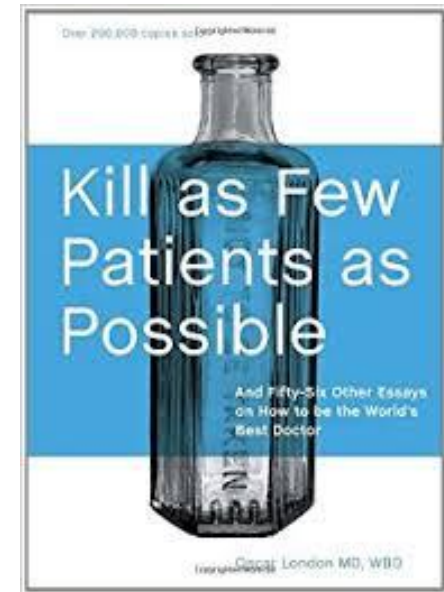
Only trustworthy evidence will earn the public's trust

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

Box 1: Academy of Medical Science's 12 recommendations



Rule 31: Review the world literature fortnightly



**The only certainty in
medicine is its uncertainty.**

**Systematic Review represents
one way**

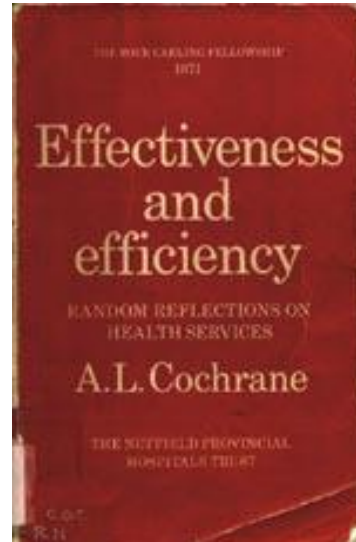
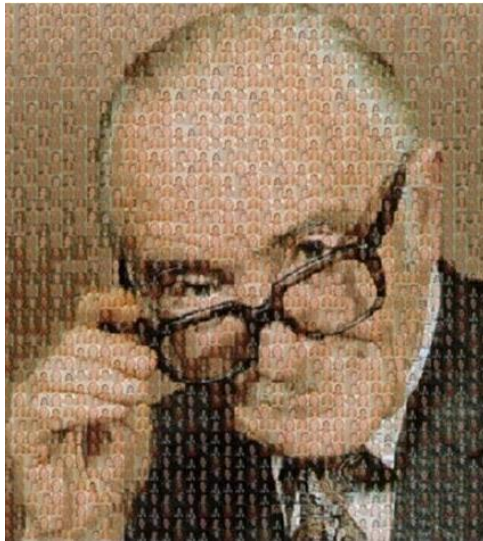




Trusted evidence.
Informed decisions.
Better health.

"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)



New evidence pyramid

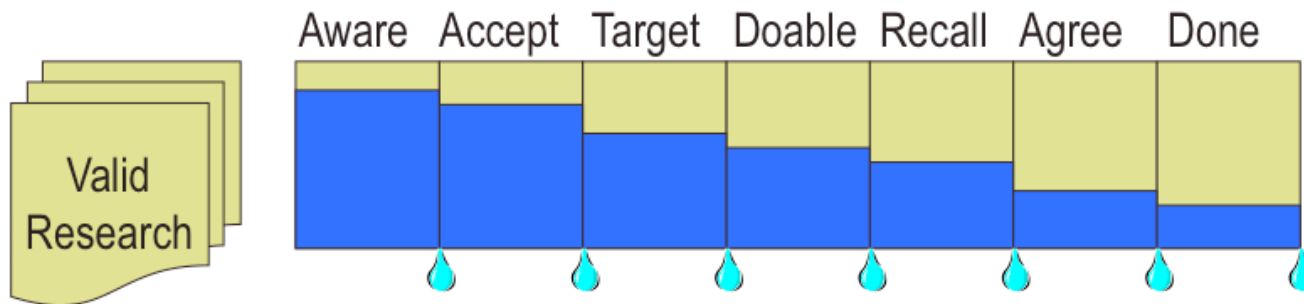


The systematic review and meta-analysis are tools to consume and apply the evidence by stakeholders.

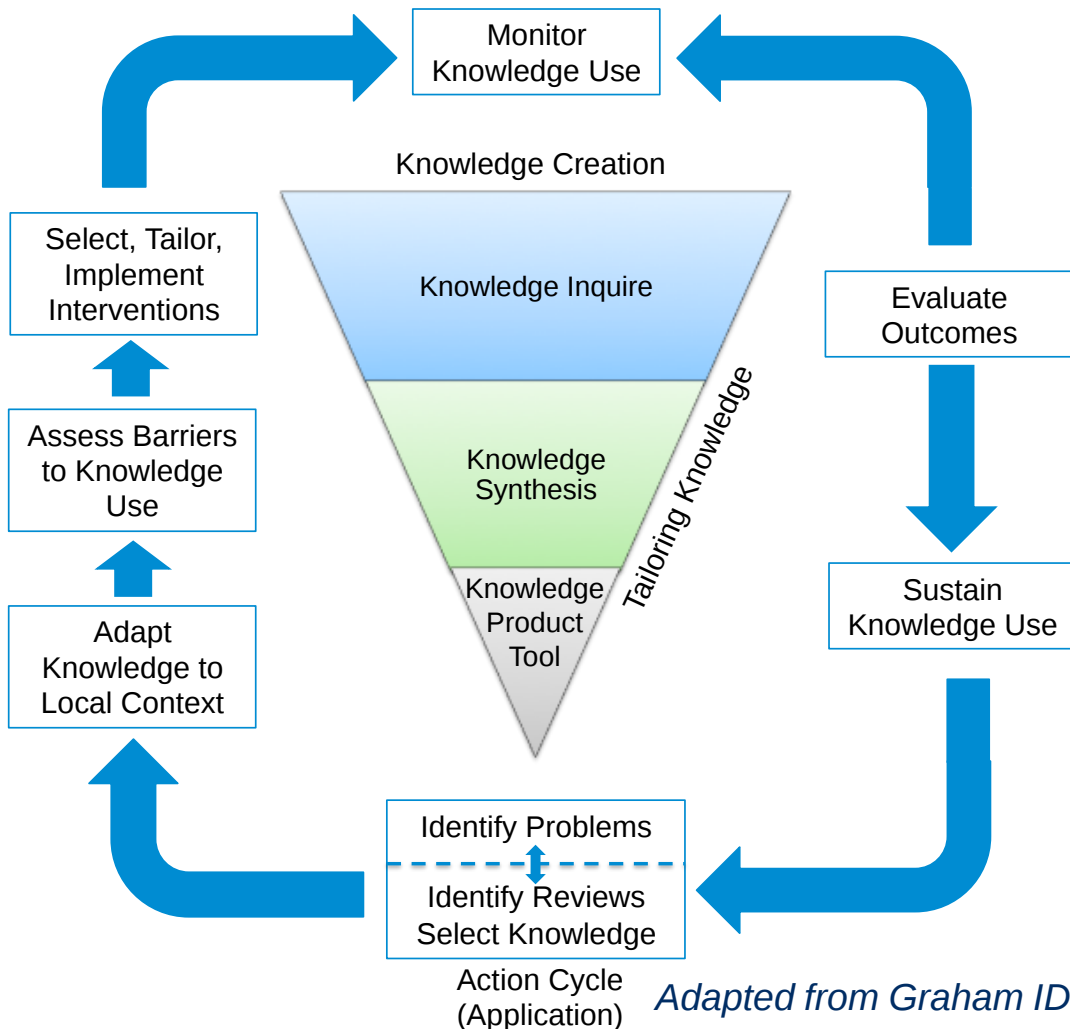
Leaks from research to practice

If 80% achieved at each stage then

$$0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 \times 0.8 = 0.21$$



Knowledge to action process



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

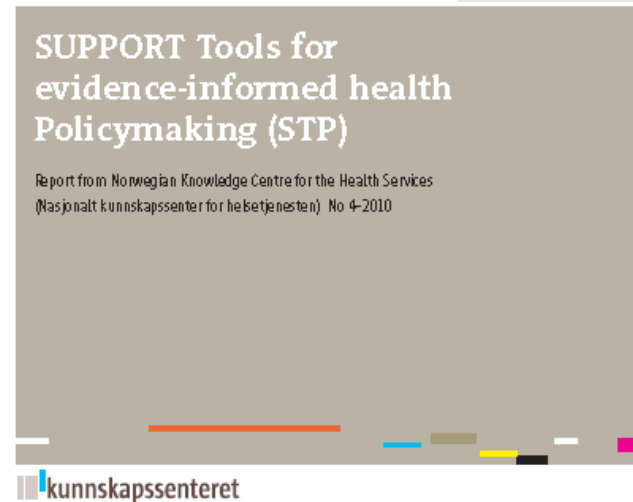


Evidence informed policy making

Research evidence in management and policymaking are useful to:

- get problems on the agenda
- think about problems and solutions differently
- solve particular problems at hand
- justify a decision made for other reasons

SUPPORT tool is a series of 18 papers about how policy makers can better use research evidence to support their decision making



Background: Knowing how to find and use research evidence can help policy makers and those who support them to do their jobs better and more efficiently. Each chapter presents a proposed tool that can be used by those involved in finding and using research evidence to support evidence-informed health policymaking. The book addresses four broad areas: 1) Supporting evidence-informed policymaking, 2) Identifying needs for research evidence in relation to three steps in policymaking processes, namely problem clarification, options framing, and implementation planning, 3) Finding and assessing both systematic reviews and other types of evidence to inform these steps, and 4) Going from research evidence to decisions. • Each chapter begins with between one

<https://health-policy-systems.biomedcentral.com/articles/supplements/volume-7-supplement-1>

**World Health
Organization**

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

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**



**WIKIPEDIA**
The Free Encyclopedia

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.

Wikipedia

- Wikipedia health pages receive over 4.8 billion views every year
- Cochrane Reviews data have to be extracted, summarised and referenced in the clear and simple way required by Wikipedia.

LETTER

Open Access



SEED: a tool for disseminating systematic review data into Wikipedia

Lena Schmidt¹, Johannes Friedel¹ and Clive E. Adams^{2,3*}

Abstract

Wikipedia, the free-content online encyclopaedia, contains many heavily accessed pages relating to healthcare. Cochrane systematic reviews contain much high-grade evidence but dissemination into Wikipedia has been slow. New skills are needed to both translate and relocate data from Cochrane reviews to implant into Wikipedia pages. This letter introduces a programme to greatly simplify the process of disseminating the summary of findings of Cochrane reviews into Wikipedia pages.

Keywords: Wikipedia, Summary of findings, Automation, Systematic reviews, Reducing waste

Standardised statements about effect

	Important benefit/harm	Less important benefit/harm	No important benefit/harm
High quality / certainty¹ evidence	<i>[Intervention]</i> improves/reduces <i>[outcome]</i> (high quality / certainty evidence)	<i>[Intervention]</i> slightly improves/reduces <i>[outcome]</i> (high quality / certainty evidence)	<i>[Intervention]</i> makes little or no difference to <i>[outcome]</i> (high quality / certainty evidence)
Moderate quality / certainty¹ evidence	<i>[Intervention]</i> probably improves/reduces <i>[outcome]</i> (moderate quality / certainty evidence)	<i>[Intervention]</i> probably slightly improves/reduces / probably leads to slightly better/worse <i>[outcome]</i> (moderate quality / certainty evidence)	<i>[Intervention]</i> probably makes little or no difference to <i>[outcome]</i> (moderate quality / certainty evidence)
Low quality / certainty¹ evidence	<i>[Intervention]</i> may improve/reduce <i>[outcome]</i> (low quality / certainty evidence)	<i>[Intervention]</i> may slightly improve/reduce <i>[outcome]</i> (low quality / certainty evidence)	<i>[Intervention]</i> may make little or no difference to <i>[outcome]</i> (low quality / certainty evidence)
Very low quality / certainty¹ evidence	We / The review authors are uncertain whether <i>[intervention]</i> improves/reduces <i>[outcome]</i> as the quality / certainty of the evidence has been assessed as very low		
No studies	None of the studies looked at <i>[outcome]</i>		



Blogshots



Доказательства на
каждый день
Allied Health



Упражнения с моторным (двигательным) контролем (МСЕ упражнения), вероятно, более эффективны, чем минимальные вмешательства, при хронической боли в пояснице. Не существует клинически важных различий между МСЕ упражнениями и мануальной терапией и, вероятно, нет различий по сравнению с другими упражнениями. Эффективность МСЕ упражнений по сравнению с упражнениями в сочетании с электрофизическими средствами лечения пока не ясна



Übungen für die Bewegungskontrolle (ÜBK) sind als Behandlungsmaßnahme bei chronischen Kreuzschmerzen wahrscheinlich wirksamer als eine Minimalbehandlung. Es gibt keinen klinisch bedeutsamen Unterschied zwischen ÜBK und Manueller Therapie und wahrscheinlich keinen Unterschied zwischen ÜBK und anderen Übungen. Die Wirksamkeit von ÜBK verglichen mit Übungen in Kombination mit elektrotherapeutischen Maßnahmen ist unklar.



Cochrane Review; 29 Studien, 2431 Personen mit chronischen unspezifischen Kreuzschmerzen.



Evidence for Everyday Allied Health



MCE is probably more effective than minimal intervention for chronic low back pain. There is no clinically important difference between MCE and manual therapy and probably no difference compared with other exercise. The effectiveness of MCE compared to exercise plus electrophysical agents is unclear



Cochrane review; 29 studies, 2431 people with chronic non-specific low back pain

Motor control exercise (MCE) for chronic low back pain



Übungen für die Bewegungs- kontrolle bei chronischen Kreuzschmerzen

Ein übersetzter Blogshot von
Cochrane UK

Work packages (WPs)

Strategy to 2020 Goal	KT Theme	Work Package Area
Goal One: Producing Evidence	Prioritization and co-production	Embed prioritization processes as an essential part of Cochrane review production
		Increase the number of reviews co-produced with users to ensure that reviews are aligned with users' needs
Goal Two: Accessible Evidence	Packaging, push and support to implementation	Adapt review formats and production processes to ensure reviews are 'fit for purpose' and are complemented by appropriate review-derived products for dissemination and support to implementation
		Improve and scale up existing products, and innovate new products, which package and present Cochrane Reviews to suit different stakeholder needs
		Translate our reviews and products to support the uptake of evidence in non-English speaking countries
	Facilitating pull	Continuously evolve the Cochrane Library so it makes Cochrane reviews easy to find in appropriate formats and languages
		Grow capacity in our users through development and delivery of training in using Cochrane evidence and (in relation to theme five) in understanding the concept and importance of evidence in decision-making
		Scale up mechanisms for engaging with, and responding to key user groups and meeting their evidence needs

Strategy to 2020 Goal	KT Theme	Work Package Area
Goal Three: Advocating for Evidence	Exchange	Further define and implement policies to formalise strategic partnerships at all levels of the organization
		Establish forums and processes to exchange ideas with partners, learn about their evidence needs and support their decision making for issues of importance to them
		Convene deliberative dialogues to contextualize global guidance to national or sub-national levels and to address emerging health-system challenges
	Improving climate	Develop a systematic and sustainable approach to contributing to efforts to improve the climate for use of research evidence in health and health care decisions
Goal Four: Effective and Sustainable Organization	Sustainable KT Processes	Agree and adapt or establish structures for the governance, leadership, oversight and implementation of Cochrane's KT Strategy
		Build infrastructure and resources to enable KT
		Strive for common language in Cochrane around KT
		Build capacity for KT in Cochrane: learning, leadership and fundraising
		Using evidence to inform our KT and continuously evaluate our KT Strategy

Committees

Methodology

- Strengthen methodology in Rehabilitation

Rehabilitation Reviews

- Reference database of Cochrane Reviews

Publication

- Cochrane Corners in scientific journals
- Cochrane Rehabilitation e-book

Communication

- Website, Newsletter, Social media

Education

- Courses, Workshops and Congresses



Cochrane Rehabilitation & KT

1. **Review Committee** selects and tags all Cochrane Reviews relevant for rehabilitation creating the background for the work of all other Committees;
2. **Communication and Publication Committees** spread Cochrane Reviews results through social media and scientific instruments respectively (theme 2 of the Cochrane KT Strategy);
3. **Education Committee** educates and trains rehabilitation professionals on evidence and review production (theme 3-5 of the Cochrane KT Strategy)
4. **Methodology Committee** works on methodology in evidence production and gathering in rehabilitation (themes 1 and 4 of the Cochrane KT Strategy)

Cochrane Rehabilitation



Website and Socials



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Cochrane News

- The Cochrane Review on portion sizes - from publication to informing policy
- Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- Cochrane in the news: December 2016
- Cochrane seeks Junior Systems Administrator - London, UK
- 2016 winner of the prestigious Aubrey Sheilham Leadership Award for Evidence-Based Healthcare in Africa announced



Welcome to the new Cochrane Rehabilitation Field

Latest News and Events

Launch Event December 16th 2016 	Cochrane Colloquium 2017 
Signature of Memorandum of Understanding, Brescia, Italy 	Exploratory Meeting 2016, Rovato, Brescia, Italy 

Keep Posted





Tweets by @CochraneRehab

Welcome message of Gulseren Akayz MFPRM President
youtu.be/7G_Je_BQcOw via @CochraneRehab @JorgeLains @francescagimi #CochraneRehab

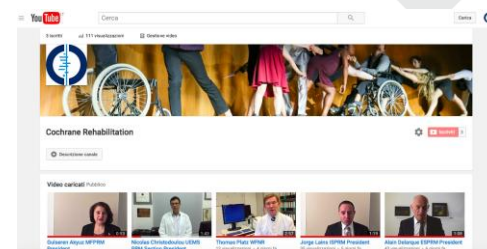
YouTube @YouTube



Twitter profile of @CochraneRehab. Recent tweets include a welcome message from Gulseren Akayz MFPRM President and a tweet about the Cochrane UGPD.



Facebook page of Cochrane Rehabilitation. The page features a cover photo of a group of people in a wheelchair and a post about the Cochrane Colloquium 2017.



YouTube channel of Cochrane Rehabilitation. The channel features a video titled "Welcome message of Gulseren Akayz MFPRM President" and a video titled "Cochrane Rehabilitation".

<http://rehabilitation.cochrane.org>

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".

Cochrane Colloquium Edinburgh 2018

A patients included health
research conference



Share knowledge
to reduce disabilities

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

Paris, France
July 8-12, 2018



ISPRM Secretariat
Kenex International
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Fax: + 41 22 906 9140

www.isprm2018.com

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